

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: IN-502 - Indiana Balance of State CoC

1A-2. Collaborative Applicant Name: Indiana Housing and Community Development Authority

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Indiana Housing & Community Development Authority

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Nonexistent	No	No
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	No	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	No	No	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
13.	Law Enforcement	Yes	No	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No	Yes
15.	LGBT Service Organizations	Yes	No	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	Yes
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	No	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	No	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	No	Yes
28.	Street Outreach Team(s)	Yes	No	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	No	Yes
31.	Youth Advocates	Yes	No	Yes
32.	Youth Service Providers	Yes	No	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(limit 2,000 characters)

1)The CoC engages new members in many ways, including newsletters and partnerships. It hosts 2 Development Days with 1 designated as an annual "membership meeting," encouraging them to join. The Collaborative Applicant (CA) adds notices to its website, in newsletters, and on social media. Those expressing interest in homelessness issues are connected to regional planning councils and can be invited to join committees focused on specific populations or specific CoC work. They are recruited from strategic priority areas with experience necessary to develop comprehensive methodology to support the homeless population. Priority expertise areas include DV, homeless service providers, legal aid, addictions and mental health, the VA, ESG partners, mayors, and social service agencies. 2)The CA uses an inclusive outreach approach, ensuring individuals from a variety of backgrounds are aware of and included in discussions. To ensure effective communication with individuals with disabilities, the BoS utilizes the CA's website to expand accessibility tools, including ability to browse aloud or convert website to text-only, access

translation to over 100 languages, and provide PDF documents. 3)The CoC conducts comprehensive outreach for board recruitment to ensure persons with lived homelessness experience are included. CoC subrecipients are also monitored to ensure compliance with requirements. The CA communicates regularly with regional chairs and the COC network on the importance of engaging those with lived experience in planning and implementation. 4)The CoC engages organizations serving diverse communities experiencing homelessness through state and local connections. CA staff sit on committees such as the IN Commission on Hispanic and Latino Affairs and the Race and Cultural Relations Leadership Network. The CA analyzes data to address equity and share results publicly and the CoC board has begun discussions on creating a more inclusive board and regional councils.

1B-3.	CoC’s Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1)The CoC Board and CA work together to solicit and consider opinions from a broad array of organizations. The CoC board recently overhauled its board recruitment process to include a broader range of backgrounds. At the regional level, councils are asked to include all organizations and individuals who work in or around the homelessness sector be included in their regional meetings. The CA also conducts outreach to a variety of organizations, presenting on the CoC and how to stay connected locally and statewide. 2)The CoC share information publicly and solicits feedback from the public through in person and electronic formats. Open applications and important updates on the CoC are shared via a monthly newsletter and on the CA website. The CoC BoS board meetings are open to the public as well as their bi-annual member meetings. The CA also shared data and important information with printed collateral and in public presentations with various organizations. The CA also oversees the annual Con Plan through their role in ESG and HOPWA funds. This process is public in nature including options for comments and review of the full Con Plan. The CoC BoS board has also initiated a new strategic planning process, which will solicit public and community feedback. 3)In response to COVID-19, the CA initiated weekly office hours for its partners and the COC network, including COC subrecipients, the COC Board, Regional Chairs, and CE Leads. During these calls, CA staff provided updates on the evolving situation and responses to the crisis. These calls helped staff gather valuable feedback from the field and disseminate resources throughout the COC network so that everyone could respond effectively. Several of these office hours have become standing monthly calls with key stakeholders in order to address improvements or new approaches to preventing and ending homelessness.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:	
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1)IHCDA (CoC CA) updated its website with deadlines, links to webinar material, and NOFO updates. All pertinent information, including the method in which proposals should be submitted, was included. IHCDA utilized other outreach efforts including newsletters and social media as well as dissemination through regional chairs to service providers in their region. IHCDA cross-promoted internally to solicit additional potential projects from other departments. 2)The CoC maintains a list of interested new organizations and invited them to apply. IHCDA conducted outreach with an explanation of how organizations can apply and use funds. It cross-promoted internally to solicit additional potential projects from other departments. 3)IHCDA provided clear instructions on the method that proposals should be submitted, including submitting to a single email account, so no application was overlooked. 4)IHCDA conducted the internal competition May 1-21, 2021. Renewing projects were scored in June. After the NOFO release, IHCDA followed HUD timelines and posted the request for application notification on Aug 31, 2021 with an email notification to all current and interested agencies on Aug 31. IHCDA hosted two NOFO training webinars: Sep 9 for renewal projects and Sep 10 for new projects. All applications were due to IHCDA Oct 1. They were reviewed and scored by Oct 8, 2021. IHCDA sent webinar recordings to all participants and interested agencies and posted PDF slide deck to its website for use during the application process. The CoC used the HUD scoring rubric/tool to evaluate new projects, which were collated into the overall scoring/ranking list. 5)To ensure effective communication with individuals with disabilities, IHCDA provided information in various formats including PDF documents of all webinar slide decks. IHCDA website is also equipped with expanded accessibility tools, including "browse aloud" capability, text-only conversion, and translations to over 100 languages.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

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|----|--|
| 1. | select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or |
| 2. | select Nonexistent if the organization does not exist within your CoC’s geographic area. |

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	No
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

- | | |
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| 1. | consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds; |
| 2. | participated in evaluating and reporting performance of ESG Program recipients and subrecipients; |
| 3. | provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and |
| 4. | provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update. |

(limit 2,000 characters)

1)The CoC consulted with the ESG Program Recipients by inviting all recipients of state and local funds to participate in the consolidated action plan development with the Collaborative Applicant. Similarly, the CA consulted with regional chairs, CE leads, and ESG recipients on the ESG-CV funds. This occurred through emails, public feedback, public notifications, and regional meetings. The CA then took their proposed plan to the CoC CE committee and finally the CoC BoS board for final approval. 2) Through the CA, the CoC provides technical assistance to those recipients and subrecipients that are not performing well to improve performance and to help cities look at data when it comes to decision making around funding. The CA provides regular one-on-one meetings with ESG and ESG-CV subrecipients at their request to address any issue as well as monthly ESG-CV specific calls to provide updates on various issues and presentations from partner organizations. The CoC board directly connects with ESG through written policies, ESG entitlement city membership on the board, and through IHCDA updates. Examples of policies include a performance standard policy on CoC and ESG jurisdiction coordination. 3) All Con Plan jurisdictions in Indiana have access to the PIT and HIC data via the IHCDA public website. They may download raw or analyzed data on that site at anytime. 4)IHCDA staff collaborates by communicating data and outcomes to Con Plan jurisdictions. The CoC and ESG programs are under a single team within IHCDA, which provides greater opportunity to ensure local homelessness information is communicated and addressed with anticipated outcomes of increased synergy and coordination. The HMIS team is also held within this team which allows for public use of data results. This year, the HMIS team holds a monthly call with Entitlement Cities to discuss data issues related to the ESG-CV funds.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are	No
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	not separated.	
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

1)The CoC collaborates with youth education providers through a statewide partnership with the Dept of Education and regional connections. The CA has regular meetings with DOE staff who oversee McKinney-Vento (MV) liaisons. 2)IHCD and DOE are formalizing a partnership using ARP DOE funding to hire a statewide manager and regional positions in high needs areas. Regional staff will research wrap around community services to help homeless youth and schools serving them. They will address gaps, provide direct support to MK liaisons and CoC regional councils, and inform the CoC BoS on youth homeless strategies. 3)CoC projects collaborate with state and local education agencies to ensure eligible families and youth experiencing homelessness have school transportation. The CoC works at the state and local levels to train educators and case managers on the needs of and services for families experiencing homelessness. 4)The CA is negotiating with DOE to establish a formal regional youth partnership. Beginning in 2022, this partnership will use ARP DOE funding to hire a statewide manager and regional staff. The manager will oversee staff and become part of the CA team, participating in staff-level planning and coordination. This partnership will contribute to an overall COC strategy around youth homelessness. 5)Local Regional Planning Councils include MV school liaisons. According to CoC policies, CoC grantees must designate a staff person to ensure children are enrolled in school and connected to appropriate community services, including early childhood programs, e.g. Head Start, the Individuals with Disabilities Education Act Part C, and MV education services. The CoC has informal partnerships with youth education providers, state, and local educational agencies. It works with local DV providers to help children stay at their original school but need bus transportation to do so. 6)No formal partnerships are in place but through the DOE regional program, this will change.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

Through Coordinated Entry (CE) programs, the CoC supports efforts to inform individuals and families who become homeless of their eligibility for education services. The CE process is led through client choice, households will be given information about the services and programs available to them and be given the right to choose which services and programs in which they want to participate. Additionally, the CoC has a policy for Education for Children and Youth to ensure that households with children, including unaccompanied youth, are identified, informed of available educational rights and resources, and supported to access educational services available to them.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

	MOU/MOA	Other Formal Agreement
1. Birth to 3 years	No	No
2. Child Care and Development Fund	No	No
3. Early Childhood Providers	No	Yes
4. Early Head Start	No	Yes
5. Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6. Head Start	No	Yes
7. Healthy Start	No	No
8. Public Pre-K	No	No
9. Tribal Home Visiting Program	No	No
Other (limit 150 characters)		
10. Department of Child Services	Yes	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1)The IN BOS CoC partners with organizations like Indiana Coalition Against Domestic Violence (ICADV) to provide training to CoC area projects staff and Coordinated Entry staff for serving survivors of domestic violence. In the past, the CoC has worked with ICADV to provide VAWA training and direction on the emergency transfer plan. For the past two years, ICADV oversaw these trainings and improvements through the DV Bonus program. Moving forward, the CoC will contract with them or another agency to implement a structured curriculum that includes these topics for DV bonus projects and staff and who provide services for survivors of domestic violence and sexual assault. ICADV worked with the CoC to develop and implement a plan. Further, ICADV provides direction to the CoC for training on Equal Access. These trainings focused on best practices in serving survivors of violence. 2)The CoC has a taskforce that works with coordinated entry, which provides training to CoC project and coordinated entry staff on an ongoing basis and direction on developing the CE system for survivors of violence. Elements of standardized approaches across all Regions are reinforced by state-level training and capacity building opportunities and may include but are not limited topics such as: Co-occurring issues of substance use disorders, mental illness, physical disability, chronic health conditions, and sexual assault and family violence and Domestic and sexual violence 101, exploring dynamics of violence and how violence impacts a person’s executive decision making and functioning; Information specific to working with immigrant/refugee and undocumented people and families as it relates to domestic and sexual violence; and Strategies for culturally competent CE practices and mitigating historical inequities among racial, ethnic, and cultural minorities. Trainings are available via webinar, online recordings and/or in-person presented by IHCD staff or technical assistance providers.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

The CoC worked with the HMIS Lead to roll out a comparable database for domestic violence service providers in which collects de-identified aggregate data on this vulnerable population and is continually assessing the system to improve data. This data is reviewed at various junctures including looking at data quality in the projects at least quarterly. The CoC HMIS Lead staff work with providers collectively and individually to ensure that data is accurate and complete. The data is used to help determine the need for housing for survivors of violence. For example, in 2018, the CoC used this data to help determine the need for transitional housing and rapid rehousing for survivors in the CoC,

which informed the COC efforts to secure DV Bonus Funding The data was examined at the regional and CoC wide level to see what locations were/are most in need of housing for survivors. While the comparable database is only used by about half the domestic violence service providers, the data can be extrapolated to gain a strong sense of the need in the entire balance of state. In addition, the HMIS Lead is reaching out to non-system providers to encourage them to use the system so that the information can become more accurate.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
NOFO Section VII.B.1.e.		

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1)Coordinating with the Indiana Coalition Against Domestic Violence (ICADV), the CoC implemented a formal plan in March 2018 to ensure compliance with the Violence Against Women's Act (VAWA) requirements including any data collection. Each Region must provide necessary safety and security protections for persons fleeing or attempting to flee domestic violence, stalking, or dating violence. Protections ensure those fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services. Safety planning guidelines and examples of trauma-informed approaches to care coordination will be fully developed in a partnership with ICADV. The CoC's emergency transfer plan allows clients to move to another unit within the CoC or even outside the CoC as needed to ensure the safety of domestic violence families. The project providers and the client are allowed to determine if the transfer should be made. Should projects not work with the clients in a way that ensures safety and expediency, the client can file a grievance with the CoC to obtain additional support in finding a new housing location either in or outside the CoC area. 2)The CoC maximizes client choice for housing and services by working with each client to ensure they are able to select housing client deems safe. It requires agencies to use and implement the emergency transfer plan recommended by HUD. Agencies are responsible for determining if the client qualifies under the plan. The client will retain their original status for purposes of the transfer. 3)The CoC implemented a secure and confidential coordinated entry process for survivors of domestic violence. The client is assessed and given the choice to enter the coordinated entry system anonymously to ensure their safety and the confidentiality of Personal Identifying Information. Safe referrals to shelter or rapid rehousing as housing is available. Services and housing are always client choice.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
NOFO Section VII.B.1.f.		

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	No
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen. NOFO Section VII.B.1.g.	
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Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
IN Housing and Community Development Authority	10%	Yes-Both	Yes
Fort Wayne Housing Authority	6%	Yes-Both	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs. NOFO Section VII.B.1.g.	
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Describe in the field below:

- steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference--if your CoC only has one PHA within its geographic area, you may respond for the one; or
- state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

The CoC continues to work with the IHEDA, the largest PHA in the state, and their HCV program to implement the use of Coordinated Entry and Moving on within the HCV Program. In calendar year (CY) 2020 the IHEDA HCV Program utilized a limited preference for referrals from Coordinated Entry. This preference was limited to 100 referrals each calendar year. The IHEDA HCV program covers portions of all 16 CoC regions and therefore accepts referrals from all CE regions in the BoS CoC. Additionally, the IHEDA HCV program made a limited preference available for Moving On referrals from CoC organizations. This preference is limited to 50 referrals each calendar year. The CoC also reaches out to other PHAs in the state, including Fort Wayne, which has the second largest PHA in the state. They have adopted a policy that includes offering preferences to families that include victims of domestic violence, dating violence, sexual assault, or stalking who have either been referred by a partnering service agency or consortia or is seeking an emergency transfer under VAWA from the PHA's public housing program or other housing

program operated by the PHA.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC’s jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC’s Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC’s coordinated entry process?	Yes
--	-----

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC’s Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC’s practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

1) The CoC has integrated four types of IHCDCA funded units into the Coordinated Entry System. IHCDCA is the largest PHA in the CoC’s jurisdiction. Through CE, referrals can be made to individual PSH properties that receive IHCDCA Project Based Voucher assistance, Emergency Housing Vouchers, Family Unification Program Vouchers, and the limited preference for households experiencing homelessness. IHCDCA has formally set-aside 100% of its PBV budget authority for PSH properties and requires these properties to follow the same order of priority as CoC-funded PSH. Referrals to all these programs follow the CE prioritization procedures created by the CoC. These programs have been added to HMIS allowing users to refer and track households through CE. 2) The referral process for the Emergency Housing Vouchers and the Family Unification Program are formalized through MOU’s between IHCDCA and the CoC. The MOU’s outline the roles and responsibilities of each party and include that households may be identified for the program through the CES. The referral process for PSH properties receiving Project

Based Voucher assistance is formalized in each properties tenant selection plan which must be approved by IHCD and be consistent with the CE prioritization procedures of the CoC. The tenant selection plan is included in each properties HAP contract and compliance with it is a condition of continued funding. The limited preference for households experiencing homelessness is formalized through IHCD's HCV Administrative Plan.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
---	-----

1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

- | | |
|----|--|
| 1. | the type of joint project applied for; |
| 2. | whether the application was approved; and |
| 3. | how your CoC and families experiencing homelessness benefited from the coordination. |

(limit 2,000 characters)

1) The CoC and IHCD have submitted joint applications for the Family Unification Program and Section 811 PRA program in recent years. 2) Both applications were approved by HUD and received funding. 3) The Family Unification Program has led to increase collaboration between the CoC, IHCD, and the Department of Child Services. In collaboration with the Corporation for Supportive Housing these three agencies have also utilized a planning grant from Anthem to coordinate resources for youth homelessness and families at risk of being separated due to housing instability through an initiative called Keeping Families Together. This initiative has included bringing local stakeholders together around the state including service providers, court systems, and police departments to identify how the target population of FUP can best be connected to services and resources to promote housing stability. The funding provided for the Section 811 PRA program has provided another rental assistance resource for integrated PSH. The award will fund about 190 new units or PSH for non-elderly households with a disability. The 811 PRA project selection has been integrated into IHCD capital funding awards and past participation in the Indiana Supportive Housing Institute is required for selection. A pipeline of projects is being developed and once constructed projects will be integrated into the Coordinated Entry system through their tenant selection plan.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	-----

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
---	-----

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Lafayette Housing...
Gary Housing Auth...
Bloomington Housi...
Terre Haute Housi...
IN Housing and Co...
Evansville Housin...
Fort Wayne Housin...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Lafayette Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Gary Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Bloomington Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Terre Haute Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: IN Housing and Community Development Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Evansville Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Fort Wayne Housing Authority

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	74
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	74
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

The Housing First Approach is a threshold requirement for participation in the COC process. All renewing and new projects must indicate they will adhere to these principals. During the renewal process, all participating organizations are scored up to 15 points by responding to a questionnaire. New organizations

must also indicate in their application that they will follow these principals. Once they are a part of the CoC funding organizations, the BoS CoC Collaborative Applicant regularly evaluates its subrecipients to ensure they are following a Housing First approach through annual monitoring and informal discussions. In addition, the CA follows up on any claims that a particular subrecipient is not complying by scheduling a one-on-one meeting to determine the validity and to instruct the agency on the appropriate implementation of Housing First. If an organization does not comply, it will receive a finding on its monitoring report. This information is also shared with the Funding and Resource and Performance and Outcomes Committees to make them aware of the situation. In the first quarter of 2022, the CA staff is planning to conduct a training session on Housing First principals for all CoC and ESG subrecipients so that they can receive a thorough training.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

Describe in the field below:	
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,000 characters)

1)All 16 regions in the Balance of State CoC geographic area provide street outreach. All regions participate in the PIT count annually, which provides insight on areas that should be targeted. The CoC also leverages efforts through the Emergency Solutions Grant (ESG) program to engage homeless individuals and families who are unsheltered. Street outreach is conducted throughout the CoC by partner service providers, nonprofit agencies, and local government working both independently and collaboratively. Their common objective is to find and engage persons experiencing homelessness who have not yet obtained the assistance they need to exit homelessness. Outreach personnel work to build trusting relationships with individuals and families, meet immediate needs, and link to programs and resources needed to become housed and move toward self-sufficiency. 2)With ESG street outreach, VA Outreach workers, and PATH Outreach, and other agencies involved in street outreach collectively, the CoC covers 100% of the geographic regions within its jurisdiction, 3)Street outreach is done daily throughout all 16 regions. The CoC partners regularly go to places not meant for habitation and works with PATH workers to expand coverage. 4)Outreach is tailored to physically find locations not meant for human habitation. The outreach teams go into parks, woods,

abandoned buildings and other locations to reach those least likely to request assistance. Additional or more frequent target areas are discovered through annual PIT count. Law enforcement personnel also provide an extension to outreach workers, assisting the CoC in locating and helping those most in need but least likely to request assistance. The CoC Youth Action Board also provides insight on locating youth experiencing homelessness and formulating strategies for targeted outreach to this demographic. Materials have also been designed to assist individuals who have difficulty reading or individuals who are non-English speaking.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	No
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	678	761

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes

4.	Other (limit 150 characters)		
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1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

- | | |
|----|--|
| 1. | systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area; |
| 2. | communicating information about available mainstream resources and other assistance and how often your CoC communicates this information; |
| 3. | working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and |
| 4. | providing assistance with the effective use of Medicaid and other benefits. |

(limit 2,000 characters)

1)Through permanent supportive housing programs such as PSH and RRH, the CoC assists persons experiencing homelessness to apply for and receive mainstream benefits. Many CoC projects have SOAR-trained staff to be able to connect clients with mainstream benefits. Each project must have the skills and experience working with homeless persons with disabilities to provide the support necessary to keep them housed. All projects are required to offer intensive case management, ongoing supportive services and assist in locating appropriate housing. Through projects and other service providers, the CoC provides participants healthcare, mental health treatment, alcohol and other substance abuse services, childcare services, case management, counseling, education and/or job training, and other services needed for achieving and maintaining independent living, such as courses on household budgeting.

2)IHCDA, the COC CA, communicates info about mainstream resources through periodic newsletters or emails and monthly calls with Regional Chairs and CE Leads During the calls, IHCDA will highlight resources through presentations by partner agencies. .3)The CoC and CA provides training to the network on how to access benefits, including enrolling in Medicaid and other health insurance resources. The Board is exploring a partnership with a healthcare coordination hub that will enhance the field’s ability to assist. Regions also provide outreach to and collaboration with local health insurance contacts to assist with these efforts. 4)The CoC CA has provided opportunities for the COC network to participate in webinars, discussions, and training on the use of Medicaid and other benefits. The board is currently reviewing additional ways to provide additional health information and assistance and have begun discussions with statewide organizations to reduce barriers for those experiencing homelessness so that they can access health care and increase health outcomes.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC’s coordinated entry system:

- | | |
|----|---|
| 1. | covers 100 percent of your CoC’s geographic area; |
|----|---|

2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

1)CE covers 100 percent of the CoC geographic area through its 16 regions. Each region identifies a Lead organization to serve as the point of contact. 2)The CE Coordinated Entry system utilizes its regional structure to provide access at a more local level. Each Regional Council determines the best way to reach people least likely to apply for homeless assistance, including developing partnerships with local resources. The COC began discussions with the state 211 service to train their staff on homelessness issues. This partnership will create an additional access point. 3)The CE Prioritization Policy uses diversion as a front door strategy during the assessment process with each client for housing assistance. The policy uses these factors: a)VI-SPDAT Score, b)Greatest Needs/Most Vulnerable, c)Longest History of Homelessness/Chronic Homeless, d)Regional Planning Council Case Conferencing, e)Regional Prioritization–Veterans, Youth, Families, Single Adults, and DV Survivors. Each region has a unique but similar CE system with local policies and procedures. The region’s prioritization process may mirror its available permanent housing resources/stock which allows Regional Councils to focus on a particular subpopulation based on its needs. If a person is prioritized for PSH and no PSH is available, that person is considered for RRH as a bridge to PSH. All regions use HMIS to collect readily verified and reported data. 4)the IN BoS CoC has determined an effective CE process ensures people with the greatest needs receive priority for any type of housing and homeless assistance and other interventions available in a Region. In 2020, the CE Committee was elevated to a standing committee to improve the system, and in early 2021, the CA hired an independent contractor who coordinated these efforts while analyzing the COC system to ensure people in most need of assistance will receive it in a timely manner. In 2022, this position will be converted to a full-time position.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
--	-----

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC’s most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No

3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The IN BoS CoC Board of Directors is currently undergoing a strategic planning process in which racial equity is a primary discussion of how to improve outcomes for people from different races or ethnicities who are experiencing

homelessness. This plan will be completed in the second quarter of 2022 and will provide the entire network with a roadmap to improve the overall system in this regard. As part of that discussion, the Board is reviewing its current membership and making efforts to increase its ability to attract key leaders from diverse backgrounds who can provide the necessary insight in this area. The CE Committee Board chair and the CE contractor participated in a CE Prioritization and Workshop in which they received extensive training on current racial equity efforts. They held a recent presentation for the entire CE Committee, highlighting another CoC's efforts to address this topic through its coordinated entry system. This training will provide a foundation for improvements in the CE system. In addition, the CA has made substantial efforts to increase its ability to provide the necessary data for the CoC Board to make informed decisions. As part of the COVID-19 response, the HMIS Lead provided a valuable racial disparity analysis of vaccination efforts. For its small size, the CA has hired a diverse staff with varied demographic and professional backgrounds that contribute to helping to identify racial disparity assessment. Staff members sit on community committees such as the Indiana Commission on Hispanic and Latino Affairs and the Race and Cultural Relations Leadership Network Steering Committee. They also have a background in data analysis and cultural awareness training that will also help determine appropriate outcomes to improve racial equity.

1C-16.	Persons with Lived Experience—Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	16	16
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	16	0
3.	Participate on CoC committees, subcommittees, or workgroups.	10	10
4.	Included in the decisionmaking processes related to addressing homelessness.	2	2
5.	Included in the development or revision of your CoC's local competition rating factors.	1	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

1)The COC BoS board worked closely with homeless service providers to disseminate updated information and recommendations from state and federal partners like the CDC and IN Dept of Health. For unsheltered situations, it recommended that providers utilize personal protective equipment and sanitizing products and set up cleaning facilities such as handwashing stations and portable showers. It also recommended providers identify individuals showing symptoms to provide access to quarantine shelters or hotels or motels. 2)For congregate emergency shelters, the COC board recommended that be moved six feet apart, when possible, with individuals sleeping head to foot. Shelters should designate spaces to quarantine individuals who tested positive or showed symptoms. Providers should also work closely with other organizations to screen individuals and assist with care. 3)The COC Board recommended service providers offer transitional housing where possible in order to minimize COVID-19's spread. The board created a CE Disaster Policy and Procedures Policy recommending Regions update prioritization policies to include how infected individuals will have higher prioritization and reduce assessment questions to what is necessary to prioritize households. Clients with multiple priorities or risk factors should be moved to front of prioritization. Regions should also take a proactive approach in engaging landlords and health officials to quickly house individuals and update diversion tactics to provide flexible assistance to help people who can move in with friends, family, temporary rentals and/or relocations will be provided on a first-come, first-serve basis to help people leave crowded shelter conditions. Regions should collaborate closely with mainstream systems such as jails, prisons, and hospitals that are discharging individuals to ensure at-risk and vulnerable

populations have identified housing resources or access to Coordinated Entry.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The COC Board and the Collaborative Applicant created an extensive Disaster Preparedness and Business Continuity Plan, which provided guidance and resources for all entities providing programs and services for the IN BoS homeless population during a declaration of a disaster or emergency by federal, state, and local municipalities within the COC. It also created a CE Disaster Policy and Procedures Policy with recommendations that Regions update prioritization policies to address the current public health crisis. The CA initiated a communications process including weekly conference calls with various stakeholders to provide them with up-to-date information, changes, and shifting guidance so that everyone was aware of what was happening. In addition, these calls allowed for other organizations to provide valuable information on how they could assist during this public health emergency. The CA staff initiated one-on-one meetings with service providers to address ongoing needs and performance as well as strengthen working relationships. They will continue to review what worked in order to administer funding better at all levels to remove excessive burden on all principal parties while providing continuous monitoring to improve the system. They also worked to facilitate cross-collaboration amongst subrecipients to create a true continuum of services that can take an individual from an unsheltered situation to permanent housing. These efforts have accelerated outreach to build partnerships, improve performance, and streamline processes.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

The COC worked closely with its Collaborative Applicant, who also administers the ESG-CV funds for the IN BoS CoC, to identify areas of need and subrecipients. At the pandemic's onset, the majority of ESG-CV funding was designated for a homelessness prevention rental assistance program to prevent evictions. The program focused on helping households impacted by the COVID-19 pandemic stay in their current rental housing. Funds were allocated for other

activities such as Rapid Rehousing, Emergency Shelter Operations, and Street Outreach. The CA solicited applications over two three-month periods (summer and winter) to address other eligible activities for Rapid Rehousing, Emergency Shelter, and Street Outreach. In all identified areas, the CA helped selected subrecipients in leveraging their funding to provide essential services that addressed safety measures, housing assistance and eviction prevention, healthcare supplies, and sanitary supplies. ESG-CV subrecipients worked to increase their ability to address the pandemic by expanding their facilities, creating dedicated areas for those infected with COVID-19, and increasing their ability to serve individuals experiencing homelessness. The COC Board also advised the CA on shifting needs in communities as the Emergency Rental Assistance program was established in the state and became the primary source of rental assistance and homelessness prevention. The board and staff determined the increased need for hotel/motel vouchers across the state to address the lack of housing stock and to isolate individuals showing symptoms to prevent the spread. In addition, the COC Board was involved with determining when certain subrecipients were underperforming due to the volume of need and their lack of capacity to deal with the crisis. To address this need, the CA quickly became a direct service provider to provide needed services in those areas.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

- | | |
|----|--|
| 1. | decrease the spread of COVID-19; and |
| 2. | ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks). |

(limit 2,000 characters)

1) The CoC BoS Board worked closely with homeless service providers and state and federal partners such as the CDC and Indiana State Department of Health. The Board recommended that providers follow established guidance that included utilizing personal protective equipment and sanitizing products and set up cleaning facilities such as handwashing stations and portable showers. It also recommended providers identify individuals showing symptoms and provide access to quarantine shelters or hotels or motels. 2) The CoC BoS Board recommended social distancing and where individuals slept, their beds be moved six feet apart, when possible, and that they slept head to foot. The CA coordinated with other state agencies to set up quarantine shelters in key locations around the state. The Board encouraged the use of transportation and related protocol to move individuals to appropriate facilities in their areas. The CA also provided mini grants from its general funds equaling \$1.2 million to all 16 regions to address any immediate needs before federal funding began. This funding was advanced to the Regional Chair organizations so that they could have immediate access. It could be used to cover whatever expenses the Region needed and could include such items as personal protective equipment, sanitizing products, and other needed materials.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:	
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

1)The COC and IHCDA, the Collaborative Applicant, communicated frequently with homeless service providers. The Community Services staff contributed to its agency’s COVID-19 website by providing COC written guidance for service providers and best practices. In addition, it updated the COC website with information on safety measures being disseminated by state and federal officials. 2)The CA established weekly calls with and distributed bi-weekly newsletters to key stakeholders, including subrecipients, the COC Board, Regional Chairs and CE Leads to communicate changing restrictions that affected service providers, clients, and communities. In addition, IHCDA participated frequently in the Governor’s weekly press conferences and periodically provided updates on the response to COVID-19 as it affected the homelessness communities. 3)The COC Board and CA worked with the HMIS Lead to develop the tracking mechanisms within the system so that service providers could collect information on the vaccination process. The CA offered HMIS training and a webinar for subrecipients on how to use funding sources to implement vaccination programs in their communities. This topic was frequently included in discussions during weekly and monthly communication calls.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

The Indiana Department of Health and Indiana Family and Social Services Agency took the lead on the vaccination process in the state. IDOH coordinated the actual distribution of vaccinations while FSSA coordinated and tracked outreach activities and local efforts. The COC was asked to partner with these agencies to implement the overall plan. The COC Board and IHCDA staff communicated what was happening at the regional level and identified challenges in reaching this vulnerable population. They also disseminated vital information and resources to the entire COC network and encourage local shelters set up mobile units. The HMIS Lead also added the ability to track vaccination information in HMIS and worked with site administrators on entering information into the system.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

The COC worked closely with the Collaborative Applicant to include a self-selecting question on its ESG-CV rental assistance program application. The online application also listed resources for anyone who did not wish to indicate they needed assistance. If someone indicated they needed assistance, their application was diverted to a staff member with extensive knowledge and training in domestic violence. That staff member determined the follow up need that individual needed and provided appropriate assistance. Once the application was sent to local providers, IHEDA worked closely with them to provide further assistance. The COC Board and IHEDA also worked with Indiana Coalition Against Domestic Violence (ICADV) to educate service providers on what to do when a DV victim reached out to them. ICADV created a webpage that walked DV service providers through coordinated entry so that they could help survivors navigate the system and find safe, affordable housing for survivors of domestic or dating violence, stalking, sexual assault or human trafficking.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
NOFO Section VII.B.1.n.		

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

The COC adjusted the CE system by creating a CE Disaster Policy and Procedures which encouraged its Regions to update prioritization policies and diversion tactics to include how individuals affected by COVID-19 currently or on the CDC’s list of vulnerable populations will have a higher prioritization. Regions should reduce assessment questions to what is necessary to prioritize households. Clients with multiple priorities or risk factors should be moved to front of prioritization. For PSH, shortened assessment should be used to move individuals more quickly off the prioritization list. Prioritization should still be for those who are chronically homeless with a disability. Regions should ensure an isolation option is available to any individual who is chronically homeless and affected by COVID-19 if housing cannot be accessed quickly. For RRH, shortened assessment could be used to ensure individuals stay or can be rapidly housed to avoid exposure to COVID-19. Regions should continue to prioritize those fleeing domestic violence and people who fit the current PSH prioritization categories. For the ESG-CV rental assistance program, shortened or no assessment option may be used for homeless prevention. Those closest to homelessness will be prioritized and the minimum amount of assistance needed will be provided. Prioritization will be for individuals who are currently affected by COVID-19 (financially or medically) or groups or populations that have a particularly high risk of homelessness. Regions were asked to be mindful of any changes that might disproportionately affect people of color and LGBTQ communities.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC’s local competition.	08/31/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	08/31/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC’s analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,000 characters)

1)The IN BoS CoC review and ranking process considers each project application’s success in addressing individuals and families with the highest service needs coupled with the longest experience of homelessness in a “housing first” housing assistance model. It prioritizes projects that support clients who are documented as chronically homeless and have a high utilization of crisis services, including but not limited to those experiencing substance abuse needs, have low or zero income, may have been victims of violence, or have criminal histories. Youth and survivors of domestic violence are determined to have a higher vulnerability risk. Based on a CoC vulnerability assessment, these individuals require significant support to maintain housing due to low or no income, substance use or other barriers. 2) The internal competition prioritizes projects serving persons experiencing chronic homelessness with high barriers to housing and who are medically vulnerable as well as persons experiencing abuse-victimization; projects were scored by their commitment to housing first, serving persons living on the street or places not fit for human habitation, preference for chronic homelessness and by their regional priorities for housing. The scoring rubric generates a project score based on HUD outcome performance measures related to income, stability, and exits to permanent housing. A “Housing First” Questionnaire is also included for renewal applicants to complete, which is added to the overall score. Projects were provided points according to the following: (a) HMIS data quality; (b) percent exits to permanent housing; (c) exits to homelessness or unknown; (d) increase in total income; (e) utilization rate; and (f) use of HUD resources. . They were also provided bonus points for training, compliance, collaboration, and how they contributed to preventing, preparing for, or responding to COVID-19. This calculation generates a value that provides a “Rank Order” for the Projects.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
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NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications; |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

(limit 2,000 characters)

1)The COC Board and the Collaborative Applicant recognizes the importance of promoting racial equity in the review and ranking process and are reviewing all

of its internal processes to increase input from individuals from different races. They are making concerted efforts to improve by conducting strategic planning to identify objectives and strategies to achieve improved process. 2) There is room for improvement in who is selected to review, select, and rank applications. The COC Board and Collaborative Application identified individuals who were non-conflicted and from diverse backgrounds to review submitted new applications. 3) As part of this process, they included an opportunity for applicants to provide narrative around their efforts to incorporate equity into their new projects. The need for this change was determined after the renewal applications were created; however, when it was presented to the Board, which includes individuals with lived experience and from diverse backgrounds, it was determined to be essential to any application process going forward.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

1) The CoC’s written policy indicates that CoC funds granted to an applicant agency will either be fully expended to assist eligible homeless people or the CoC will recapture the unspent funding and add it to the pool of resources available for reallocation. IN BoS CoC grantees that expended less than 75% of their funding in the most recent grant year will have their grants reviewed and potentially reduced by a minimum of 10%; those who expended below 50% saw their grants reduced by 25%. This process continues in future competitions with the thresholds for repurposing increasing until all grantees are expending at least 90% of grant funds. The scoring criteria for new and renewal applications are attached to this document. 2) The CoC approved the continued use of the current policy with no updates in October 2021. The COC Board identified a few projects through this process. 3) The COC Board did not reallocate any low performing or less needed projects during its local competition. However, one project elected not to continue and transitioned its clients to another COC funding organization. Their funding was then reallocated in the competition. 4) For the 2021 Competition, the COC Board voted to suspend any reallocations due to the COVID-19 pandemic; however, any low performing agency will be encouraged to seek technical assistance over the coming year to improve its performance. 5) The Collaborative Applicant communicated the reallocation process to project applicant by email when it communicated the results of the ranking and scoring.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	11/01/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC’s Consolidated Application was posted on the CoC’s website or affiliate’s website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021
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2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	ClientTrack
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/11/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

The Indiana Balance of State hosts the closed comparable Victim Service Provider production system for Domestic Violence agencies in the IN-502. The VSP HMIS production system consists of 37 agencies, 129 housing projects, and 294 end users in the IN BoS. This system conforms to the 2022 HUD HMIS Data Standards that became effective on 10/1/21. In the reporting period, 7 new agencies were onboarded to the system. The HMIS lead continues to work with regional chairs, CE leads, and other DV advocates to bring agencies that serve 100% homeless survivors on to the closed system. The IN-502 HMIS lead provides customizations to each agency to meet survivors' specific needs. The HMIS lead also hosts a DV help desk for issues ranging from password resets all the way to complex reporting and data quality issues. The HMIS team created an onboarding manual, in addition to hosting monthly open office hours, live new user/refresher trainings, and how to guides to empower these service providers in our shared fight to end DV in the IN BoS.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	3,090	749	1,824	77.92%
2. Safe Haven (SH) beds	23	0	23	100.00%
3. Transitional Housing (TH) beds	717	322	355	89.87%
4. Rapid Re-Housing (RRH) beds	761	98	598	90.20%
5. Permanent Supportive Housing	2,881	0	2,085	72.37%
6. Other Permanent Housing (OPH)	12	0	12	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

ES response- The IN-502 HMIS lead has taken numerous steps to enhance HMIS participation for the emergency shelter project type in the reporting period. The HMIS lead has onboarded numerous agencies in to HMIS in the reporting period that has increased our utilization by over 5%, In the next 12 months, the IN-502 HMIS lead will continue to work with regional chairs and other local stakeholders to identify organizations from the 2021 Housing Inventory Count submission that do not use the system, and through progressive engagement, work to bring them on the system. The HMIS lead continues to identify organizations and publicize our services for a more

complete picture of housing stock in the IN-502. IHCD continues to struggle with faith-based organizations refusal to utilize the IN BoS HMIS system. IN-502 has no user fee's associated with access to the system. For PSH projects, the HMIS lead continues to work with the IHCD real estate division and the PSH Institute to bring more projects on to the system. The HMIS lead continues to identify PSH projects from the HIC and continued outreach to bring them on to the system. The HMIS lead continues to work with VASH and PHA's on system usage and data integration efforts. The HMIS lead is currently working with the VA on data integration with their HOMES system. HMIS lead continues to support the Coordinated Entry workgroup and prioritization lists and works with providers in this capacity, who refuse access to the system.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,000 characters)

To provide clarification, every DV bed on the IN-502 Housing Inventory Count Chart is HMIS(VSP comparable closed system) participating.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

1)The CoC works with IHCD, the state recipient of ESG funds, to assess data around persons utilizing these prevention funds. The data assessment and anecdotal experience of clients shows that people who have rental arrears or need rental and utility deposits and other prevention support are often those who become homeless if a support system breaks down or a job is lost. The CoC works with the state to determine where and how much should be put into prevention funds each year. This year, the CoC worked to train more individuals and collaborate with the HMIS lead on those endeavors. 2)The CoC Board and IHCD oversee CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. That strategy focuses on coordinating prevention efforts with all 6-entitlement city and state ESG funders to ensure funds are targeted to those most at risk of homelessness to keep persons from entering the system. The BOS partners with Township Trustees who also provide prevention funds to those in need. It works to build on the diversion work being done statewide and provide training to projects to help them better understand diversion. The HMIS lead conducts a monthly ESG entitlement city Office Hours to field questions and improve project data quality. The CoC will partner with the Dept of Education and their McKinney Vento staff at schools to support efforts in working with youth experiencing homelessness to make sure they are able to get to and from school and have the supplies they need. Using Diversion, “creative conversation” strategies, online training, and staff development, all regional partners can then reduce the length of time for clients by identifying individuals/families at risk and offer possible alternate housing options. 3) The CoC Board and the IHCD Community Services division are responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

1)The CoC implemented CE in all 16 IN-502 BoS regions. Each region has developed a centralized system and individuals are being permanently housed relatively quickly. The CoC recognizes a larger demand for units is needed in particular areas and is exploring ways to bridge the need for housing and the availability of units more effectively and efficiently. The CoC is seeking an expansion to increase CE funds to assist regions with staffing and housing search and placement services. The Board is working on strategies while staff creates training and process improvement opportunities to increase housing stock and reduce the time individuals remain homeless especially for those most vulnerable, including chronic homelessness, families, youth and domestic violence. The CoC works with the HMIS lead to improve the CE system. The HMIS lead has undertaken several developments related to the prioritization list and reporting functions to improve the CE system in the IN-502. 2)The CoC uses the VI-SPDAT assessment tool to help determine the person with the longest length of time homeless and greatest vulnerability. The CoC utilizes HMIS to help identify the episodes and lengths of homelessness. The HMIS Lead has a HMIS/CE trainer to improve data entry and collection. The HMIS Lead hosts monthly CE new user, refresher, and reports trainings for these end users. The CoC is reviewing factors impacting persons prior to entering the homeless services system and data from other federal programs accessed by vulnerable persons, such as the LSA, SPM, and Stella P, to determine prevention steps to coordinate services at a broader level. The COC Board established a CE Committee to bring key stakeholders from all 16 regions and build diversion options in local regions. 3)The IN BoS CoC board and the Community Services staff at IHCDA as the collaborative applicant are responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1)The CoC has substantially increased the utilization rates for these project

types in the reporting period. The IN-502 invests all available resources to improve the CE system. As a large BOS, the overall system continues to focus on the rate at which individuals and persons in families in shelters, transitional housing, and rapid rehousing exit to permanent housing destination. The CoC makes sure more case managers utilize referrals to CE and help clients make connections to resources and referrals needed for them to exit to permanent housing. The HMIS lead has worked to onboard several community partners and has integrated many into HMIS. Through this increased HMIS capacity, the CoC can better work together, even with providers who are just touching the homeless system. The CoC has brought more RRH into the system through the CoC competition and reallocation of funds. IHCD's annual Permanent Supportive Housing Institute provides an opportunity for teams that completed the Institute and develop a project that is 100% supportive housing (services and rental assistance) to access a tax credit, with mandatory utilization of HMIS. 2)The CoC strategy is to ensure case managers continue to work with clients in permanent housing projects to make sure needs are being addressed, and that persons in shelters are given access to RRH as a bridge to more permanent housing options. The CoC works with projects to make referrals to the mental health system to ensure mental health needs are being addressed and met. Through partnerships with PHAs, the CoC helps develop a systemic move-on strategy and make referrals to housing choice vouchers, as well as the emergency housing vouchers, as clients stabilize and are ready for less support in housing. A continuity policy was developed for projects to ensure if a provider no longer wishes to continue with a project, they are required to work with the CoC to transition clients to a new provider ensuring continuity of care and housing.

2C-4.	Returns to Homelessness–CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC’s strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

1) The CoC utilizes data from HMIS and System Performance Measures quarterly to see if returns to homelessness are due to lack of adequate case management or limits on funding that the CoC has implemented. The HMIS lead has engaged in data quality technical assistance and established a Performance and Outcomes committee of the CoC Board for these endeavors in the reporting period. The CoC also looks at data from 211 (state-wide call in system for referrals) to identify common reasons of individuals and persons in families who return to homelessness. This data is limited but does provide a snapshot of contributing factors. The CoC asks individuals and families what they need to stay housed as a part of the coordinated entry process. 2)The CoC has implemented several strategies to reduce returns to homelessness. All ESG funded shelters are required to use the CE assessment to ensure discharge to stable permanent housing options and entry to the prioritization list. All PSH projects are required to have implemented eviction prevention plans. PH projects use IN Certified Peer Specialist to maintain continued engagement

after individuals leave CoC funded programs. Additionally, the CoC works with PHAs and HUD housing choice voucher partners to make sure that limited support is available to clients who have exited CoC housing who might need limited case management on an as needed basis. Those efforts have become more cohesive and expanded with EHV 3)The Indiana Balance of State Continuum of Care Board and the Community Services Unit at IHCD are responsible for overseeing the CoC's efforts to reduce the rate of returns to homelessness.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,000 characters)

1)The CoC has several ways to increase employment income, increase access to employment, and increase cash income. As a quasi-state agency, IHCD works with several state agencies that are focused on ending homelessness. Partnerships include the IN Dept of Workforce Development (DWD) and IN Commission for Higher Education (CHE). Cross-training and connection to resources are key strategies. Resources that DWD provides directly to clients are training for their high school equivalency, enrollment in JAG to encourage high school diplomas and post-employment, the Next Level Jobs program, and Work One centers. Work One centers are located throughout the state and provide local access to job opportunities, training, and connection to the unemployment services. The Next Level jobs program provides vocational training for 50 certificate programs free of cost to the student. CHE offers educational resources like 21st Century Scholars program which provides free college tuition to low-income families. Enrolled foster youth are auto enrolled into this benefit and homelessness can be considered a barrier that waives some enrollment steps. Lastly, the CoC continues previous strategies. These include funding veteran's employment service programs & employment first programs through the State's mental health centers and access to job placement services for individuals on Indiana Medicaid through the MCO. Finally, the HMIS lead continues to work with the collaborative applicant to provide data from SPM, Stella, and other reports to make strategic funding decisions. The CoC has started a variety of office hours opportunities for these groups, and it includes bringing these state partners together on that call, at least monthly. 2)The INBOS CoC Board and the Community Services Unit at IHCD are responsible for overseeing the CoC's strategy to increase job and income growth from employment. create jobs and income from employment.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

The CoC promotes partnerships and access to employment opportunities with private employers. The CoC has created a partnership with the statewide staffing agencies called Work Ones. These organizations are located in each DWD region and connect individuals to employment opportunities at private employers. Regional chairs are trained on the availability of this resource and encouraged to connect with Work Ones. IHCDCA hosts a variety of office hours where the opportunities are discussed and rolled out to the CoC. Local organizations funded by the CoC also make their own partnerships. This may include outreach to local employers and connecting individuals with local job fairs. To provide meaningful on the job training and employment opportunities to residents of permanent supportive housing the CoC has several strategies. First, it encourages the use of supportive service dollars to cover such necessary items for clients. Second, the CoC makes statewide connections to resources for local use. Resources that clients can access include, but are not limited to, high school equivalency training, use of Work Ones, the 21st Century Scholar Program, Next Level Jobs, and the JAG program. These partnerships are further strengthened by the Director’s involvement on the Governor’s Workforce Cabinet Youth Committee. Lastly, the CoC continues previous strategies. These include funding veteran’s employment service programs & employment first programs through the State’s mental health centers and access to job placement services for individuals on Indiana Medicaid through the MCO.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

Describe in the field below:	
1.	your CoC’s strategy to increase non-employment cash income;
2.	your CoC’s strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.

(limit 2,000 characters)

The CoC utilizes the data from the HMIS to assess these changes quarterly for this measure. The HMIS lead is embedded within IHCDCA and works with the collaborative applicant, CoC Board, and Performance and Outcomes committee on these efforts. The HMIS lead has undergone a full data quality plan overhaul and established realistic benchmarks for those project types. The HMIS lead is hosting data quality office hours and other trainings to improve this outreach and data collection. The CoC also works with the state department of mental health and addictions to ensure case managers have SOAR training. This allows for case managers to make appropriate referrals to mainstream benefits. The CoC also works with SOAR, TANF, WIC and state insurance providers to assist clients with accessing mainstream benefits. CoC programs funded projects to assist in implementation of strategies by devoting time and resources as project match helping clients obtain employment and cash

income. This work may be done by a case manager or housing navigator. The vast majority of CoC funded programs are connecting their participants to these organizations. The Indiana Balance of State Continuum of Care Board and the Community Services Unit at IHCDA are responsible for overseeing the CoC's strategy to increase job and income growth from employment.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
---	-----

3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	Yes
3.	Public Housing Agencies, including use of a set aside or limited preference	Yes
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	Yes

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
--	----

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
IHCDA EHV FY2021	PSH	75	Housing

3A-3. List of Projects.

1. What is the name of the new project? IHCDA EHV FY2021

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 75

4. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:	
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- | | |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act. |

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH/RRH Component	Yes

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	16,000
2.	Enter the number of survivors your CoC is currently serving:	14,396
3.	Unmet Need:	1,604

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1)The CoC relies on research collected by its partner, ICADV, to determine the number of DV survivors needing housing and services. Seventy-six percent of all calls made to the informational referral service (211) are seeking safe and stable housing in DV. In 2019, ICADV also published a report that lists Safe, Stable and affordable Housing as the number one need for DV survivors. 2)the CoC calculated the number of DV survivors it is currently serving through the HMIS DV ClientTrack database. An APR in DV was run for all DV projects, including non residential. The reporting time frame is 10/1/20-9/30/21. 3)We are working towards meeting the needs of all survivors; however, there are barriers, including the lack of housing stock. The IN-502 COC is a large, geographically-diverse COC; therefore, we may not be able to reach all areas of need through our current providers So, we need to add more providers in areas that we are currently not reaching. In addition, general providers may not be trained on on trauma-informed care while DV providers on how to access coordinated entry. So, we need to create ways to bridge the gap and cross-train.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
YWCA of North Cen...
Lafayette Transit...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2021 Priority Listing:

1.	Applicant Name	YWCA of North Central Indiana
2.	Rate of Housing Placement of DV Survivors–Percentage	100.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	93.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

The YWCA provides the only domestic violence shelters in both the counties served. With so many families trapped in an abusive home over the course of the pandemic, it had been anticipated that the need would grow once things returned to “normal”. This still has yet to happen but we have seen an increase in requests for information about the services provided by the YWCA. The YWCA participates in coordinated entry as the only DV emergency shelter and intervention that participates on the CoC boards in both areas served. Victims of family violence are a stated priority in both the COC in which The YWCA participates. Coordinated entry and the PIT count using paper forms, as the YWCA did not have access to the Client Track DV package – this has been remedied. The YWCA is now using Client Track designed for use for the populations served by the YWCA.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;

3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

1)The VI-SPDAT is used to determine if a client has: a)No housing intervention needed; b)An assessment for RRH; c)An assessment for PSH. Clients are already on the CE list because they are initially screened when entering the program and placed on the CE list. 2)YWCA currently has 4 units in St Joseph County: adding three additional units with this funding. Participants have been identified for two of these units. 3)While HUD TH numbers are not as high as pre-COVID, they are going up as fears over COVID subside and vaccines are distributed. If we were full, a client would be placed on the waitlist or offered another housing program (we have 3 housing programs: HUD TH, VOCA, and Extended Stay). YWCA use a housing waitlist to track potential housing clients maintained by housing staff during the application process. Clients in the HUD TH program are entered into the ClientTrack database. Applicants are screened to ensure they are DV suitable. The YWCA calculated that it costs to provide and maintain TH units located within the shelter an average of \$743/month/client. This includes rental, utilities, and basic necessities like bedding, toiletries, and clothing. If we add three additional units, the cost per occupied unit per year is just under \$9,000/annually, which does include supportive services, meals, or childcare costs. It is for the upkeep and occupancy of each TH unit. If the YWCA is able to provide services to the expected 20 people with the expansion in rooms, this would cost approximately \$180,000 in additional costs for twenty people served. 4)YWCA receives referrals from community organizations of clients who are brought into the shelter if they meet DV eligibility requirements. If housing is the goal, the application process is completed within a week depending on how quickly the applicant is able to provide required documentation. The YWCA housing advocate is able to help with any barriers or challenges while gathering the requisite paperwork.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

The housing advocates participate in many training opportunities throughout the year. Training includes but not limited to cultural competency, fair housing, trauma informed care, ACES, de-escalation & crisis intervention, and substance use awareness. The YWCA offers training once per month for all direct care

staff, as well as other training that staff participate in online or in person based on their individual goals as part of their employee growth methodology. The housing advocates also meet with victims to establish realistic and attainable goals. Using the family development matrix the YWCA advocates will work with each client to determine what goals to set and establish a work plan to achieve these goals. Once goals are reached, new ones are established to help with the forward movement towards a life free of violence.

Clients can participate in many in-house learning opportunities arranged for and coordinated by the staff at the YWCA. YWCA advocates meet regularly with community partners to ensure that the clients served by both organizations are achieving expected successes. If challenges are identified that are creating a barrier for a particular client, the appropriate organization is contacted and a plan for traversing the barrier is developed with the client.

The goal is always to keep each client motivate and to ensure that each client is celebrated when they achieve. Clients is also able to attend other YWCA classes, including but not limited to Life Skills, DV Support Groups, Creative Arts, Healthy Relationships, Health & Wellness, Parenting, and Re-parenting Your Inner Child. During the COVID pandemic YOGA was introduced as a weekend like skills class – this was to help the clients served with the stress under which they are living. (and was provided by a volunteer who recognized the need for this service)

YWCA has a housing waitlist to keep track of potential housing clients, the waitlist is maintained and monitored by one of the housing staff. All assessments, intakes, safety planning and any other like services provided to clients is done in a secure and private place. The YWCA advocates, managers and counselors area all trained in taking assessments and establishing the correct course of action to best help the traumatized families served. IN addition, these meetings all take place in a private office or meeting room and confidentiality is respected and followed on every level of the organization.

Potential clients in the HUD TH program are entered into the Client Track database. All applicants are screened to ensure they are DV suitable as our grant is for DV clients only. YWCA has received referrals from community organizations and those clients are brought in shelter (if they meet DV eligibility requirements) and do the application process. The application process is easy and is usually completed within a week or so (as long as the client has submitted all required documentation).

Once a client has been accepted into the HUD funded program (or any other), the housing team begins to work with them on reaching goals and finding a new permanent home free of violence. Working with area landlords friendly and supportive of the YWCA and the population served by the organization – a client will look at a number of affordable housing units. They will narrow it down to the best possible fit financial, for their family and for their safety. The units in question are then inspected by a YWCA HUD trained maintenance staff person to determine if the unit is safe and up to HUD standards.

All YWCA volunteers, and employees must read and sign the Code of Ethical Standards which covers confidentiality. This is reviewed with employees by their supervisor and again during the onboarding process. Clients receiving services from the YWCA are held to similar standards, which are reviewed with them at their initial assessment and again, if needed should the policy be violated or the policy updated.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

Safety is always foremost in the minds of those who serve these survivors. No survivor is allowed to move in to a new home with an inspection – that inspection keeps the safety and wellbeing of these participants each client is assisted by their counselor or advocate to develop a safety plan for when they move out of the safe confines of the shelter and to their own permanent housing.

Modifications are made to new homes as long as they are not permanent and do not require a permanent installation. A RING camera as part of a doorbell system is more desirable than a permanent security camera offered by local security service organizations. It can be easily installed using heavy-duty Velcro rather than screwing it into anything.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

Clients entering HUD TH meet with an advocate to identify their needs, barriers, and goals. The client is connected with community resources as well as attend Empowerment Classes (Getting Ahead, Financial Literacy, and Securing & Keeping a Job) while in the HUD TH program. The clients meet with an advocate on a regular basis in a private location (typically the advocate’s office) that have white noise machines to ensure the client confidentiality. Staff meet with the client to complete a safety plan which can change depending on their circumstances.

The clients in the HUD TH program meet with their advocate to make a housing

plan for when they leave the HUD TH program. Their housing plan may include moving into subsidized housing or going onto the RRH. When the advocate is looking at outside housing they take the client's entire situation into account to ensure they find safe, secure, and affordable housing. In looking at safe, secure, and affordable housing, the advocate is looking at areas that are safe for the client and family, as well as housing that the client will be able to afford after the rental assistance is over. The advocate also informs the client of the address confidentially program which keeps the victim's address confidential. All outcomes are tracked using Client Track for DV software and QuickBooks. Some of the processes include:

Under the supervision of the manager of business operations, the accountant prepares the draws and attaches supporting documentation. Each invoice is reviewed by the manager of business operations and the director of grant administration, who then submits the draw.

Financial activity related to the grant is tracked separately in Quickbooks. The YWCA has a written financial policy and procedure manual available upon request.

The programmatic achievements are documented by the direct services staff (advocates, counselors, interns); information is gathered with the Collaborate system; the data specialist reviews and "cleans" outcome data to ensure its accuracy; outcome measures are reviewed weekly between supervisor and direct services staff; quarterly with upper management; and annually agency-wide.

The advocate participates in many trainings during the year, which include but are not limited to cultural competency, fair housing, trauma informed care, ACES, de-escalation & crisis intervention, and many other trainings. The YWCA offers training once per month for all direct care staff who work with clients, as well as other trainings that staff register for (online or in the community) to stay up to date on training to provide the best trauma informed approach to clients. The advocate also meets with the victim to complete goals and a family development matrix. The advocate meets with community organizations/agencies to build relationships to be able to refer clients over if needed. The client is also able to attend other YWCA classes, including but not limited to Life Skills, DV Support Groups, Creative Arts, Healthy Relationships, Health & Wellness, Parenting, and Re-parenting Your Inner Child.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

- | | |
|----|---|
| 1. | supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and |
| 2. | provide examples of how the project applicant provided the supportive services to domestic violence survivors. |

(limit 5,000 characters)

1.) The YWCA provides a number of supportive services to the communities served. They include, but are not limited to, the following: Life Skills, Parenting Parenting your inner child, Economic empowerment program - Bridge out of Poverty. financial literacy; budgeting; finding and keeping a job; resume writing etc.

Meals, Childcare, Advocacy/Children advocacy, Bilingual advocacy (Spanish speaking staff), Substance use disorder treatment (both group and medication-assisted), bus passes, Uber rides, taxis, maintenance support in each housing unit (TH units) provided to victims - repairs, updates, and turnover of these rooms falls to the maintenance staff

2.) Domestic Violence is a leading cause of homelessness for women and children in the United States. A lack of affordable housing options is regularly reported by survivors as a primary barrier to escaping abuse. Economics, language barriers, poor work, and financial histories leave these victims and their children vulnerable to homelessness or returning to their abusive homes. Under-served subsets of this target population are the Hispanic community, LGBTQ, the elderly, groups with different religious and socio-economic backgrounds, low-income victims, and those who are at high risk for being murdered by their abuser.

The YWCA North Central Indiana has had a successful track record in St. Joseph County for over a century and has served the victims of domestic violence since 1979 and in Elkhart County since 2010. The YWCA continues to strive for excellence in providing services to the community by building on experiences in support of the victims of domestic violence and their children. The YWCA works constantly to evolve with the changing community it serves, looking for ways to reach those most marginalized. While the overwhelming majority of those who seek our services are women (98%), we also serve men or people who identify as non-binary who have been the victims of abuse or sexual assault and their children.

This program is designed to facilitate to bridge the gap between services provided in emergency intervention into stable permanent housing. While in the safety and security of the shelter, victims and their families will work with staff to regain their lives. The staff and resources are given to allow for the opportunity to achieve realistic goals in order to regain financial independence and regain a sense of security. Without the services provided by the YWCA, many victims would have the choice between returning to their abuser and being homeless.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:	
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;

6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1)The project proposed by the YWCA will serve victims and their children who are fleeing a life of violence. While women are the predominant recipient of services from the YWCA, no one is turned away from our emergency shelter or programs offered by the YWCA because of gender or gender identity. The emergency shelter provides a 45-day respite for those looking for a life without fear and violence in their homes. Clients entering HUD TH will meet with an advocate to identify their needs, barriers, and goals. The client will be connected with community resources and attend Empowerment Classes (Getting Ahead, Financial Literacy, and Securing & Keeping a Job) while in the HUD TH program. The clients will meet with an advocate on a regular basis in a private location with white noise machines to ensure client confidentiality. Staff will meet with the client to complete a safety plan which can change depending on their circumstances. 2) We propose to offer those that are seeking a life of safety move into one of the units supported by this grant. Working with their advocate/counselor, the client will begin to break down the barriers to gaining their independence. The advocates and counselors will work with each client to establish individualized assessments and goals with each client; with the use of the "Family Development Matrix" establishing attainable goals and modifying and/or creating new goals as needed as a client works through programs offered by the YWCA. 3)Clients will meet with their advocate to make a housing plan for their exit from the HUD TH program. Their housing plan may include moving into subsidized housing or going onto the RRH. When the advocate looks at outside housing, they will take the client’s entire situation into account to ensure they find safe, secure, and affordable housing. In looking at safe, secure, and affordable housing, the advocate will look at areas that are safe for the client and family, as well as housing that the client will be able to afford after the rental assistance is over. The advocate will also inform the client of the address confidentially program which keeps the victim’s address confidential. 4)The programmatic achievements will be documented by the direct services staff (advocates, counselors, interns); information will be gathered with the Collaborate system; the data specialist will review and "clean" outcome data to ensure its accuracy; outcome measures will be reviewed weekly between supervisor and direct services staff; quarterly with upper management; and annually agency-wide. 5)For all of the YWCA’s programs, the advocate participates in many trainings during the year, which include but are not limited to cultural competency, fair housing, trauma informed care, ACES, de-escalation & crisis intervention, and many other trainings. The YWCA offers training once per month for all direct care staff who work with clients, as well as other trainings that staff register for (online or in the community) to stay up to date on training to provide the best trauma informed approach to clients. The advocate also meets with the victim to complete goals and a family development matrix. 6)Once they have been placed in a residential unit, clients will be able to participate in the voluntary supportive services as non-residential clients. The client will have the opportunity to attend other YWCA classes, including but not limited to Life Skills, DV Support Groups, Creative Arts, Healthy Relationships, and Health & Wellness. 7) The advocate will also offer opportunities to receive support through programs and classes such as: Parenting, and Re-parenting Your Inner Child as well as have access to childcare to continue their recovery and build their new life free of violence.

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	Lafayette Transitional Housing Center
2.	Rate of Housing Placement of DV Survivors–Percentage	9.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	9.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

- | | |
|----|---|
| 1. | how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and |
| 2. | the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects). |

(limit 1,000 characters)

This is a new area that LTHC would like to expand to. The number of DV survivors that need housing was calculated based on the prioritized list through our Coordinated Entry HMIS for non DV projects. This was only those who answered “yes” to any of the lethality questions, not anyone who had been a victim of Domestic Violence. Currently through our other rapid re-housing projects, we are serving only six victims of Domestic Violence. The main reason we are not able to house additional DV victims is the lack of housing stock for those with lower income and poor rental history.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

- | | |
|----|---|
| 1. | ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing; |
| 2. | prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.; |
| 3. | connected survivors to supportive services; and |

4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.
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(limit 2,000 characters)

For many years, Lafayette Transitional Housing Center has been providing coordinated entry and rapid rehousing to those who are the most vulnerable. We would like to expand this to include prioritizing victims of domestic violence. We provide referrals to our local Domestic Violence shelter for anyone who is actively seeking emergency shelter. However, we see many people who decide to not go the shelter, but would rather seek refuge on the streets or with friends/family while they flee. LTCH has been providing a RRH program for many years by utilizing our Housing stability Case Management approach. We focus on assisting the client with finding an appropriate housing solution, while also connecting them with the needed supportive services for continued growth. Our local Housing Authority does prioritize families who are fleeing DV for a Housing Choice Voucher. For any family who is eligible for this resource (though many of our families have been terminated from this program and are unable to return for 5 years), we would help them complete the online application.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

LTCH has not prioritized DV Survivors, however, we have helped hundreds of DV survivors over the years as many of the families and female head of households we work with, are DV survivors. The Case Manager works with the family to develop their individualized safety plan. Each CM does have a private office in which to conduct meetings in a private space. All of the Housing Stability Plans are created with the participant to ensure their needs are met. We also are very diligent with protecting the confidentiality of each of our clients. The housing model for RRH is scattered site and we will work with the tenant and landlord on any additional security/protection needs.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety—Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

The RRH project is a scattered site project with various housing units. For additional safety measures, we will work with the tenant to develop their safety plan, and will communicate with the landlord for any additional accommodations needed.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:	
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

Lafayette Transitional Housing Center will be utilizing the CoC Rapid Re-Housing DV Bonus funding to expand our capacity to provide a response to ending homelessness for families with children in our community who are survivors of Domestic Violence. We currently operate a CoC RRH program for families with children, as that grant was funded as a re-allocation project in FY14. However, the allocation is not enough to provide for the need of the number of families in homelessness. We are the coordinated entry for all homeless persons in an eight county region, and we do not have enough rapid re-housing resources. This additional funding will allow us to expand the program by 7 families, all of whom are DV survivors.

Our goal is to provide case management and rental assistance to 7 families at any one time. Our performance goals include: 80% of the families will maintain their permanent housing at exit and 70% will increase or maintain their income at exit.

The CoC RRH DV program will use Tenant Based Rental Assistance to provide subsidies to help these families move out of shelter, or out of their cars, as quickly as possible. These funds will also be used to provide a bridge for those who qualify for permanent supportive housing, when there are no units available.

All rapid re-housing tenants work directly with a Housing Stability Case

Manager (CM) and Housing Specialist to develop their individualized permanent housing stability plan all with program participant choice and rapid placement. Staff will then determine the appropriate subsidy level and time frame based on the needs of the tenant. The housing plan and subsidy need will be monitored and adjusted, as needed. The CM will conduct home visits and maintain weekly contact. Our goal is to ensure the client is able to succeed with the most appropriate housing intervention AND with the right amount of financial and case management support.

Recognizing the need for more trauma informed, victim centered approaches, the Case Management staff have all been trained on the effects of trauma and violence on a person and their progression. LTHC staff partners with our local Domestic Violence shelter who offers specialized services and programming based on the needs of the survivors.

LTHC has developed relationships with landlords who understand the impact that we are making with the most vulnerable families. Landlords have experienced the value of Case Management and the support we give to clients to assist them with employment, budgeting, transportation, and anything else that ensures they are able to sustain their housing. We will target the most vulnerable families, including those with no income, poor rental history, and other barriers to housing. We will use the Coordinated Entry system to assess households, prioritize those who are most in need of support and match them with an appropriate and timely housing intervention. The RRH funding will provide households with the housing subsidy and support needed to effectively end the homelessness of families in our community.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

The supportive services that LTHC will provide to victims of domestic violence includes: intensive case management focusing on both safety and housing stability, connection to mainstream benefits, health care needs assessment for the head of household and family members, educational and employment services for all family members, and housing connections. All of the supportive services are based on client needs and their choice, while also recognizing that connections are difficult while households are fleeing domestic violence. With the partnerships we have with local landlords, we will have capacity to quickly re-house families and work with them to sustain their housing solution. As victims of DV, we will prioritize safety planning, and ensuring the housing location and unit are equipped with appropriate safety measures for stability.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

All of the programs of LTHC are based on client choice and preference. We will work with the participants on locating an appropriate housing location that will provide both stabilization and will be consistent with their preferences.

The culture of LTHC staff is based on mutual respect by using progressive engagement while understanding the effects of trauma. The value of being victim centered ensures that we are working together, with our participant, on their most basic needs while also helping them move forward.

With all of our participants, we work with them to create their housing stability plan. Usually we do this several times throughout the program, as the needs of the participants begin to evolve. At first, we concentrate on housing stability and safety. As we move forward, we continue to work on additional goals and aspirations that the participant has for themselves and their family.

The agency of LTHC has prioritized cultural sensitivity, inclusivity, and diversity as part of our work in 2021. These priorities will continue as work to onboard new staff and board members.

The LTHC facility provides for a multitude of additional agencies to provide their services, on-site. By creating this one-stop-shop, we provide many opportunities for engagement with various partners and organizations to best fit the needs of our guests. Examples of these include: Faith Based initiatives, NAMI, and support groups. We have found that when the resources are at a location that the participants are comfortable with, they are more inclined to attend and participate.

We understand the challenges that come from domestic violence, homelessness, and other traumatic events. While we focus on housing stability, we also understand the need for additional services when its related to the children, including: child care funding resources, locating appropriate childcare, transportation assistance, parenting classes, educational needs, and more. Families need all of the support and resources we can provide in order for them to be successful.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	1C-14 CE Assessme...	11/10/2021
1C-7. PHA Homeless Preference	No	1C-7 Homeless Pre...	11/12/2021
1C-7. PHA Moving On Preference	No	1C-7 PHA Moving o...	11/12/2021
1E-1. Local Competition Announcement	Yes	1E-1 Local Compet...	11/10/2021
1E-2. Project Review and Selection Process	Yes	1E-2 Project Revi...	11/10/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	1E-5 Public Posti...	11/10/2021
1E-5a. Public Posting–Projects Accepted	Yes	1E-5a Public Post...	11/10/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: 1C-14 CE Assessment Tool

Attachment Details

Document Description: 1C-7 Homeless Preference

Attachment Details

Document Description: 1C-7 PHA Moving on Preference

Attachment Details

Document Description: 1E-1 Local Competition Announcement

Attachment Details

Document Description: 1E-2 Project Review and Selection Process

Attachment Details

Document Description: 1E-5 Public Posting-Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a Public Posting-Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	11/02/2021
1B. Inclusive Structure	11/07/2021
1C. Coordination	11/10/2021
1C. Coordination continued	11/09/2021
1D. Addressing COVID-19	11/09/2021
1E. Project Review/Ranking	11/11/2021
2A. HMIS Implementation	11/09/2021
2B. Point-in-Time (PIT) Count	11/05/2021
2C. System Performance	11/08/2021
3A. Housing/Healthcare Bonus Points	11/11/2021
3B. Rehabilitation/New Construction Costs	11/07/2021

FY2021 CoC Application	Page 67	11/12/2021
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3C. Serving Homeless Under Other Federal Statutes	11/09/2021
4A. DV Bonus Application	11/11/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

ADMINISTRATION

Head of Household First Name:	Head of Household Last Name:
Date:	Race/Ethnicity:
Start Time:	Gender Identity (Male, Female, Transgender, Other):
End Time:	Identifies as LGBTQ2+? <input type="checkbox"/> Yes <input type="checkbox"/> No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):	Date of Birth:
Previous VI-SPDAT completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous VI-SPDAT Score:	Pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd Head of Household First Name:	2 nd Head of Household Last Name:
Date:	Race/Ethnicity:
Start Time:	Gender Identity (Male, Female, Transgender, Other):
End Time:	Identifies as LGBTQ2+? <input type="checkbox"/> Yes <input type="checkbox"/> No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):	Date of Birth:
Previous VI-SPDAT completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous VI-SPDAT Score:	Pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Disclaimer:
 OrgCode Consulting, Inc. (OrgCode) cannot control the way in which the VI-SPDAT and SPDAT products will be used, applied or integrated by communities, agencies or frontline staff. OrgCode assumes no legal responsibility or liability for the decisions that are made or services that are received in conjunction with the tools.



OPENING SPEAKING POINTS

Cover the following in the opening explanation of the F-VI-SPDAT each time:

- The purpose of doing this triage with households that have children and are currently experiencing homelessness
- Some of the questions are personal in nature. It is their choice whether or not they want their children present, and if they do choose to have their children present, they can choose to skip questions that they don't want to answer in front of their children that we can try to come back to at the end or another time if someone can watch their children for a few minutes.
- Approximately how long it will take
- How to answer the questions (yes, no or simple one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like whether or not they meet the definition of chronic homelessness)
- Consent to participate in the process

SECTION ONE: CHILDREN WITHIN THE HOUSEHOLD

1. How many children under the age of 18 are currently with you? _____
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____
3. Is any member of the family currently pregnant (*if applicable*)? Y N R
4. Please provide a list of children in your household:

Child 1 First Name:	Child 1 Last Name:
Child 1 Date of Birth:	Child 1 With Family?
Child 2 First Name:	Child 2 Last Name:
Child 2 Date of Birth:	Child 2 With Family?
Child 3 First Name:	Child 3 Last Name:
Child 3 Date of Birth:	Child 3 With Family?
Child 4 First Name:	Child 4 Last Name:
Child 4 Date of Birth:	Child 4 With Family?
Child 5 First Name:	Child 5 Last Name:
Child 5 Date of Birth:	Child 5 With Family?

Score 1 if any of the following conditions are met:

- If there is a single parent with 2+ children, and/or a child aged 11 or younger, and/or a current pregnancy.
- If there are two parents with 3+ children, and/or a child aged 6 or younger, and/or a current pregnancy.



SECTION TWO: PRESENTING NEEDS

5. Most days can you and your family:

- a. Find a safe place to sleep Y N R
- b. Access a bathroom when you need it Y N R
- c. Access a shower when you need it Y N R
- d. Get food Y N R
- e. Get water or other non-alcoholic beverages to stay hydrated Y N R
- f. Get clothing or access laundry when you need it Y N R
- g. Safely store your stuff Y N R

Score 1 if NO to Question 5 a, b, c, d, e, f or g.

SECTION THREE: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

6. How long has it been since you and your family lived in stable, permanent housing? *(is this in days or months or years?)* _____

7. In the last three years, how many times have you been homeless? _____

8. IF THE ANSWER TO QUESTION 7 IS 2 OR MORE:

Thinking about those last three years and the different times you and your family were homeless, if you add up all the months you were homeless, what is the total length of time your family has experienced homelessness? _____ months

9. Do you have any diagnosed, documented, disabling conditions? Y N R

Score 1 if YES to QUESTION 9 and the following conditions are met:

- *If the head of household:*
 - *experienced 1 or more consecutive years of homelessness or*
 - *4+ episodes of homelessness and the total duration of homelessness is 12+ months.*

10. Has your family ever lived in a home that you own or an apartment in your name? Y N R

11. Have you and your family ever been evicted? Y N R

Score 1 if NO to Question 10 and/or YES to Question 11.



SECTION FOUR: VULNERABILITIES AND HOUSING SUPPORT NEEDS

12. In the last 6 months, how many times have you or anyone in your family: # of times
- a. Gone to the emergency room/department _____
 - b. Taken an ambulance _____
 - c. Been hospitalized as an inpatient _____
 - d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention _____
 - e. Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that _____
 - f. Stayed one or more nights in jail, a holding cell or prison _____

If the total number of interactions equals 4 or more, score 1.

13. Since your family has been homeless:
- a. Has anyone in your family been beaten up or assaulted Y N R
 - b. Has anyone in your family threatened to beat up or assault someone else Y N R
 - c. Has anyone in your family threatened to harm themselves or harmed themselves Y N R
 - d. Has anyone threatened you or anyone in your family with violence or made any of you feel unsafe Y N R
 - e. Has anyone tried to control you or anyone in your family through violence or threats of violence whether that be a stranger, friend, partner, relative or someone in your family Y N R

If YES to any of Question 13, score 1.

14. Does anyone in your family have any legal stuff going on right now that may result in any of the following:
- a. Being locked up Y N R
 - b. Having to pay fines or fees that you cannot afford Y N R
 - c. Impact your family's ability to get housing Y N R
 - d. Impact where you and your family could live in your housing Y N R
 - e. Impact your family's ability to stay together Y N R
15. Has anyone in your family ever been convicted of a crime that makes it difficult to access or maintain housing Y N R

If YES to any of Question 14 and/or YES to Question 15, score 1.



16. Does anyone trick, manipulate, exploit or force anyone in your family to do things they do not want to do? Y N R

17. Where do you and your family sleep most frequently? (*select one response*)

- Shelters Transitional Housing Couch Surfing
- Outdoors Car Other _____

18. Does anyone in your family ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work, or anything like that? Y N R

Score 1 if any of the following conditions are met:

- YES to Question 16;
- If the family stays any place other than Shelters or Transitional Housing in Question 17;
- YES to Question 18.

19. Is there anybody that thinks that you or anyone in your family owes them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that? Y N R

20. Do you or anyone in your family get any money from the government, a job, alimony, child support, working under the table, day labour, an inheritance or a pension, or anything like that? Y N R

21. Do you or anyone in your family ever gamble with money they cannot afford to lose or have debts associated with gambling? Y N R

Score 1 if any of the following conditions are met:

- YES to Question 19;
- NO to Question 20;
- YES to Question 21.

22. Does everyone in your family have planned activities, other than activities for survival, at least four days per week that make them feel happy and fulfilled? Y N R

If NO to Question 22, score 1.

23. Does your family have a collection of belongings that gets in the way with your ability to access services or housing? Y N R

If YES to Question 23, score 1.

24. Would you say that your family’s current homelessness was caused by any of the following:

- a. A relationship that broke down Y N R
- b. An unhealthy or abusive relationship Y N R
- c. Because family or friends caused your family to lose your housing Y N R



25. Do most of your family and friends have stable housing? Y N R

If YES to any of Question 24, and/or NO to Question 25, score 1.

26. Is anyone in your current household 60 years of age or older? Y N R

27. Does anyone in your family have any physical or mental health issues or cognitive issues including a brain injury, that might require assistance to access or keep housing? Y N R

If YES to Question 26 and/or YES to Question 27, score 1.

28. Does anyone in your family use alcohol or drugs in a way that it:
- a. Impacts their life in a negative way most days Y N R
 - b. Makes it hard to access housing Y N R
 - c. Might require assistance to maintain housing Y N R

If YES to any of Question 28, score 1.

29. Are there any medications that, for whatever reason:
- a. A doctor said someone in your family should be taking but they are not taking Y N R
 - b. The medication gets sold instead of being taken Y N R
 - c. The medication is used other than how it is prescribed Y N R
 - d. The medication is impossible to take, forgotten, or chosen not to take it Y N R

If YES to any of Question 29, score 1.

30. Has your family's homelessness been caused by any recent or past trauma or abuse? Y N R

If YES to Question 30, score 1.

31. Are there any children that have been removed from the family by a child protection service in the last six months? Y N R

32. Do you have any family legal issues like child custody, protection issues, divorce, or anything like that being resolved in court or needing to be resolved in court that would impact your housing or who may live within your housing? Y N R

If YES to Question 31 and/or Question 32, score 1.



33. At any point in the last six months, have any of your children been separated from you to live with another family member or friend? Y N R
34. In the last six months, have any of the children experienced abuse or trauma? Y N R
35. **If there are school-aged children:** Do your children attend school more often than not each week? Y N R

Score 1 if any of the following conditions are met:

- YES to Question 33;
- YES to Question 34;
- NO to Question 35.

36. In the last six months, have the adults in the family changed because of a new relationship, a separation, incarceration, military deployment, or anything like that? Y N R
37. Do you anticipate any other adults or children coming to live with your family in the first six months after you and your family get housed? Y N R

If YES to Question 36 and/or Question 37, score 1.

38. Does your family have a support network for when you need help with your children or other things that come up? Y N R
39. **If there are children 12 and younger as well as 13 and over:** In your household, do the older kids spend two or more hours on a typical day helping their younger siblings with things like getting ready for school, homework, dinner, bathing them, or anything like that? Y N R

If NO to Question 38 and/or YES to Question 39, score 1.

TOTAL SCORE



SCORING RANGE	RECOMMENDED COURSE OF ACTION
0-3	Assess for least intensive service supports
4-8	Assess for moderate and often time-limited supports
9+	Assess for high intensity supports lasting for a longer duration of time and perhaps even permanently

CONTACT INFORMATION

On a typical day, what is the best way to reach you?

If that is unsuccessful, what is the next best way to reach you?



**Transition Age Youth -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(TAY-VI-SPDAT)**

“Next Step Tool for Homeless Youth”

AMERICAN VERSION 1.0

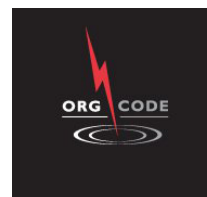
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**COMMUNITY
SOLUTIONS**



Eric Rice, PhD

USC
SCHOOL OF
SOCIAL WORK



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters **Couch surfing** **Other (specify):**
 Transitional Housing **Outdoors**
 Safe Haven **Refused** _____

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ Refused

3. In the last three years, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ Refused
 b) Taken an ambulance to the hospital? _____ Refused
 c) Been hospitalized as an inpatient? _____ Refused
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
 f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**

5. Have you been attacked or beaten up since you've become homeless? **Y** N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:**

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? **Y** N Refused
8. Were you ever incarcerated when younger than age 18? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES. **SCORE:**

9. Does anybody force or trick you to do things that you do not want to do? **Y** N Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. **SCORE:**

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? **Y** N Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? Y **N** Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT. **SCORE:**

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y **N** Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. **SCORE:**

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y **N** Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. **SCORE:**

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? **Y** N Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? **Y** N Refused
- c) Because your family or friends caused you to become homeless? **Y** N Refused
- d) Because of conflicts around gender identity or sexual orientation? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

- e) Because of violence at home between family members? **Y** N Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**.

SCORE:

D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? **Y** N Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** N Refused
- 18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? **Y** N Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? **Y** N Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help? **Y** N Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? **Y** N Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? **Y** N Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

- a) A mental health issue or concern? **Y** N Refused
- b) A past head injury? **Y** N Refused
- c) A learning disability, developmental disability, or other impairment? **Y** N Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.

SCORE:

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? **Y** N Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/5	
D. WELLNESS	/5	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

Appendix A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

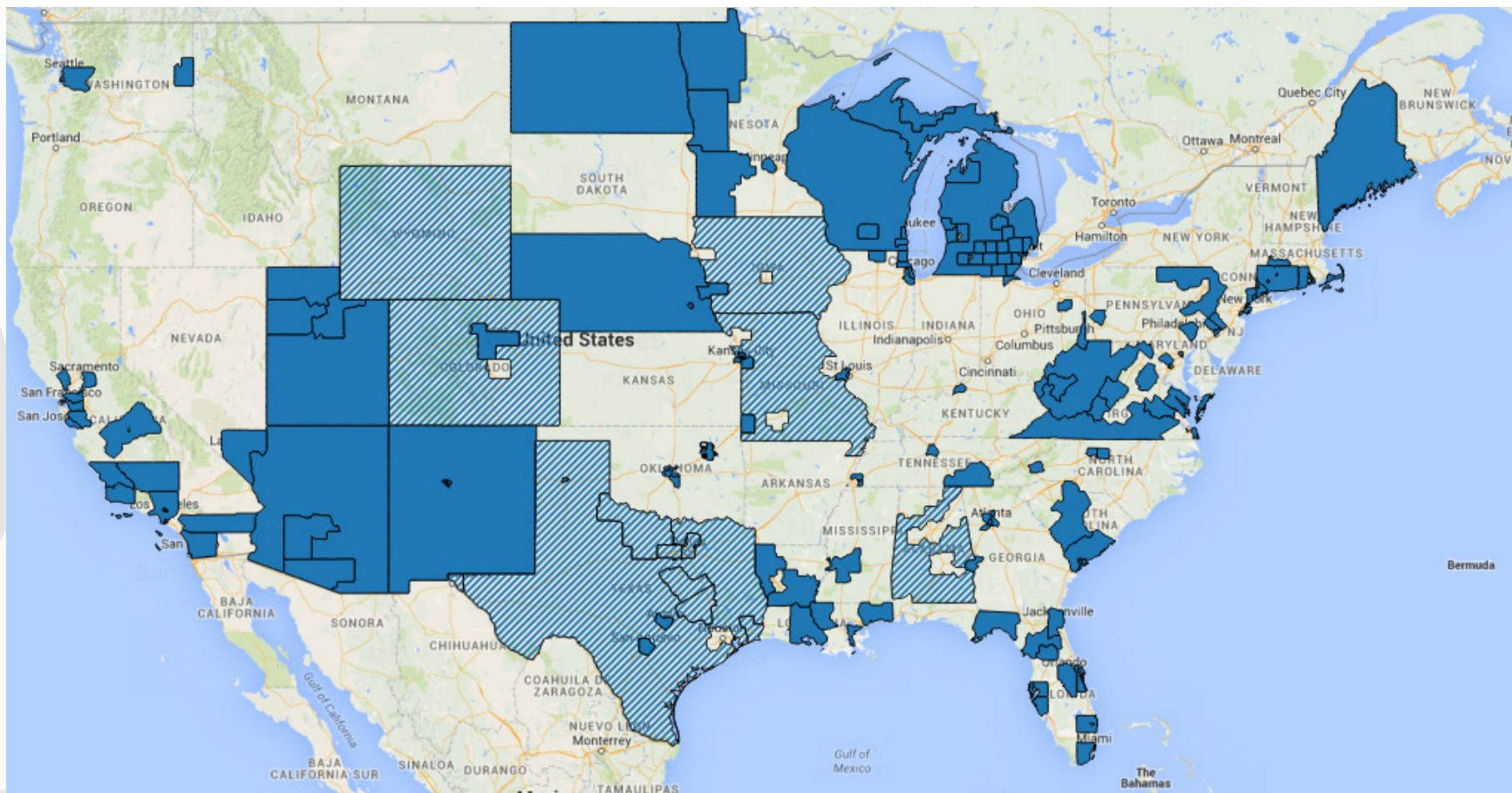
One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

ADMINISTRATION

First Name:			Last Name:		
Date:			Race/Ethnicity:		
Start Time:			Gender Identity (Male, Female, Transgender, Other):		
End Time:			Identifies as LGBTQ2+?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):			Date of Birth:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous VI-SPDAT completed?	Yes	No	Ever served in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VI-SPDAT Score:			Pet(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OPENING SPEAKING POINTS

Cover the following in the opening explanation of the VI-SPDAT each time:

- The purpose of doing the triage
- Approximately how long it will take
- How to answer the questions (yes, no or simple one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like whether or not they meet the definition of chronic homelessness)
- Consent to participate in the process

Disclaimer:

OrgCode Consulting, Inc. (OrgCode) cannot control the way in which the VI-SPDAT and SPDAT products will be used, applied or integrated by communities, agencies or frontline staff. OrgCode assumes no legal responsibility or liability for the decisions that are made or services that are received in conjunction with the tools.



SECTION ONE: PRESENTING NEEDS

1. Most days can you:

- a. Find a safe place to sleep Y N R
- b. Access a bathroom when you need it Y N R
- c. Access a shower when you need it Y N R
- d. Get food Y N R
- e. Get water or other non-alcoholic beverages to stay hydrated Y N R
- f. Get clothing or access laundry when you need it Y N R
- g. Safely store your stuff Y N R NA

Score 1 if NO to Question 1 a, b, c, d, e, f or g

SECTION TWO: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

2. How long has it been since you lived in stable, permanent housing?
(is this in days or months or years?) _____

3. In the last three years, how many times have you been homeless? _____

4. IF THE ANSWER TO QUESTION 3 IS 4 OR MORE:

Thinking about those last three years and the different times you were homeless, if you add up all the months you were homeless, what is the total length of time you have experienced homelessness? _____ months

5. Do you have any diagnosed, documented, disabling conditions? Y N R

Score 1 if any of the following conditions are met:

- If the person:
 - experienced 1 or more consecutive years of homelessness or
 - 4+ episodes of homelessness **and** the total duration of homelessness is 12+ months
 - **AND** answered Yes to Question 5

6. Have you ever lived in a home that you own or an apartment in your name? Y N R

7. Have you ever been evicted? Y N R

Score 1 if NO to Question 6 and/or YES to Question 7



SECTION THREE: VULNERABILITIES AND HOUSING SUPPORT NEEDS

8. In the last 6 months, how many times have you:

- a. Gone to the emergency room/department _____
- b. Taken an ambulance _____
- c. Been hospitalized as an inpatient _____
- d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention _____
- e. Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that _____
- f. Stayed one or more nights in jail, a holding cell or prison _____

If the total number of interactions equals 4 or more, score 1.

9. Since you have been homeless:

- a. Have you been beaten up or assaulted Y N R
- b. Have you threatened to beat up or assault someone else Y N R
- c. Have you threatened to harm yourself or harmed yourself Y N R
- d. Has anyone threatened you with violence or made you feel unsafe Y N R
- e. Has anyone tried to control you through violence or threats of violence whether that be a stranger, friend, partner, relative or parent Y N R

If YES to any of Question 9, score 1.

10. Do you have any legal stuff going on right now that may result in any of the following:

- a. Being locked up Y N R
- b. Having to pay fines or fees that you cannot afford Y N R
- c. Impact your ability to get housing Y N R
- d. Impact where you could live in your housing Y N R

11. Have you ever been convicted of a crime that makes it difficult to access or maintain housing? Y N R

If YES to any of Question 10 and/or YES to Question 11, score 1.



12. Does anyone trick, manipulate, exploit or force you to do things you do not want to do? Y N R

13. Where do you sleep most frequently? (*select one response*)

- Shelters Transitional Housing Safe Haven Couch Surfing
 Outdoors Car Other _____

14. Do you ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work, or anything like that? Y N R

Score 1 if any of the following conditions are met:

- YES to Question 12;
- If the person stays any place other than Shelters, Transitional Housing or Safe Haven in Question 13;
- YES to Question 14.

15. Is there anybody that thinks you owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that? Y N R

16. Do you get any money from the government, a job, working under the table, day labor, an inheritance or a pension, or anything like that? Y N R

17. Do you ever gamble with money you cannot afford to lose or have debts associated with gambling? Y N R

Score 1 if any of the following conditions are met:

- YES to Question 15;
- NO to Question 16;
- YES to Question 17.

18. Do you have planned activities, other than activities for survival, at least four days per week that make you feel happy and fulfilled? Y N R

If NO to Question 18, score 1.

19. Do you have a collection of belongings that gets in the way with your ability to access services or housing? Y N R

If YES to Question 19, score 1.

20. Would you say that your current homelessness was caused by any of the following:

- a. A relationship that broke down Y N R
- b. An unhealthy or abusive relationship Y N R
- c. Because family or friends caused you to lose your housing Y N R



21. Do most of your family and friends have stable housing? Y N R

If YES to any of Question 20, and/or NO to Question 21, score 1.

22. Are you 60 years of age or older? Y N R

23. Do you have any physical or mental health issues or cognitive issues including a brain injury, that you would require assistance to access or keep housing? Y N R

24. Are you currently pregnant? (If applicable) Y N R

If YES to Question 22, and/or YES to Question 23, and/or YES to Question 24, score 1.

25. Do you use alcohol or drugs in a way that it:

- a. Impacts your life in a negative way most days Y N R NA
- b. Makes it hard to access housing Y N R NA
- c. Would require assistance to maintain housing Y N R NA

If YES to any of Question 25, score 1

26. Are there any medications that, for whatever reason:

- a. A doctor said you should be taking but you are not taking Y N R NA
- b. You sell instead of taking Y N R NA
- c. You use in a way other than how it is prescribed Y N R NA
- d. You find impossible to take, forget to take or choose not to take Y N R NA

If YES to any of Question 26, score 1.

27. Has your homelessness been caused by any recent or past trauma or abuse? Y N R

If YES to Question 27, score 1.

TOTAL SCORE



SCORING RANGE	COURSE OF ACTION
0-3	Assess for least intensive service supports
4-7	Assess for moderate and often time-limited supports
8+	Assess for high intensity supports lasting for a longer duration of time and perhaps even permanently

CONTACT INFORMATION

On a typical day, what is the best way to reach you?

If that is unsuccessful, what is the next best way to reach you?





Housing Choice Voucher 2021 Administrative Plan

Full document can be found at: <https://www.in.gov/ihcda/files/2021-HCV-Admin-Plan.pdf>

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Chapter 1: OVERVIEW OF THE PROGRAM AND PLAN

Part I: Program Overview

IHCDA receives its funding for the Housing Choice Voucher (HCV) program from the Department of Housing and Urban Development. IHCDA is not a federal department or agency. A public housing agency (PHA) is a governmental or public body, created and authorized by state law to develop and operate housing and housing programs for low-income families. IHCDA enters into an Annual Contributions Contract with HUD to administer the program requirements on behalf of HUD. IHCDA must ensure compliance with federal laws, regulations and notices and must establish policy and procedures to clarify federal requirements and to ensure consistency in program operation.

PART II: IHCDA

1-II.A. IHCDA MISSION

All Hoosiers should have the opportunity to live in safe, decent, affordable housing in economically stable communities. IHCDA helps build strong communities by providing financial resources and assistance to qualified partners throughout the State of Indiana in their development efforts. A primary focus of IHCDA is providing a continuum of housing from homelessness to homeownership, with a focus on low to moderate income Hoosiers.

1-II.B. IHCDA'S PROGRAMS

IHCDA's administrative plan is applicable to the operation of the Housing Choice Voucher program, including HCV funded project-based, VASH, and Mainstream (NED) vouchers. Upon award of other targeted funding, these policies will also apply.

PART III: Purpose of the Administrative Plan

1-III.A. Purpose of the Administrative Plan

The administrative plan is required by HUD. The purpose of the administrative plan is to establish policies for carrying out the programs in a manner consistent with HUD requirements and local goals and objectives contained in IHCDA's agency plan. This administrative plan is a supporting document to IHCDA agency plan and is available for public review as required by CFR 24 Part 903.

This administrative plan is set forth to define IHCDA's local policies for operation of the housing programs in accordance with federal laws and regulations. All issues related to the HCV program not addressed in this document are governed by such federal regulations, HUD handbooks and guidebooks, notices, and other applicable law. The policies in this administrative plan have been designed to ensure compliance with the consolidated ACC and all HUD-approved applications for program funding.

IHCDA is responsible for complying with all changes in HUD regulations pertaining to the HCV program. If such changes conflict with this plan, HUD regulations will have precedence.

Administration of the HCV program and the functions and responsibilities of IHCDA staff shall be in compliance with IHCDA's personnel policy and HUD regulations as well as all federal, state and local fair housing laws and regulations.

1-III.B. APPLICABLE REGULATIONS

Applicable Federal regulations include:

- 24 CFR Part 5: General Program Requirements
- 24 CFR Part 8: Nondiscrimination
- 24 CFR Part 35: Lead-Based Paint
- 24 CFR Part 100: The Fair Housing Act
- 24 CFR Part 982: Section 8 Tenant-Based Assistance: Housing Choice Voucher Program
- 24 CFR Part 983: Project-Based Vouchers
- 24 CFR Part 985: The Section 8 Management Assessment Program (SEMAP)

1-III.C. UPDATING AND REVISING THE PLAN

IHCDA will revise this administrative plan as needed to comply with changes in HUD regulations. The original plan and any changes must be approved by the board of commissioners of the agency, the pertinent sections included in the Agency Plan, and a copy provided to HUD.

IHCDA will review and update the plan at least once a year, and more often if needed, to reflect changes in regulations, IHCDA operations, or when needed to ensure staff consistency in operation.

3-I.B. FAMILY BREAKUP AND REMAINING MEMBER OF TENANT FAMILY

Family Breakup [24 CFR 982.315]

Except under the following conditions, the PHA has discretion to determine which members of an assisted family continue to receive assistance if the family breaks up:

- If the family breakup results from an occurrence of domestic violence, dating violence, sexual assault, or stalking, IHCDCA must ensure that the victim retains assistance. (For documentation requirements and policies related to domestic violence, dating violence, sexual assault, and stalking, see section 16-IX.D of this plan.)
- If a court determines the disposition of property between members of the assisted family, IHCDCA is bound by the court's determination of which family members continue to receive assistance.
- When a family on the waiting list breaks up into two otherwise eligible families, only one of the new families may retain the original application date. Other former family members may make a new application with a new application date if the waiting list is open.
- If a family breaks up into two otherwise eligible families while receiving assistance, only one of the new families will continue to be assisted. If a PBV assisted family breaks up into two otherwise eligible families the family members leaving the assisted unit may be eligible to receive a voucher if it would prevent homelessness.

In the absence of a judicial decision or an agreement among the original family members, IHCDCA will determine which family will retain their placement on the waiting list or continue to receive assistance. In making its determination, IHCDCA will take into consideration the following factors:

- (1) The interest of any minor children, including custody arrangements;
- (2) The interest of any ill, elderly, or disabled family members;
- (3) The interest of any family member who is the victim of domestic violence, dating violence, sexual assault, or stalking, including a family member who was forced to leave an assisted unit as a result of such actual or threatened abuse;
- (4) Any possible risks to family members as a result of criminal activity; and
- (5) The recommendations of social service professionals

- The individual is a veteran of the U.S. Armed Forces or is currently serving on active duty in the Armed Forces for other than training purposes
- The individual is a graduate or professional student
- The individual is married
- The individual has one or more legal dependents other than a spouse (for example, dependent children or an elderly dependent parent)
- The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth, or as unaccompanied, at risk of homelessness, and self-supporting by:
 - A local educational agency homeless liaison
 - The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act or a designee of the director
 - A financial aid administrator
 - The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances
 - The individual was not claimed as a dependent by his/her parents pursuant to IRS regulations, as demonstrated on the parents' most recent tax forms.
 - The individual provides a certification of the amount of financial assistance that will be provided by his/her parents. This certification must be signed by the individual providing the support and must be submitted even if no assistance is being provided.

If IHCDCA determines that an individual meets the definition of a *vulnerable youth* such a determination is all that is necessary to

determine that the person is an *independent student* for the purposes of using only the student's income for determining eligibility for assistance.

IHCDA will verify that a student meets the above criteria in accordance with the policies in Section 7-II.E.

Institution of Higher Education

IHCDA will use the statutory definition under section 102 of the Higher Education Act of 1965 to determine whether a student is attending an *institution of higher education* (see Exhibit 3-2).

Parents

For purposes of student eligibility restrictions, the definition of *parents* includes biological or adoptive parents, step-parents (as long as they are currently married to the biological or adoptive parent), and guardians (e.g., grandparents, aunt/uncle, godparents, etc).

Person with Disabilities

IHCDA will use the statutory definition under section 3(b)(3)(E) of the 1937 Act to determine whether a student is a *person with disabilities* (see Exhibit 3-1).

VASH Eligible Veteran

For the purpose of the Veteran Affairs Supportive Housing (VASH) a *veteran* is a person referred from the Department of Veterans Affairs, who served in any active branch of the US Military; Navy, Marines, Air force, Army, Coast Guard, which is verified on a DD-214 or subsequent Department of Defense documentation.

Vulnerable Youth

A *vulnerable youth* is an individual who meets the U.S. Department of Education's definition of *independent student* in paragraphs (b), (c), or (h), as adopted in Section II of FR Notice 9/21/16:

- The individual is an orphan, in foster care, or a ward of the court, or was an orphan, in foster care, or ward of the court at any time when the individual was 13 years of age or older
- The individual is, or was, immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's state of legal residence
- The individual has been verified during the school year in

which the application is submitted as either an unaccompanied youth who is a homeless child or youth, or as unaccompanied, at risk of homelessness, and self-supporting by:

- A local educational agency homeless liaison
- The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act or a designee of the director
- A financial aid administrator

Determining Student Eligibility

If a student is applying for assistance on his/her own, apart from his/her parents, the PHA must determine whether the student is subject to the eligibility restrictions contained in 24 CFR 5.612. If the student is subject to those restrictions, the PHA must ensure that: (1) the student is individually eligible for the program, (2) either the student is independent from his/her parents or the student's parents are income eligible for the program, and (3) the "family" with which the student is applying is collectively eligible for the program.

PHA Policy

For any student who is subject to the 5.612 restrictions, the PHA will:

- Follow its usual policies in determining whether the student individually and the student's "family" collectively are eligible for the program
- Determine whether the student is independent from his/her parents in accordance with the definition of *independent student* in this section
- Follow the policies below, if applicable, in determining whether the student's parents are income eligible for the program

If the PHA determines that the student, the student's parents (if applicable), or the student's "family" is not eligible, the PHA will send a notice of denial in accordance with the policies in Section 3-III.F, and the applicant family will have the right to request an informal review in accordance with the policies in Section 16-III.B.

Determining Parental Income Eligibility

PHA Policy

For any student who is subject to the 5.612 restrictions and

housing program.

- A family member has engaged in or threatened* violent or abusive* behavior toward IHCDA personnel*.

**Abusive or violent behavior towards PHA personnel includes verbal as well as physical abuse or violence. Use of racial epithets, or other language, written or oral, that is customarily used to intimidate may be considered abusive or violent behavior.*

**Threatening refers to oral or written threats or physical gestures that communicate intent to abuse or commit violence.*

**IHCDA personnel includes personnel of IHCDA subcontracted organizations*

IHCDA **will** deny assistance to an applicant family if:

- The family owes rent or other amounts to IHCDA in connection with Section 8 or other public housing assistance under the 1937 Act, unless the family is in good standing with IHCDA.
- The family has breached the terms of a repayment agreement entered into with IHCDA, unless the family establishes good standing with IHCDA prior to being selected from the waiting list or is experiencing homelessness at the time of selection from the waitlist.
- A household experiencing homelessness admitted into the program despite an outstanding debt to IHCDA must enter into a repayment agreement within 30 calendar days of a 50058 effective date establishing income.

In making its decision to deny assistance, IHCDA will consider the factors discussed in Section 3-III.E. Upon consideration of such factors, IHCDA may, on a case-by- case basis, decide not to deny assistance.

3-III.D. SCREENING

Screening for Eligibility

IHDCA is authorized to obtain criminal conviction records from law enforcement agencies to screen applicants for admission to the HCV program. This authority assists IHCDA in complying with HUD requirements and IHCDA policies to deny assistance to applicants who are engaging in or have engaged in certain criminal activities. In order to obtain

applicable, RED notices through IHCDA when applicable, and with local community partners.

4-II.C. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

IHCDA must conduct outreach as necessary to ensure that IHCDA has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires IHCDA to admit a specified percentage of extremely low-income families to the program (see Chapter 4, Part III), IHCDA may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21]. IHCDA outreach efforts must comply with fair housing requirements.

4-II.D. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

While the family is on the waiting list, the family must immediately inform IHCDA of changes in contact information, including current residence, mailing address, and phone number. The changes must be submitted in writing.

4-II.E. UPDATING THE WAITING LIST [24 CFR 982.204]

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to a IHCDA request for information or updates, and IHCDA determines that the family did not respond because of the family member's disability, IHCDA must reinstate the applicant family to their former position on the waiting list [24 CFR 982.204(c)(2)].

IHCDA Policy

The waiting list will be updated periodically to ensure that all applicants and applicant information is current and timely.

To update the waiting list, IHCDA will send an update request via mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that IHCDA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

The family's response must be in writing and may be delivered in person, by mail, by email, or by fax. Responses should be postmarked or received by IHCDA not later than 15 calendar days from the date of IHCDA letter.

If the family fails to respond within 15 calendar days, the family will be removed from the waiting list without further notice.

If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.

If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 15 calendar days to respond from the date the letter was re-sent.

If a family is removed from the waiting list for failure to respond, IHCD A may reinstate the family, if it is determined that the lack of response was due to IHCD A error, or to circumstances beyond the family's control.

Removal from the Waiting List

If a family is removed from the waiting list because IHCD A has determined the family is not eligible for assistance, a notice will be sent to the family's address of record as well as to any alternate address provided on the initial application. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding IHCD A's decision (see Chapter 16) [24 CFR 982.201(f)].

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, IHCD A may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. IHCD A must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a IHCD A funding for a specified category of families on the waiting list. IHCD A must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, IHCD A may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

IHCD A Policy

IHCD A administers the following types of targeted funding:

- **Regular HCV Funding-** may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.
- **Mainstream Voucher Funding-** Non-Elderly Disabled and 811 Voucher program
- **VASH Voucher Funding** – Homeless Veterans referred by the Department of Veterans Affairs. In addition to receiving a VASH voucher, these individuals are required to work with a VA appointed social worker to personal needs in an effort to ameliorate homelessness.

4-III.B. SELECTION METHOD

IHCDA must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that IHCDA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

IHCDA will offer preferences to any families that qualify as listed below.

PREFERENCE	DEFINITION	POINTS	Verification
Insufficient Funding	Former participant terminated due to insufficient funding from the Housing Authority to continue to subsidize rental payments	900	Certification provided by IHCDA at time of application
Residency	Applicant is a legal resident of, has been hired to work in, or currently works within the county they have applied to. For special programs waiting lists, this preference expands to include the entire IHCDA jurisdiction.	500	Applicant must present current state issued Photo ID, current utility bill or lease in the applicants name or official verification of legal residency from a county or state agency. Verified at time of selection from waitlist.
Person residing in an institutional setting or at risk of being placed in an institutional setting	An institutional or other segregated setting includes, but is not limited to: 1.) Congregate settings populated exclusively or primarily with individuals with disabilities; or 2.) Congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or 3.) Settings that provide for daytime activities primarily with other individuals with disabilities. 4.) A person at risk of being placed in a setting defined above.	500	Applicant residing in an institutional setting must present proof of address demonstrating they reside in an institution. Applicants at risk of being placed in an institutional setting must provide a letter from a knowledgeable professional. Verified at time of selection from waitlist.
Working Families	*Applicants (head, spouse, co-head, or sole member) are employed (or enrolled in an educational or approved training program) at least 20 hours per week.	50	Applicant must provide proof of employment or proof of enrollment in an educational or approved training program at the time of selection from waitlist.
Elderly	Applicant is age 62 or older	50	Age will be verified through birth certificate of state issued photo ID at time of selection from waitlist.
Non-Elderly Family	Non-elderly (61 years or younger) family, head of		Age will be verified through birth

member with Disability	household, spouse, or sole member meets HUD's definition of disabled as noted below.	50	certificate of state issued photo ID at time of application. If disability is readily apparent no verification is necessary. If disability is not readily apparent it must be verified through a letter from a knowledgeable professional or through an award letter for SSA Disability benefits. Disability is verified at time of selection from waitlist.
Family Member with a disability	An individual who meets the HUD definition of a person with a disability.	50	If disability is not readily apparent it must be verified through a letter from a knowledgeable professional or through an award letter for SSA Disability benefits. Disability is verified at time of selection from waitlist.
Youth Exiting Foster Care	Youth that Indiana Department of Child Services has certified to be at least 18 years and not more than 24 years of age who have left foster care, or will leave foster care within 90 days and is homeless or is At Risk of Becoming Homeless.	50	At time of selection from the waitlist the applicant must provide a letter from Indiana DCS which certifies the applicant meets the preference requirements
Child Welfare Involved Families	A family that Indiana Department of Child Services has certified as a family for whom the lack of adequate housing is a primary factor in the placement of the family's child, or children, in out-of-home care, or in the delay of discharge of a child, or children, to the family from out-of-home care.	50	At time of selection from the waitlist the applicant must provide a letter from Indiana DCS which certifies the applicant meets the preference requirements

Homeless Preference for Admission

Each year IHCD will preference no more than 100 applicant households referred by a homeless service provider through the Indiana Balance of State Continuum of Care (BoS CoC) Coordinated Entry (CE) system. This preference will be limited to applicants who are the first eligible family on their local Coordinated Entry by name list. Once IHCD has issued vouchers to 100 households receiving the homeless preference referrals will stop being accepted until the next calendar year.

Moving On

Each year IHCD will have a limited preference for households moving out of CoC supportive housing. Household must have a letter of commitment and referral from a service provider to provide services to support the household in their transition. The service provider may not provide a referral until the tenant has resided in CoC supportive housing for at least one year. Services must include housing search

assistance and assistance in understanding HCV program rules. This preference will be limited to the first 50 referrals in a calendar year.

Disability Definition in Section 223 of the Social Security Act (42 U.S.C 423)

(1) The term "disability" means:

- inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or
- in the case of an individual who has attained the age of 55 and is blind (within the meaning of "blindness" as defined in section 416(i)(1) of this title), inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during IHCDA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, IHCDA may skip non-ELI families on the waiting list in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

Order of Selection

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with IHCDA's hierarchy of preferences. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by IHCDA. Documentation will be maintained by IHCDA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that IHCDA does not have to ask higher placed families each time targeted selections are made.

4-III.C. NOTIFICATION OF SELECTION

IHCDA will notify the family in writing, when it is selected from the waiting list. The notice will inform the family of the following:

- Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview
- Who is required to attend the interview
- All documents that must be provided at the interview, including information about what

Chapter 17 PROJECT-BASED VOUCHERS

PART I: GENERAL REQUIREMENTS

17-I.A. OVERVIEW [24 CFR 983.5; FR Notice 1/18/17; Notice PIH 2017-21]

The project-based voucher (PBV) program allows PHAs that already administer a tenant-based voucher program under an annual contributions contract (ACC) with HUD to take up to 20 percent of its authorized units and attach the funding to specific units rather than using it for tenant-based assistance [24 CFR 983.6]. PHAs may only operate a PBV program if doing so is consistent with IHCD's Annual Plan, and the goal of deconcentrating poverty and expanding housing and economic opportunities [42 U.S.C. 1437f(o)(13)].

IHCD will operate a project-based voucher program using up to 20 percent of its authorized units for project-based assistance. The units may be distributed among one, all, or a combination of the categories as long as the total number of units does not exceed the 10 percent cap. Units qualify under this exception

PBV assistance may be attached to existing housing or newly constructed or rehabilitated housing [24 CFR 983.52]. If PBV units are already selected for project-based assistance either under an agreement to enter into HAP Contract (Agreement) or a HAP contract, IHCD is not required to reduce the number of these units if the number of authorized units is subsequently reduced. However, IHCD is responsible for determining the amount of budget authority that is available for project-based vouchers and ensuring that the amount of assistance that is attached to units is within the amounts available under the ACC, regardless of whether IHCD has vouchers available for project-basing [FR Notice 1/18/17].

Additional Project-Based Units [FR Notice 1/18/17; Notice PIH 2017-21]

IHCD may project-base an additional 10 percent of its units above the 20 percent program limit. The units may be distributed among one, all, or a combination of the categories as long as the total number of units does not exceed the 10 percent cap. Units qualify under this exception if the units meet any of the following criteria:

- Are specifically made available to house individuals and families that meet the definition of homeless under section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) and contained in the Continuum of Care Interim Rule at 24 CFR 578.3.
- Are specifically made available to house families that are comprised of or include a veteran experiencing homelessness as defined under the section 103 of the

McKinney-Vento Homeless Assistance Act.

- *Veteran* means an individual who has served in the United States Armed Forces.
- Provide supportive housing to persons with disabilities or elderly persons as defined in 24 CFR 5.403.
- Are located in a census tract with a poverty rate of 20 percent or less, as determined in the most recent American Community Survey Five-Year Estimates.

IHCDA will set aside units above the 20 percent program limit.

Units Not Subject to the PBV Program Limitation [FR Notice 1/18/17]

PBV units under the RAD program and HUD-VASH PBV set-aside vouchers do not count toward the 20 percent limitation when PBV assistance is attached to them.

In addition, units that were previously subject to certain federal rent restrictions or were receiving another type of long-term housing subsidy provided by HUD are not subject to the cap.

The unit must be covered under a PBV HAP contract that first became effective on or after 4/18/17.

IHCDA received a HUD-VASH PBV award of 75 Vouchers which will not be subject to the 20 percent limitation.

17-I.B. TENANT-BASED VS. PROJECT-BASED VOUCHER ASSISTANCE [24 CFR 983.2]

Much of the tenant-based voucher program regulations also apply to the PBV program. Consequently, many of IHCDA policies related to tenant-based assistance also apply to PBV assistance. The provisions of the tenant-based voucher regulations that do not apply to the PBV program are listed at 24 CFR 983.2.

Except as otherwise noted in this chapter, or unless specifically prohibited by PBV program regulations, IHCDA policies for the tenant-based voucher program contained in this administrative plan also apply to the PBV program and its participants.

17-I.C. RELOCATION REQUIREMENTS [24 CFR 983.7]

Any persons displaced as a result of implementation of the PBV program must be provided relocation assistance in accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)[42 U.S.C. 4201-4655] and implementing regulations at 49 CFR part 24.



Housing Choice Voucher 2021 Administrative Plan

Full document can be found at: <https://www.in.gov/ihcda/files/2021-HCV-Admin-Plan.pdf>

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Chapter 1: OVERVIEW OF THE PROGRAM AND PLAN

Part I: Program Overview

IHCDA receives its funding for the Housing Choice Voucher (HCV) program from the Department of Housing and Urban Development. IHCDA is not a federal department or agency. A public housing agency (PHA) is a governmental or public body, created and authorized by state law to develop and operate housing and housing programs for low-income families. IHCDA enters into an Annual Contributions Contract with HUD to administer the program requirements on behalf of HUD. IHCDA must ensure compliance with federal laws, regulations and notices and must establish policy and procedures to clarify federal requirements and to ensure consistency in program operation.

PART II: IHCDA

1-II.A. IHCDA MISSION

All Hoosiers should have the opportunity to live in safe, decent, affordable housing in economically stable communities. IHCDA helps build strong communities by providing financial resources and assistance to qualified partners throughout the State of Indiana in their development efforts. A primary focus of IHCDA is providing a continuum of housing from homelessness to homeownership, with a focus on low to moderate income Hoosiers.

1-II.B. IHCDA'S PROGRAMS

IHCDA's administrative plan is applicable to the operation of the Housing Choice Voucher program, including HCV funded project-based, VASH, and Mainstream (NED) vouchers. Upon award of other targeted funding, these policies will also apply.

PART III: Purpose of the Administrative Plan

1-III.A. Purpose of the Administrative Plan

The administrative plan is required by HUD. The purpose of the administrative plan is to establish policies for carrying out the programs in a manner consistent with HUD requirements and local goals and objectives contained in IHCDA's agency plan. This administrative plan is a supporting document to IHCDA agency plan and is available for public review as required by CFR 24 Part 903.

This administrative plan is set forth to define IHCDA's local policies for operation of the housing programs in accordance with federal laws and regulations. All issues related to the HCV program not addressed in this document are governed by such federal regulations, HUD handbooks and guidebooks, notices, and other applicable law. The policies in this administrative plan have been designed to ensure compliance with the consolidated ACC and all HUD-approved applications for program funding.

IHCDA is responsible for complying with all changes in HUD regulations pertaining to the HCV program. If such changes conflict with this plan, HUD regulations will have precedence.

Administration of the HCV program and the functions and responsibilities of IHCDA staff shall be in compliance with IHCDA's personnel policy and HUD regulations as well as all federal, state and local fair housing laws and regulations.

1-III.B. APPLICABLE REGULATIONS

Applicable Federal regulations include:

- 24 CFR Part 5: General Program Requirements
- 24 CFR Part 8: Nondiscrimination
- 24 CFR Part 35: Lead-Based Paint
- 24 CFR Part 100: The Fair Housing Act
- 24 CFR Part 982: Section 8 Tenant-Based Assistance: Housing Choice Voucher Program
- 24 CFR Part 983: Project-Based Vouchers
- 24 CFR Part 985: The Section 8 Management Assessment Program (SEMAP)

1-III.C. UPDATING AND REVISING THE PLAN

IHCDA will revise this administrative plan as needed to comply with changes in HUD regulations. The original plan and any changes must be approved by the board of commissioners of the agency, the pertinent sections included in the Agency Plan, and a copy provided to HUD.

IHCDA will review and update the plan at least once a year, and more often if needed, to reflect changes in regulations, IHCDA operations, or when needed to ensure staff consistency in operation.

3-I.B. FAMILY BREAKUP AND REMAINING MEMBER OF TENANT FAMILY

Family Breakup [24 CFR 982.315]

Except under the following conditions, the PHA has discretion to determine which members of an assisted family continue to receive assistance if the family breaks up:

- If the family breakup results from an occurrence of domestic violence, dating violence, sexual assault, or stalking, IHCDCA must ensure that the victim retains assistance. (For documentation requirements and policies related to domestic violence, dating violence, sexual assault, and stalking, see section 16-IX.D of this plan.)
- If a court determines the disposition of property between members of the assisted family, IHCDCA is bound by the court's determination of which family members continue to receive assistance.
- When a family on the waiting list breaks up into two otherwise eligible families, only one of the new families may retain the original application date. Other former family members may make a new application with a new application date if the waiting list is open.
- If a family breaks up into two otherwise eligible families while receiving assistance, only one of the new families will continue to be assisted. If a PBV assisted family breaks up into two otherwise eligible families the family members leaving the assisted unit may be eligible to receive a voucher if it would prevent homelessness.

In the absence of a judicial decision or an agreement among the original family members, IHCDCA will determine which family will retain their placement on the waiting list or continue to receive assistance. In making its determination, IHCDCA will take into consideration the following factors:

- (1) The interest of any minor children, including custody arrangements;
- (2) The interest of any ill, elderly, or disabled family members;
- (3) The interest of any family member who is the victim of domestic violence, dating violence, sexual assault, or stalking, including a family member who was forced to leave an assisted unit as a result of such actual or threatened abuse;
- (4) Any possible risks to family members as a result of criminal activity; and
- (5) The recommendations of social service professionals

- The individual is a veteran of the U.S. Armed Forces or is currently serving on active duty in the Armed Forces for other than training purposes
- The individual is a graduate or professional student
- The individual is married
- The individual has one or more legal dependents other than a spouse (for example, dependent children or an elderly dependent parent)
- The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth, or as unaccompanied, at risk of homelessness, and self-supporting by:
 - A local educational agency homeless liaison
 - The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act or a designee of the director
 - A financial aid administrator
 - The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances
 - The individual was not claimed as a dependent by his/her parents pursuant to IRS regulations, as demonstrated on the parents' most recent tax forms.
 - The individual provides a certification of the amount of financial assistance that will be provided by his/her parents. This certification must be signed by the individual providing the support and must be submitted even if no assistance is being provided.

If IHCDCA determines that an individual meets the definition of a *vulnerable youth* such a determination is all that is necessary to

determine that the person is an *independent student* for the purposes of using only the student's income for determining eligibility for assistance.

IHCDA will verify that a student meets the above criteria in accordance with the policies in Section 7-II.E.

Institution of Higher Education

IHCDA will use the statutory definition under section 102 of the Higher Education Act of 1965 to determine whether a student is attending an *institution of higher education* (see Exhibit 3-2).

Parents

For purposes of student eligibility restrictions, the definition of *parents* includes biological or adoptive parents, step-parents (as long as they are currently married to the biological or adoptive parent), and guardians (e.g., grandparents, aunt/uncle, godparents, etc).

Person with Disabilities

IHCDA will use the statutory definition under section 3(b)(3)(E) of the 1937 Act to determine whether a student is a *person with disabilities* (see Exhibit 3-1).

VASH Eligible Veteran

For the purpose of the Veteran Affairs Supportive Housing (VASH) a *veteran* is a person referred from the Department of Veterans Affairs, who served in any active branch of the US Military; Navy, Marines, Air force, Army, Coast Guard, which is verified on a DD-214 or subsequent Department of Defense documentation.

Vulnerable Youth

A *vulnerable youth* is an individual who meets the U.S. Department of Education's definition of *independent student* in paragraphs (b), (c), or (h), as adopted in Section II of FR Notice 9/21/16:

- The individual is an orphan, in foster care, or a ward of the court, or was an orphan, in foster care, or ward of the court at any time when the individual was 13 years of age or older
- The individual is, or was, immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's state of legal residence
- The individual has been verified during the school year in

which the application is submitted as either an unaccompanied youth who is a homeless child or youth, or as unaccompanied, at risk of homelessness, and self-supporting by:

- A local educational agency homeless liaison
- The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act or a designee of the director
- A financial aid administrator

Determining Student Eligibility

If a student is applying for assistance on his/her own, apart from his/her parents, the PHA must determine whether the student is subject to the eligibility restrictions contained in 24 CFR 5.612. If the student is subject to those restrictions, the PHA must ensure that: (1) the student is individually eligible for the program, (2) either the student is independent from his/her parents or the student's parents are income eligible for the program, and (3) the "family" with which the student is applying is collectively eligible for the program.

PHA Policy

For any student who is subject to the 5.612 restrictions, the PHA will:

- Follow its usual policies in determining whether the student individually and the student's "family" collectively are eligible for the program
- Determine whether the student is independent from his/her parents in accordance with the definition of *independent student* in this section
- Follow the policies below, if applicable, in determining whether the student's parents are income eligible for the program

If the PHA determines that the student, the student's parents (if applicable), or the student's "family" is not eligible, the PHA will send a notice of denial in accordance with the policies in Section 3-III.F, and the applicant family will have the right to request an informal review in accordance with the policies in Section 16-III.B.

Determining Parental Income Eligibility

PHA Policy

For any student who is subject to the 5.612 restrictions and

housing program.

- A family member has engaged in or threatened* violent or abusive* behavior toward IHCDA personnel*.

**Abusive or violent behavior towards PHA personnel includes verbal as well as physical abuse or violence. Use of racial epithets, or other language, written or oral, that is customarily used to intimidate may be considered abusive or violent behavior.*

**Threatening refers to oral or written threats or physical gestures that communicate intent to abuse or commit violence.*

**IHCDA personnel includes personnel of IHCDA subcontracted organizations*

IHCDA **will** deny assistance to an applicant family if:

- The family owes rent or other amounts to IHCDA in connection with Section 8 or other public housing assistance under the 1937 Act, unless the family is in good standing with IHCDA.
- The family has breached the terms of a repayment agreement entered into with IHCDA, unless the family establishes good standing with IHCDA prior to being selected from the waiting list or is experiencing homelessness at the time of selection from the waitlist.
- A household experiencing homelessness admitted into the program despite an outstanding debt to IHCDA must enter into a repayment agreement within 30 calendar days of a 50058 effective date establishing income.

In making its decision to deny assistance, IHCDA will consider the factors discussed in Section 3-III.E. Upon consideration of such factors, IHCDA may, on a case-by- case basis, decide not to deny assistance.

3-III.D. SCREENING

Screening for Eligibility

IHDCA is authorized to obtain criminal conviction records from law enforcement agencies to screen applicants for admission to the HCV program. This authority assists IHCDA in complying with HUD requirements and IHCDA policies to deny assistance to applicants who are engaging in or have engaged in certain criminal activities. In order to obtain

applicable, RED notices through IHCDA when applicable, and with local community partners.

4-II.C. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

IHCDA must conduct outreach as necessary to ensure that IHCDA has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires IHCDA to admit a specified percentage of extremely low-income families to the program (see Chapter 4, Part III), IHCDA may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21]. IHCDA outreach efforts must comply with fair housing requirements.

4-II.D. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

While the family is on the waiting list, the family must immediately inform IHCDA of changes in contact information, including current residence, mailing address, and phone number. The changes must be submitted in writing.

4-II.E. UPDATING THE WAITING LIST [24 CFR 982.204]

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to a IHCDA request for information or updates, and IHCDA determines that the family did not respond because of the family member's disability, IHCDA must reinstate the applicant family to their former position on the waiting list [24 CFR 982.204(c)(2)].

IHCDA Policy

The waiting list will be updated periodically to ensure that all applicants and applicant information is current and timely.

To update the waiting list, IHCDA will send an update request via mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that IHCDA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

The family's response must be in writing and may be delivered in person, by mail, by email, or by fax. Responses should be postmarked or received by IHCDA not later than 15 calendar days from the date of IHCDA letter.

If the family fails to respond within 15 calendar days, the family will be removed from the waiting list without further notice.

If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.

If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 15 calendar days to respond from the date the letter was re-sent.

If a family is removed from the waiting list for failure to respond, IHCD A may reinstate the family, if it is determined that the lack of response was due to IHCD A error, or to circumstances beyond the family's control.

Removal from the Waiting List

If a family is removed from the waiting list because IHCD A has determined the family is not eligible for assistance, a notice will be sent to the family's address of record as well as to any alternate address provided on the initial application. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding IHCD A's decision (see Chapter 16) [24 CFR 982.201(f)].

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, IHCD A may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. IHCD A must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a IHCD A funding for a specified category of families on the waiting list. IHCD A must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, IHCD A may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

IHCD A Policy

IHCD A administers the following types of targeted funding:

- **Regular HCV Funding-** may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.
- **Mainstream Voucher Funding-** Non-Elderly Disabled and 811 Voucher program
- **VASH Voucher Funding** – Homeless Veterans referred by the Department of Veterans Affairs. In addition to receiving a VASH voucher, these individuals are required to work with a VA appointed social worker to personal needs in an effort to ameliorate homelessness.

4-III.B. SELECTION METHOD

IHCDA must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that IHCDA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

IHCDA will offer preferences to any families that qualify as listed below.

PREFERENCE	DEFINITION	POINTS	Verification
Insufficient Funding	Former participant terminated due to insufficient funding from the Housing Authority to continue to subsidize rental payments	900	Certification provided by IHCDA at time of application
Residency	Applicant is a legal resident of, has been hired to work in, or currently works within the county they have applied to. For special programs waiting lists, this preference expands to include the entire IHCDA jurisdiction.	500	Applicant must present current state issued Photo ID, current utility bill or lease in the applicants name or official verification of legal residency from a county or state agency. Verified at time of selection from waitlist.
Person residing in an institutional setting or at risk of being placed in an institutional setting	An institutional or other segregated setting includes, but is not limited to: 1.) Congregate settings populated exclusively or primarily with individuals with disabilities; or 2.) Congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or 3.) Settings that provide for daytime activities primarily with other individuals with disabilities. 4.) A person at risk of being placed in a setting defined above.	500	Applicant residing in an institutional setting must present proof of address demonstrating they reside in an institution. Applicants at risk of being placed in an institutional setting must provide a letter from a knowledgeable professional. Verified at time of selection from waitlist.
Working Families	*Applicants (head, spouse, co-head, or sole member) are employed (or enrolled in an educational or approved training program) at least 20 hours per week.	50	Applicant must provide proof of employment or proof of enrollment in an educational or approved training program at the time of selection from waitlist.
Elderly	Applicant is age 62 or older	50	Age will be verified through birth certificate of state issued photo ID at time of selection from waitlist.
Non-Elderly Family	Non-elderly (61 years or younger) family, head of		Age will be verified through birth

member with Disability	household, spouse, or sole member meets HUD's definition of disabled as noted below.	50	certificate of state issued photo ID at time of application. If disability is readily apparent no verification is necessary. If disability is not readily apparent it must be verified through a letter from a knowledgeable professional or through an award letter for SSA Disability benefits. Disability is verified at time of selection from waitlist.
Family Member with a disability	An individual who meets the HUD definition of a person with a disability.	50	If disability is not readily apparent it must be verified through a letter from a knowledgeable professional or through an award letter for SSA Disability benefits. Disability is verified at time of selection from waitlist.
Youth Exiting Foster Care	Youth that Indiana Department of Child Services has certified to be at least 18 years and not more than 24 years of age who have left foster care, or will leave foster care within 90 days and is homeless or is At Risk of Becoming Homeless.	50	At time of selection from the waitlist the applicant must provide a letter from Indiana DCS which certifies the applicant meets the preference requirements
Child Welfare Involved Families	A family that Indiana Department of Child Services has certified as a family for whom the lack of adequate housing is a primary factor in the placement of the family's child, or children, in out-of-home care, or in the delay of discharge of a child, or children, to the family from out-of-home care.	50	At time of selection from the waitlist the applicant must provide a letter from Indiana DCS which certifies the applicant meets the preference requirements

Homeless Preference for Admission

Each year IHCD will preference no more than 100 applicant households referred by a homeless service provider through the Indiana Balance of State Continuum of Care (BoS CoC) Coordinated Entry (CE) system. This preference will be limited to applicants who are the first eligible family on their local Coordinated Entry by name list. Once IHCD has issued vouchers to 100 households receiving the homeless preference referrals will stop being accepted until the next calendar year.

Moving On

Each year IHCD will have a limited preference for households moving out of CoC supportive housing. Household must have a letter of commitment and referral from a service provider to provide services to support the household in their transition. The service provider may not provide a referral until the tenant has resided in CoC supportive housing for at least one year. Services must include housing search

assistance and assistance in understanding HCV program rules. This preference will be limited to the first 50 referrals in a calendar year.

Disability Definition in Section 223 of the Social Security Act (42 U.S.C 423)

(1) The term "disability" means:

- inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or
- in the case of an individual who has attained the age of 55 and is blind (within the meaning of "blindness" as defined in section 416(i)(1) of this title), inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during IHCDA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, IHCDA may skip non-ELI families on the waiting list in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

Order of Selection

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with IHCDA's hierarchy of preferences. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by IHCDA. Documentation will be maintained by IHCDA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that IHCDA does not have to ask higher placed families each time targeted selections are made.

4-III.C. NOTIFICATION OF SELECTION

IHCDA will notify the family in writing, when it is selected from the waiting list. The notice will inform the family of the following:

- Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview
- Who is required to attend the interview
- All documents that must be provided at the interview, including information about what

Chapter 17 PROJECT-BASED VOUCHERS

PART I: GENERAL REQUIREMENTS

17-I.A. OVERVIEW [24 CFR 983.5; FR Notice 1/18/17; Notice PIH 2017-21]

The project-based voucher (PBV) program allows PHAs that already administer a tenant-based voucher program under an annual contributions contract (ACC) with HUD to take up to 20 percent of its authorized units and attach the funding to specific units rather than using it for tenant-based assistance [24 CFR 983.6]. PHAs may only operate a PBV program if doing so is consistent with IHCD's Annual Plan, and the goal of deconcentrating poverty and expanding housing and economic opportunities [42 U.S.C. 1437f(o)(13)].

IHCDA will operate a project-based voucher program using up to 20 percent of its authorized units for project-based assistance. The units may be distributed among one, all, or a combination of the categories as long as the total number of units does not exceed the 10 percent cap. Units qualify under this exception

PBV assistance may be attached to existing housing or newly constructed or rehabilitated housing [24 CFR 983.52]. If PBV units are already selected for project-based assistance either under an agreement to enter into HAP Contract (Agreement) or a HAP contract, IHCD is not required to reduce the number of these units if the number of authorized units is subsequently reduced. However, IHCD is responsible for determining the amount of budget authority that is available for project-based vouchers and ensuring that the amount of assistance that is attached to units is within the amounts available under the ACC, regardless of whether IHCD has vouchers available for project-basing [FR Notice 1/18/17].

Additional Project-Based Units [FR Notice 1/18/17; Notice PIH 2017-21]

IHCDA may project-base an additional 10 percent of its units above the 20 percent program limit. The units may be distributed among one, all, or a combination of the categories as long as the total number of units does not exceed the 10 percent cap. Units qualify under this exception if the units meet any of the following criteria:

- Are specifically made available to house individuals and families that meet the definition of homeless under section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) and contained in the Continuum of Care Interim Rule at 24 CFR 578.3.
- Are specifically made available to house families that are comprised of or include a veteran experiencing homelessness as defined under the section 103 of the

McKinney-Vento Homeless Assistance Act.

- *Veteran* means an individual who has served in the United States Armed Forces.
- Provide supportive housing to persons with disabilities or elderly persons as defined in 24 CFR 5.403.
- Are located in a census tract with a poverty rate of 20 percent or less, as determined in the most recent American Community Survey Five-Year Estimates.

IHCDA will set aside units above the 20 percent program limit.

Units Not Subject to the PBV Program Limitation [FR Notice 1/18/17]

PBV units under the RAD program and HUD-VASH PBV set-aside vouchers do not count toward the 20 percent limitation when PBV assistance is attached to them.

In addition, units that were previously subject to certain federal rent restrictions or were receiving another type of long-term housing subsidy provided by HUD are not subject to the cap.

The unit must be covered under a PBV HAP contract that first became effective on or after 4/18/17.

IHCDA received a HUD-VASH PBV award of 75 Vouchers which will not be subject to the 20 percent limitation.

17-I.B. TENANT-BASED VS. PROJECT-BASED VOUCHER ASSISTANCE [24 CFR 983.2]

Much of the tenant-based voucher program regulations also apply to the PBV program. Consequently, many of IHCDA policies related to tenant-based assistance also apply to PBV assistance. The provisions of the tenant-based voucher regulations that do not apply to the PBV program are listed at 24 CFR 983.2.

Except as otherwise noted in this chapter, or unless specifically prohibited by PBV program regulations, IHCDA policies for the tenant-based voucher program contained in this administrative plan also apply to the PBV program and its participants.

17-I.C. RELOCATION REQUIREMENTS [24 CFR 983.7]

Any persons displaced as a result of implementation of the PBV program must be provided relocation assistance in accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)[42 U.S.C. 4201-4655] and implementing regulations at 49 CFR part 24.

Indiana Balance of State Continuum of Care – Requests for Applications for Inclusion in the 2021 Collaborative Application for HUD Continuum of Care Funding

Date: August 31, 2021

Invitation to Bid

On behalf of the Indiana Balance of State Continuum of Care, IHEDA, the collaborative applicant, invites eligible organizations¹ to submit new or renewal applications for CoC funding to be included in the 2021 Collaborative Application to HUD. The only entities that may submit a renewal application are current HUD CoC grantees that have a grant with an end date in calendar year 2022. Additionally, to be eligible for renewal an existing grantee must enter into a contract with HUD for FY 2020 funding prior to December 31, 2021.

Any eligible organization may apply for new project funding. Eligible organizations include: nonprofit organizations, Public Housing Agencies (PHAs), or units of local government.

All new and renewal applications must be completed using HUD's online application platform, the E-SNAPS system. **Applications must be submitted in E-SNAPS by the following schedule:**

- **New and Renewal project applications** must be submitted in E-SNAPS no later than **5 pm EDT on October 1, 2021.**
- Applications not submitted according to the above schedule may not be considered for funding.

Information and Resources

All information required for this competition will be posted on the CoC website, found here: <https://www.in.gov/iheda/indiana-balance-of-state-continuum-of-care/internal-competition/>.

Information posted on the website includes:

- The NOFO published by HUD and supporting information provided by HUD.
- The CoC's policies for review and ranking of new and renewal applications
- CoC's policies regarding reallocation – including voluntary and mandatory reallocation.
- Scoring factors for the review of renewal applications
- Scoring factors for new project applications.
- Links to resources available from the Department of Housing and Urban Development in support of the competition.

Possible application types

Eligible organizations may submit one or more of the following application types:

- **Renewal application.** Any organization with a CoC funded grant that is expiring in calendar year 2022 must submit a renewal application in order to continue operating the project. The renewal

¹ Eligible organizations include nonprofit organizations and government entities including public housing agencies. Individuals and for-profit entities are ineligible to apply.

application must be fully consistent with the total funding associated with the project as detailed in the Grant Inventory Worksheet (GIW) provided by HUD. The amount requested for renewal grants may not exceed the total amount shown for the grant on the GIW. Renewal grants may elect to not renew or to renew at a dollar amount below that shown on the GIW. In these instances, the amounts not applied for will be added to the pool of funds made available to potential new projects through reallocation. Current grantees not intending to renew their grants or those willing to reduce the size of their grants should contact IHEDA as soon as possible so the unapplied for funds can be added to the pool available for relocation.

All renewal projects that have at least one full year of operational experience will be ranked in the competition according to the scores received in the renewal evaluation process. Projects that do not meet the minimum threshold score for renewal must either submit and obtain approval for a Project Improvement Plan or agree not to renew the grant and to reallocate the funding. Projects that have not been operational for a sufficiently long period to have a full year's worth of operations, will not be subject to renewal evaluation until they have secured this experience. These grants will be ranked without a score in the 2021 competition.

- **New project application.** New project applications may be for any of the eligible new project categories:
 - Permanent Supportive Housing (PSH) where 100% of the beds are either dedicated to serving chronically homeless or DedicatedPLUS² projects.
 - Rapid Rehousing (RRH) projects serving individuals and families who meet the HUD homeless definition of categories 1, 2, or 4.³ RRH projects emphasize housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.
 - Joint TH-RRH projects are also projects serving individuals and families who meet the HUD homeless definition of categories 1, 2, or 4. Designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services. The Transitional Housing (TH) component should consist of short-term crisis housing and the resources earmarked for the RRH component should be twice those designated for the TH component.

Funding for new projects will come from bonus funding and from any funds that may be available from reallocation.

- **Transition application.** An existing renewal application may be submitted as a 'transition' application. A transition application will start the program year as one component (TH, for

² To understand who qualifies to reside in a 'DedicatedPLUS' project please see this FAQ from HUD:

<https://www.hudexchange.info/faqs/3284/what-is-a-dedicatedplus-project/>

³ For a quick guide to HUD Homeless Categories see here:

https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

example) and through the course of the program year, the project will transition from that component to one of the eligible new project components. No more than 50% of the project funding may be used for the prior component and at the completion of the program year, the project will renew under the new component. A transition application may be the most effective way to accomplish a 'voluntary' reallocation where the grantee with funds to reallocate is also the planned grantee for the reallocated project. Grantees interested in the transition application process must contact and obtain approval from the CoC. Please contact the IHCD Community Services division at communityservices@ihcda.in.gov for additional instructions. Transition grants are new project applications, and the grant must 'transition' to an eligible new project activity during the program year.

- **Consolidated Application.** A grantee with more than one grant with the same program component (e.g., RRH, PSH, TH) may consolidate those individual grants into a single grant. Up to ten grants could be consolidated through this process. To submit a consolidated application, applicants must submit renewal applications for each project. The renewal grant with the earliest start date will be designated as the 'surviving' grant. All renewal applications being consolidated must be indicated as such in the renewal applications. Each of the individual project applications must be given its own unique rank in the project priority list; if HUD approves all the renewal grants to be consolidated, they will be combined into the 'surviving' grant and given that rank. Grants and applicants must be in good standing with HUD to consolidate.
- **Domestic Violence Bonus Projects.** Applications may be submitted for Domestic Violence Bonus Projects in which all persons served are survivors of domestic violence, dating violence or stalking. The following types of new projects may be submitted for the DV Bonus – please note, all projects applying for the DV bonus are required to follow the Housing First model, as well as being trauma informed and person-centered:
 - Rapid rehousing exclusively serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless.
 - Joint TH-RRH projects exclusively serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless.

Existing DV bonus projects may be expanded in the competition. There is no limit on the number of DV projects that may be submitted, only that no project may be for less than \$50,000 and the total requested from the CoC cannot exceed the amount available to the CoC (\$3,934,294).

Potential applicants for DV bonus funds in the 2021 competition should be aware of the potential availability of DV Bonus funds as a sub-recipient to IHCD. Prior to applying for DV Bonus funds, applicants are strongly encouraged to contact IHCD to apply for inclusion as a sub-recipient on a currently operational DV Bonus project.

Rating and Ranking of Projects

Renewal projects will be ranked in the Collaborative Application according to the rating score provided through the renewal evaluation process. New project applications will be reviewed by an independent panel with subject matter expertise but no conflicts of interest with regard to the application. The new

projects will be evaluated according to criteria set by HUD in the project rating tool found here: <https://www.hudexchange.info/resource/5292/project-rating-and-ranking-tool/> .

Invitation to organizations that have not previously received CoC Program funding:
The CoC actively seeks applications from organizations that have not previously received HUD CoC funding. HUD places considerable requirements on grantees and the application process can be challenging. Organizations without CoC grant experience are invited to reach out to the CoC at: IHCD Community Services <communityservices@ihcda.IN.gov> and request assistance in understanding program requirements or the application process. Requirements on eligible participants and activities are very stringent and organizations are encouraged to discuss potential projects and the application process.

Presentation and Question and Answer Session

The CoC will conduct an information session regarding this request for renewal applications on Sept. 9, 2021, at 10 am EDT and for new project applications on Sept. 10, 2021, at 1 pm EDT.

Register for the webinars:

- **September 9, 2021, at 10:00 AM EDT:** COC FY2021 Competition Informational Session: Request for Renewal Applications: <https://attendee.gotowebinar.com/register/91202707799110156>
- **September 10, 2021, at 1:00 PM EDT:** COC FY2021 Competition Informational Sessions: New Project Applications: <https://attendee.gotowebinar.com/register/8629887963317240848>

After registering, you will receive a confirmation email containing information about joining the webinar. Following the completion of these sessions, a recording of each webinar will be posted on: <https://www.in.gov/ihcda/indiana-balance-of-state-continuum-of-care/internal-competition/>

Funding Amounts

According to HUD, the Indiana Balance of State CoC can apply for bonus funding for new projects up to:

- \$1,311,431 in Bonus funding for new projects is potentially available to the CoC;
- Up to \$3,934,294 may be applied for by projects seeking the DV Bonus;
- Additional new projects may be created using reallocated funding – it is expected that there will be approximately \$50,000 in reallocated funds available to support new projects.
- Tier 1 – the level of funding that is most assured of funding by HUD is \$18,327,627 – this is sufficient to meet the entire annual renewal demand for projects

Screenshot of Notice of Request for Application

The screenshot shows a web browser displaying a PDF document. The browser's address bar shows the URL: in.gov/ihcda/files/IN-BoS-CoC-RFA-2021-8-31-21-Final-.docx.pdf. The document title is "REQUEST FOR APPLICATIONS INDIANA BALANCE OF STATE COC 2021".

Indiana Balance of State Continuum of Care – Requests for Applications for Inclusion in the 2021 Collaborative Application for HUD Continuum of Care Funding

Date: August 31, 2021

Invitation to Bid

On behalf of the Indiana Balance of State Continuum of Care, IHCD, the collaborative applicant, invites eligible organizations¹ to submit new or renewal applications for CoC funding to be included in the 2021 Collaborative Application to HUD. The only entities that may submit a renewal application are current HUD CoC grantees that have a grant with an end date in calendar year 2022. Additionally, to be eligible for renewal an existing grantee must enter into a contract with HUD for FY 2020 funding prior to December 31, 2021.

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- The NOFO published by HUD and supporting information provided by HUD.
- The CoC's policies for review and ranking of new and renewal applications
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Eligible organizations may submit one or more of the following application types:

- **Renewal application.** Any organization with a CoC funded grant that is expiring in calendar year 2022 must submit a renewal application in order to continue operating the project. The renewal

¹ Eligible organizations include nonprofit organizations and government entities including public housing agencies.

The screenshot also shows a PDF viewer interface with a title bar "Request for Applications Indiana Bala...", page number "1 / 4", and zoom level "100%". At the bottom, there is a taskbar with a file named "Notice of Request....pdf" and a "Show all" button.

From: [IHCD Community Services](#)
Cc: [Elspeth Hilton \(ElHilton@ihcda.IN.gov\)](#); [Fronek, Amanda \(IHCD\)](#); [Beth Lavallee \(blavallee@ihcda.in.gov\)](#); [Candace Jameson \(cajameson@ihcda.in.gov\)](#); [Diane Walker \(diwalker@ihcda.in.gov\)](#); [Dean, Danielle](#)
Bcc: ["Garvey, Kristin \(IHCD\)"](#); ["lberry@icadvinc.org"](#); ["joshc@hopeofevansville.org"](#); ["pam.isaac@howardcountyin.gov"](#); ["tyler.kalachnik@icemiller.com"](#); ["jlayton@lthc.net"](#); ["millero@gohammond.com"](#); ["director@nhfsinc.org"](#); ["dromines@restoringpeople.com"](#); ["mwott@fhlbi.com"](#); [Wein, Lisa](#); ["brhouasst@brsinc.org"](#); ["cynthia.bender@regionalmentalhealth.org"](#); ["ashley@thebeamanhome.org"](#); ["wgriffin@muncieywca.org"](#); ["outreachbridges@gmail.com"](#); ["WSampson@hearthouseinc.onmicrosoft.com"](#); ["mattbeer@mybrightpoint.org"](#); ["manderson1@steppingstoneshelter.org"](#); ["Rachel@thebeamanhome.org"](#); ["dbethuram@archindy.org"](#); ["dbliss@advantagehousing.org"](#); ["PamBrookshire@mybrightpoint.org"](#); ["abrown@ancilla.org"](#); ["lbrown6@ecommunity.com"](#); ["bucklessam@yahoo.com"](#); ["Jessica.burton@meridianhs.org"](#); ["anitab@familycrisisshelter.org"](#); ["Kristie.Byrns@albionfellowsbacon.org"](#); ["codadirector@codaterrehaute.org"](#); ["melody@familypromisehendrickscounty.org"](#); ["mcasper@stelizabethcatholiccharities.org"](#); ["ahshelter@anchorhousesshelter.org"](#); ["angelac@fsahc.org"](#); ["christine.clayman@meridianhs.org"](#); [Clemmons, Teresa](#); ["doug@beyondhomeless.com"](#); ["brhoudir@brsinc.org"](#); ["mike.creech@cmhcinc.org"](#); ["shirleyg@fsahc.org"](#); ["bdevitt@cfh.net"](#); ["ldominisse@famservices.com"](#); ["relinkowski@stjudehouse.org"](#); ["delkins@ccthin.org"](#); ["director@unitedcaringservices.org"](#); ["jetling@ccthin.org"](#); ["Jaimie.Ferren@uwacin.org"](#); ["jfloyd@alivenessnwi.org"](#); ["jessica.floyd@lifespringhealthsystems.org"](#); ["markfox@iu.edu"](#); ["lsmith@mhaac.com"](#); ["james.fries@centerstone.org"](#); ["kfuller@hamiltoncenter.org"](#); ["joshua@ihnfw.org"](#); ["shirley.ganger@oaklawn.org"](#); ["lgarcia@shelteringwings.org"](#); ["bgarrison@lthc.net"](#); ["tgeorge@gary.gov"](#); ["sharon@therescuemission.net"](#); ["wgillespie@cocofnw.org"](#); ["forrest@beaconinc.org"](#); ["jhayes@thebeamanhome.org"](#); ["rgoddard@ncirc.com"](#); ["agoering@hoi.help"](#); ["ngoodge@auroraevansville.org"](#); ["bobgoodrum@wellspringcenter.org"](#); ["kgordon@transitionresources.org"](#); ["stevehoffman@mybrightpoint.org"](#); ["lhopper@aidsministries.org"](#); ["dhuddleston@auroraevansville.org"](#); ["director@fpqilinc.org"](#); ["dhelm@cinnare.com"](#); ["dhelm@cinnare.com"](#); ["jhelman@aidsministries.org"](#); ["mhennessey@edgewaterhealth.org"](#); ["Mike.keevin@aspireindiana.org"](#); ["gquy@fwha.org"](#); ["lgiorgini@ywcalfayette.org"](#); ["phughes-schuh@ywcaerew.org"](#); ["thurd@ywcalfayette.org"](#); ["jackson@columbustownship.us"](#); ["Njohnson@edgewaterhealth.org"](#); ["sherry.kater@cmhcinc.org"](#); ["cgraham@unitedwayhoco.org"](#); ["gkillough@evansville.in.gov"](#); ["jason.king@oldnational.com"](#); ["sk@abwservices.org"](#); ["carriekruse@turningpointdv.org"](#); ["denise.ladowicz@regionalmentalhealth.org"](#); ["ldlechlitn@aol.com"](#); ["jliecehty@ecommunity.com"](#); ["sliggins@cocofnw.org"](#); ["Rene.Llewellyn@centerstone.org"](#); ["mabryq@gohammond.com"](#); ["nathan.marcotte@oaklawn.org"](#); ["Jmarcum@icadvinc.org"](#); ["cmartin@shelteringwings.org"](#); ["mlee@hsi-indiana.com"](#); ["MartinoT@fsahc.org"](#); ["Christine.Kelty@parkcenter.org"](#); ["tonimgowen@comcast.net"](#); ["breanca@iupui.edu"](#); ["chris.metz@echohousing.org"](#); ["trish.miller@meridianhs.org"](#); ["Mmilliken@atworksolutionsinc.com"](#); ["jason@logan-emmaus.org"](#); ["mindygihn@gmail.com"](#); ["forward.thinkin@gmail.com"](#); ["tmorrisap@aol.com"](#); ["toliver@comfam.org"](#); ["amurphy@lafayette.in.gov"](#); ["mchomeless@ameritech.net"](#); ["Naomi.Nicastro2@va.gov"](#); ["brian.niese@cmhcinc.org"](#); ["tnoone@icadvinc.org"](#); ["sheri.oglesby@meridianhs.org"](#); ["debramorrow@middlewayhouse.org"](#); ["taia@thebeamanhome.org"](#); ["cameo.parry@cityoffortwayne.org"](#); [Peters, Grant](#); ["eseal@swansoncenter.org"](#); ["trauckman@mhawci.org"](#); ["richard@shepherdshouse.org"](#); ["jrobins@ecommunity.com"](#); ["ksanford@ywcancin.org"](#); ["marybeths@thecaringplaceniwi.org"](#); [Scott, Barbara](#); ["Julie@familypromisehendrickscounty.org"](#); ["Danielle@shalomcommunitycenter.org"](#); ["mhammond@gabriels-horn.org"](#); ["lisashafran@turningpointdv.org"](#); ["dana@nextsteptoday.org"](#); ["dennine@camhope.org"](#); ["marlena.smith@aspireindiana.org"](#); ["Tricia.Smith-Peck@va.gov"](#); ["acurtis@sojournertruthhouse.org"](#); ["jstanfill@hoi.help"](#); ["sussteinkamp@auroraevansville.org"](#); ["JGomez@comfam.org"](#); ["jstowers@iuhealth.org"](#); ["klongway@iupui.edu"](#); ["dtaylor@hsi-indiana.com"](#); ["etaylor@ywcaevansville.org"](#); ["Donna.Tegeler@Centerstone.org"](#); ["sthompson@reachservices.care"](#); ["kristyn.tromley@echohousing.org"](#); ["stybon@ywcancin.org"](#); ["tvanbuskirk@porterstarke.org"](#); ["lvivirito@cfh.net"](#); ["Marlena.washington@aspireindiana.org"](#); ["awcarpenter@alternativesdv.org"](#); ["awehren@porterstarke.org"](#); ["ewesselsmartin@cvfempower.org"](#); ["joshwhite@cinnare.com"](#); ["MWilkey@mhavc.org"](#); ["hbpeaceexdir@aol.com"](#); [Washington Co. - Heather Woloshen](#); [Wood, Lori](#); ["bworthington@sojournertruthhouse.org"](#); ["zheronemus@auroraevansville.org"](#); ["Itownsend.cronin@soinhomeless.org"](#); ["COracz@cinnare.com"](#); ["dwaterhouse@co.clark.in.us"](#); ["jeff@neiprc.org"](#); ["julie.foltz@aspireindiana.org"](#); ["director@argevansville.org"](#); ["ddorsey@co.clark.in.us"](#); ["arien@neiprc.org"](#); ["barbara.purk@aspireindiana.org"](#); ["njochum@auroraevansville.org"](#); ["eyoung@icadvinc.org"](#); ["ozanam.j.avery@gmail.com"](#); ["ross@thefaithmission.org"](#); ["dnorris@unitedwayhoco.org"](#); ["brendan.kerns@vigocounty.in.gov"](#); ["dsmith@comfam.org"](#); ["awilliams@famservices.com"](#); ["amy@beaconinc.org"](#); ["emily.bair@aspireindiana.org"](#); ["tc@abwservices.org"](#); ["stybon@ywcancin.org"](#); ["ksanford@ywcancin.org"](#); ["jshapiro@lifetreatmentcenters.org"](#); ["agrill@lifetreatmentcenters.org"](#); [Nafziger, Laurie](#); [Fronek, Amanda \(IHCD\)](#); ["mbyrd@hearthouseinc.onmicrosoft.com"](#); ["smehas@edgewaterhealth.org"](#); ["jducret@edgewaterhealth.org"](#); ["sderico@edgewaterhealth.org"](#); ["stevehoffman@mybrightpoint.org"](#); ["jgueyser@edgewaterhealth.org"](#); ["jcavanaugh@edgewaterhealth.org"](#); [Brinkley, Amy A](#); ["jfraser@incap.org"](#); ["lori.phillips-steele@csh.org"](#); ["sralph@restoringpeople.com"](#); ["rsterrett@purdue.edu"](#); ["jarod@fostersuccess.org"](#); [Krauser, Emily](#)

Subject: 2021 HUD CoC NOFO Competition: Indiana Balance of State COC RFA Announcement
Date: Tuesday, August 31, 2021 3:56:00 PM
Attachments: [IN BoS CoC RFA 2021 - 8-31-21 - Final .pdf](#)

FY2021 HUD CoC NOFO Competition: Indiana Balance of State COC RFA Announcement

The Indiana Balance of State (BoS) Continuum of Care (CoC) is pleased to announce that the Request for Applications (RFA) for the 2021 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) Competition is now available. Please find attached the advance notification providing detailed information about the process. Additional information and resources will be added to the Balance of State's website this week at: <https://www.in.gov/ihcda/indiana-balance-of-state-continuum-of-care/internal-competition/>

According to HUD, the Indiana Balance of State CoC is potentially eligible to apply for new project bonus funding up to \$1,311,431. Additional funds may also be available for reallocation.

To provide information on the process for application, we have scheduled two webinars – one for current projects and one for organizations interested in applying for new fundings. Register for these informational webinars:

- **September 9, 2021, at 10:00 AM EDT:** COC FY2021 Competition Informational Session: Request for Renewal Applications: <https://attendee.gotowebinar.com/register/91202707799110156>
- **September 10, 2021, at 1:00 PM EDT:** COC FY2021 Competition Informational Sessions: New Project Applications: <https://attendee.gotowebinar.com/register/8629887963317240848>

I look forward to working with you on this year's NOFO grant. Please let me know if you have any questions.

Kristin Svyantek Garvey

Grants Manager, Community Services

Indiana Housing and Community Development Authority

30 South Meridian Street, Suite 900
Indianapolis, IN 46204

PHONE 317 234 5600

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For updates from Lt. Governor Suzanne Crouch, please visit www.lg.in.gov



Please consider the environment before printing this email.

2021 CoC Internal Review Project Application Scoring Sheet

Threshold Factors		
Agency Name		
Project Name		
PIN		
HUD or IHEDA Subrecipient		
Eligibility – All factors met: Yes/No		
Federal Requirements – All factors met: Yes/No		
If any above factors were not met, was a satisfactory explanation provided: Yes/No/Unsure		
Scoring Factors		
Factor	Maximum Score	Score Received
1. Coordinated Entry Assessment	10	
2. Referrals from Coordinated Entry	10	
3. Housing First	15	
4. HMIS Data Quality	10	
5. Percent Exits to Permanent Housing	10	
6. Exits to homelessness or unknown	10	
7. Increases in total Income	5	
8. Utilization rate	10	
9. Use of HUD Resources	10	
10. Expenditure Requirements	10	
11. Bonus 1 – Training	5	
12. Bonus 2 – Compliance	5	
13. Bonus 3 – Collaboration	5	
14. Bonus 4a – COVID-19 impact on Agency	5	
15. Bonus 4b – Response to COVID-19	5	
TOTAL SCORE	125	

2021 CoC Internal Review Project Application Scoring Sheet

Threshold Factors		
Agency Name		
Project Name		
PIN		
HUD or IHEDA Subrecipient		
Eligibility – All factors met: Yes/No		
Federal Requirements – All factors met: Yes/No		
If any above factors were not met, was a satisfactory explanation provided: Yes/No/Unsure		
Scoring Factors		
Factor	Maximum Score	Score Received
1. Coordinated Entry Assessment	10	
2. Referrals from Coordinated Entry	10	
3. Housing First	15	
4. HMIS Data Quality	10	
5. Percent Exits to Permanent Housing	10	
6. Exits to homelessness or unknown	10	
7. Increases in total Income	5	
8. Utilization rate	10	
9. Use of HUD Resources	10	
10. Expenditure Requirements	10	
11. Bonus 1 – Training	5	
12. Bonus 2 – Compliance	5	
13. Bonus 3 – Collaboration	5	
14. Bonus 4a – COVID-19 impact on Agency	5	
15. Bonus 4b – Response to COVID-19	5	
TOTAL SCORE	125	

2021 CoC Internal Review Project Application Scoring Sheet

Threshold Factors		
Agency Name	LTHC	
Project Name		
PIN	IN0178	
HUD or IHEDA Subrecipient	HUD	
Eligibility – All factors met: Yes/No	Yes	
Federal Requirements – All factors met: Yes/No	Yes	
If any above factors were not met, was a satisfactory explanation provided: Yes/No/Unsure		
Scoring Factors		
Factor	Maximum Score	Score Received
1. Coordinated Entry Assessment	10	10
2. Referrals from Coordinated Entry	10	10
3. Housing First	15	15
4. HMIS Data Quality	10	10
5. Percent Exits to Permanent Housing	10	10
6. Exits to homelessness or unknown	10	10
7. Increases in total Income	5	5
8. Utilization rate	10	10
9. Use of HUD Resources	10	10
10. Expenditure Requirements	10	10
11. Bonus 1 – Training	5	5
12. Bonus 2 – Compliance	5	5
13. Bonus 3 – Collaboration	5	5
14. Bonus 4a – COVID-19 impact on Agency	5	5
15. Bonus 4b – Response to COVID-19	5	5
TOTAL SCORE	125	125

2021 CoC NOFO New Project Rating Tool

Project Name: _____

Organization Name: _____

Project Type: _____

RATING FACTOR	POINTS AWARDED	MAX POINT VALUE
Experience		
A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	out of	10
B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	out of	10
C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	out of	5
Experience Subtotal	0	25
DESIGN OF HOUSING & SUPPORTIVE SERVICES		
A. Extent to which the applicant		
1. Demonstrate understanding of the needs of the clients to be served.		
2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served		
3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served.	out of	10
4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits		
5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.		
B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	out of	5
C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	out of	5
DESIGN OF HOUSING & SUPPORTIVE SERVICES Subtotal	0	20
FINANCIAL		
A. Project is cost-effective - comparing projected cost per person served to CoC average within project type.		5
B. Budgets are correctly calculated, expenses budgeted are all eligible		5
C. Project indicates the use of Mainstream resources for at least a portion of project services		5
D. Match is documented		5
Financial Subtotal	0	20
COMPLIANCE WITH COC REQUIREMENTS		
A. The project commits to only accepting referrals from coordinated entry		5
Compliance with CoC Requirements Subtotal		5
EQUITY FACTORS		
A. Applicant agency has BIPOC individuals in management and leadership positions		5
B. There are persons with lived experience of homelessness on the agency governing body		5
C. Applicant agency has procedures in place to obtain feedback from people with lived experience of homelessness		5
D. Applicant agency has reviewed program outcomes with an equity lens to assess if race, ethnicity, gender identity, and/or age has led to disparate outcomes		5
Equity Factors Subtotal	0	20
BONUS FOR MEETING NOFO BONUS POINTS CRITERIA		
A. The project as proposed qualifies the CoC to score bonus points for leveraging housing subsidies or mainstream health care resources		10
Bonus Points Subtotal		10
TOTAL SCORE	0	100

Exhibit B - FY2021 IN-502 COC Ranking and Scoring Summary Report

Rank	Tier	Score	Status	Recipient Name	Subrecipient Name	Project Name	PIN	Proj Type	# Units	Region	ARA	Running ARA-Current	Running ARA-New	Running ARA-New DV
1	1	125	Current	Lafayette Transitional Housing Center		LTHC Rapid Re-Housing	IN0178	RRH	15	4	\$ 241,696	\$ 241,696		
2	1	125	Current	Housing Opportunities Inc.		Perm 4	IN0045	PSH	14	1	\$ 194,905	\$ 436,601		
3	1	125	Current	Life Treatment Centers		Life Treatment FY2019	IN0145	PSH	12	2a	\$ 176,846	\$ 613,447		
4	1	125	Current	A Better Way Services, Inc.		ABW Rapid Rehousing	IN0192	RRH	9	6	\$ 139,280	\$ 752,727		
5	1	125	Current	Indiana University Health Bloomington, Inc.		FY2019 Housing Links	IN0105	PSH	8	10	\$ 89,271	\$ 841,998		
6	1	125	Current	Centerstone Indiana		Martinsville Plaza Apartments	IN0039	PSH	8	10	\$ 43,153	\$ 885,151		
7	1	124	Current	Mental Health America of West Central Indiana		Community Yunity Center	IN0023	PSH	10	7	\$ 77,709	\$ 962,860		
8	1	124	Current	Oaklawn Psychiatric Center		Supportive Housing Turnock Group Home	IN0013	PSH	8	2a	\$ 412,040	\$ 1,374,900		
9	1	123	Current	A Better Way (Bridges Community Services, Inc.)		JUMPSTART RRH	IN0182	RRH	18	6	\$ 224,145	\$ 1,599,045		
10	1	120	Current	IHCDA	Porter-Starke Services Inc.	South Shore Commons	IN0109	PSH	36	1a	\$ 317,937	\$ 1,916,982		
11	1	120	Current	Housing Opportunities Inc.		Perm 5	IN0104	PSH	20	1	\$ 259,785	\$ 2,176,767		
12	1	120	Current	ECHO Housing Corporation		Lucas Place	IN0166	PSH	20	12	\$ 110,430	\$ 2,287,197		
13	1	115	Current	Oaklawn Psychiatric Center		Supportive Housing Rental Assistance	IN0012	PSH	67	2a	\$ 121,310	\$ 2,408,507		
14	1	115	Current	IHCDA	Sojourner Truth House Inc	Gary Pathway	IN0090	PSH	50	1a	\$ 509,582	\$ 2,918,089		
15	1	115	Current	IHCDA	Edgewater Health	Edgewater Scattered Site PSH	IN0024	PSH	19	1a	\$ 201,686	\$ 3,119,775		
16	1	115	Current	Indiana University Health Bloomington, Inc.		FY2019 Bridges Supportive Housing	IN0124	PSH	15	10	\$ 159,162	\$ 3,278,937		
17	1	115	Current	IHCDA	Regional Mental Health Center	RMHC Scattered Site PSH	IN0065	PSH	15	1a	\$ 120,706	\$ 3,399,643		
18	1	115	Current	Centerstone Indiana		Caldwell House PH	IN0161	PSH	8	11	\$ 47,030	\$ 3,446,673		
19	1	115	Current	IHCDA	Housing Opportunities	Housing Opps McCord Rapid Rehousing	IN0171	RRH	5	1	\$ 66,417	\$ 3,513,090		
20	1	113	Current	IHCDA	Meridian Health Services	Integrated PSH I, Walnut Commons	IN0167	PSH	40	6		\$ 3,513,090		
20	1	95	Current	IHCDA	Oaklawn Psychiatric Center	Integrated Permanent Supportive Housing I	IN0167	PSH	20	2	\$ 357,064	\$ 3,870,154		
21	1	113	Current	Beacon Inc		dba Shalom Community Center	IN0147	PSH	10	10	\$ 1,243,700	\$ 5,113,854		
22	1	113	Current	IHCDA	Meridian Health Services	IHCDA COC III	IN0155	PSH	10	6	\$ 452,161	\$ 5,566,015		
22	1	110	Current	IHCDA	Community Howard	IHCDA CoC III FY2019	IN0155	PSH	17	5		\$ 5,566,015		
22	1	93	Current	IHCDA	City of Lafayette	IHCDA CoC III Lafayette	IN0155	PSH	24	4		\$ 5,566,015		
23	1	110	Current	IHCDA	Oaklawn Psychiatric Center	Chapman West/Lincoln West Consolidated	IN0149	PSH	31	2	\$ 210,829	\$ 5,776,844		
24	1	110	Current	IHCDA	Porter-Starke Services Inc.	Housing Opps Porter Starke Supportive Housing	IN0136	PSH	22	1	\$ 228,032	\$ 6,004,876		
25	1	110	Current	ECHO Housing Corporation		New Start Scattered Site Housing	IN0123	PSH	20	12	\$ 272,891	\$ 6,277,767		
26	1	110	Current	IHCDA	Centerstone Indiana	Centerstone Dunn Supportive Housing	IN0103	PSH	17	9	\$ 102,283	\$ 6,380,050		
27	1	110	Current	Housing Opportunities Inc.		Creekview	IN0118	PSH	16	1	\$ 193,398	\$ 6,573,448		
28	1	110	Current	AIDS Ministries / AIDS Assist		PSH AMAA	IN0174	PSH	10	2	\$ 131,888	\$ 6,705,336		
29	1	108	Current	Mental Health America in Allen County		Cedars Hope I MHANI	IN0125	PSH	8	3	\$ 90,517	\$ 6,795,853		
30	1	107.5	Current	Centerstone Indiana		Limestone PH	IN0177	PSH	10	10	\$ 125,277	\$ 6,921,130		
31	1	106	Current	CMHC, Inc.		Batesville Permanent Housing I	IN0088	PSH	8	14	\$ 116,931	\$ 7,038,061		
33	1	105	Current	Lafayette Transitional Housing Center		LTHC Union Place PSH Apartments	IN0203	PSH	40	4	\$ 424,440	\$ 7,462,501		
34	1	105	Current	A Better Way Services, Inc.		ABW Joint PH RRH TH 2019	IN0220	TH-RRH	30	6	\$ 456,225	\$ 7,918,726		
35	1	105	Current	IHCDA	Family Service Association of Howard County, Inc.	Jackson Street Commons	IN0159	PSH	27	5	\$ 190,761	\$ 8,109,487		
36	1	105	Current	Family Service Association of Howard County, Inc.		FSAHC RRH	IN0193	RRH	8	5	\$ 118,154	\$ 8,227,641		
37	1	104	Current	IHCDA	Kosciusko County Shelter for Abuse, Inc.	Kosciusko County RRH	IN0168	RRH	14	2	\$ 156,831	\$ 8,384,472		
38	1	104	Current	IHCDA	Mental Health America of West Central Indiana	YOUnity Village/Terra Firma Consolidated	IN0133	PSH	10	7	\$ 302,739	\$ 8,687,211		
39	1	101	Current	IHCDA	Preservation Non-Profit Housing Corp	NWI Veterans Village Homes for Heroes	IN0160	PSH	44	1a	\$ 422,859	\$ 9,110,070		
40	1	101	Current	IHCDA	Park Center, Inc.	Park Center PSH	IN0150	PSH	40	3	\$ 321,202	\$ 9,431,272		
41	1	100	Current	IHCDA	ECHO Housing Corporation	Lucas Place II/Renaissance 16	IN0135	PSH	43	12	\$ 292,352	\$ 9,723,624		
42	1	100	Current	Aurora, Inc.		Vision 1505 CoF FY2019 Renewal Project	IN0151	PSH	32	12	\$ 439,919	\$ 10,163,543		
43	1	100	Current	ECHO Housing Corporation		Garvin Lofts	IN0195	PSH	12	12	\$ 341,121	\$ 10,504,664		
44	1	98	Current	CMHC, Inc.		Lawrenceburg Consolidated Permanent Housing	IN0121	PSH	16	14	\$ 221,076	\$ 10,725,740		
45	1	95	Current	LifeSpring		LifeSpring PSH FY2019	IN0162	PSH	0	13	\$ 226,369	\$ 10,952,109		
46	1	90	Current	IHCDA	CMHC, Inc.	Lawrenceburg II	IN0107	PSH	28	14	\$ 227,720	\$ 11,179,829		
47	1	90	Current	CMHC, Inc.		Batesville Permanent Housing II	IN0163	PSH	24	14	\$ 334,843	\$ 11,514,672		
48	1	90	Current	Centerstone Indiana		Centerstone Stepping Stones	IN0053	TH	10	10	\$ 80,273	\$ 11,594,945		
49	1	90	Current	Centerstone Indiana		Centerstone SCCMHC S+C	IN0048	PSH	10	10	\$ 60,169	\$ 11,655,114		
50	1	88	Current	IHCDA	Brightpoint (Community Action of NE Indiana dba Brightpoint)	Brightpoint PSH FY2019 Combined Renewal Expansion	IN0019	PSH	40	3	\$ 716,311	\$ 12,371,425		
51	1	90	Current	IHCDA	Aspire Indiana, Inc.	IHCDA COC II	IN0148	PSH	44	8	\$ 651,497	\$ 13,022,922		
52	1	88	Current	IHCDA	Meridian Health Services	IHCDA COC II	IN0148	PSH	31	6		\$ 13,022,922		
53	1	86	Current	IHCDA	Ginniare Solutions Corporation	Marion Veterans Program	IN0172	PSH	20	6	\$ 156,912	\$ 13,179,834		
54	1	85	Current	IHCDA	IHCDA	IHCDA State-Wide DV TH-RRH FY2019	IN0216	RRH	105	3,4,5,8,12	\$ 1,460,624	\$ 14,640,458		
55	1	85	Current	Aspire Indiana, Inc.		Continuum of Care Renewal	IN0215	PSH	44	8	\$ 432,460	\$ 15,072,918		
56	1	85	Current	IHCDA	Aspire Indiana, Inc.	Aspire Mainstream II	IN0093	PSH	23	8	\$ 162,503	\$ 15,235,421		
57	1	83	Current	Edgewater Systems for Balanced Living Inc		Phoenix Renewal 2020-2021 II	IN0046	PSH	28	1a	\$ 136,905	\$ 15,372,326		
58	1	82	Current	Center for the Homeless		Center for the Homeless PSH	IN0180	PSH	34	2a	\$ 321,688	\$ 15,694,014		
59	1	80	Current	IHCDA	IHCDA	IHCDA State-Wide DV TH-RRH FY2019	IN0217	TH-RRH	60	8	\$ 583,277	\$ 16,277,291		
60	1	80	Current	IHCDA	Aurora	Aurora Evansville Beacon PSH	IN0154	PSH	25	12	\$ 202,404	\$ 16,479,695		
61	1	79	Current	CoC of NWI		CoC Network of NWI RRH	IN0183	RRH	24	1a	\$ 202,073	\$ 16,681,768		
62	1	78	Current	CMHC, Inc.		Vevay I, II Consolidated	IN0067	PSH	12	14	\$ 192,479	\$ 16,874,247		
63	1	71	Current	Center for the Homeless		Center for the Homeless RRH	IN0189	RRH	5	2a	\$ 54,895	\$ 16,929,142		
64	1	41	Current	YWCA North Central Indiana		TH-RRH Joint Transitional Housing DV	IN0206	TH-RRH	11	2, 2a	\$ 212,368	\$ 17,141,510		

	1	0	N/A	IHCDA	IHCDA	HMIS BOS FY2019				\$ 579,912	\$ 17,721,422		
	1	0	N/A	IHCDA	IHCDA	IHCDA DV Coordinated Entry FY2019				\$ 275,000	\$ 17,996,422		
	1	0	N/A	IHCDA	IHCDA	Coordinated Entry SSO FY2019				\$ 274,000	\$ 18,270,422		
66	1	86	New	Lafayette Transitional Housing Center		LTHC SSO CE		SSO	4	\$ 57,205	\$ 18,327,627		
66	2	86	New	Lafayette Transitional Housing Center		LTHC SSO CE		SSO	4	\$ 112,745		\$ 112,745	
67	2	84	New	Lafayette Transitional Housing Center		LTHC RRH Expansion		RRH	4	\$ 152,634		\$ 265,379	
68	2	81	New	Beacon, Inc.		Beacon Blooming Families		PSH	10	\$ 383,537		\$ 648,916	
69	2	81	New	Sheltering Wings		Haven Homes		PSH	8	\$ 41,100		\$ 690,016	
70	2	77	New	ECHO Housing Corporation		The Promise Home		PSH	12	\$ 257,080		\$ 947,096	
	2		New	IHCDA HMIS Expansion						\$ 100,000		\$ 1,047,096	
	2		New	IHCDA CE Expansion						\$ 207,130		\$ 1,254,226	
	2		New	IHCDA EHV SSO FY2021				SSO		\$ 57,205		\$ 1,311,431	
		85	New/DV	Lafayette Transitional Housing Center		LTHC DV RRH Expansion		DV	4	\$ 152,634			\$ 152,634
		78	New/DV	YWCA North Central Indiana		TH to RRH for DV Program Expansion		DV	2a	\$ 191,492			\$ 344,126

Available Bonus	\$ 1,311,431	
Remaining	\$ -	
Planning Grant	\$ 786,859	

COC Funding Summary	
Annual Renewal Demand	\$ 18,327,627
Allowable Bonus Funding	\$ 1,311,431
Additional DV Bonus Funds	\$ 344,126
Planning Grant	\$ 786,859
Total CoC Request	\$ 20,770,043
Available Reallocation	\$ 57,205

INDIANA BALANCE OF STATE CONTINUUM OF CARE
ENDING HOMELESSNESS IN INDIANA

RE: 2021 CoC Competition Projects Rejected or Reduced

In the 2021 COC Competition, no projects were rejected or reduced. There was one agency that elected to discontinue their project.

BOARD OF DIRECTORS

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From: [Garvey, Kristin \(IHCDA\)](#)
To: ["daniellowe@brsinc.org"](mailto:daniellowe@brsinc.org)
Cc: ["brhoudir@brsinc.org"](mailto:brhoudir@brsinc.org)
Subject: 202 COC Annual Application
Date: Monday, November 1, 2021 4:26:00 PM
Attachments: [2021 NonRenewal Notice-Final.pdf](#)

Please find attached a letter of acknowledgement that you will not be renewing your project for the 2021 COC Collaborative Application.

Kristin Svyantek Garvey

Grants Manager, Community Services

Indiana Housing and Community Development Authority

30 South Meridian Street, Suite 900
Indianapolis, IN 46204

PHONE 317 234 5600

FAX 317 232 7778

EMAIL krigarvey@ihcda.in.gov

WEBSITE: www.in.gov/ihcda



For updates from Lt. Governor Suzanne Crouch, please visit www.lg.in.gov



Please consider the environment before printing this email.

INDIANA BALANCE OF STATE CONTINUUM OF CARE
ENDING HOMELESSNESS IN INDIANA

November 1, 2021

Daniel Lowe, CEO
Blue River Services
PO Box 547
Corydon, IN 47112

Dear Mr. Lowe:

We were informed that your organization was not submitting an internal renewal program application for the FY2021 Continuum of Care competition. This letter serves as the Indiana Balance of State Continuum of Care Board's acknowledgement that you do not wish to renew your grant. Furthermore, it serves as acknowledgement that you will not be included in the FY 2021 Collaborative Application and your funding will be reallocated.

Please let us know if you have any questions by contacting Kristin Garvey at krigarvey@ihcda.in.gov or (317) 234-5600.

Sincerely,

Indiana BOS CoC Board

cc: Suann Stroud, Housing Director

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Indiana Housing & Community Development Author

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[INDIANA BALANCE OF STATE CONTINUUM OF CARE \(/IHCDA/INDIANA-BALANCE-OF-STATE-CONTINUUM-OF-CARE\)](#) »

INTERNAL COMPETITION

INTERNAL COMPETITION

The Continuum of Care Program Competition covers the application and award process for annual CoC Program funding.

[Request for Applications - Indiana Balance of State Continuum of Care - Inclusion in the 2021 Collaborative Application for HUD Continuum of Care Funding \(/ihcda/files/IN-BoS-CoC-RFA-2021-8-31-21-Final-.docx.pdf\)](#)

The Indiana Housing and Community Development Authority (“IHCDA”) released the Request for Applications (RFAs) announcement for the 2021 Continuum of Care Consolidated Application. According to the US Department of Housing and Urban Development (HUD), the Indiana Balance of State CoC is potentially eligible to apply for new project bonus funding up to \$1,311,431. Additional funds may also be available for reallocation.

For questions, please contact:

Kristin Svyantek Garvey, Community Services Grants Manager

Indiana Housing and Community Development Authority (IHCDA)

Email: communityservices@ihcda.in.gov (mailto:communityservices@ihcda.in.gov).

2021

FORMS & GUIDES

- [2021 Ranking and Scoring Summary - Uploaded November 1, 2021](#) ([/ihcda/files/2021-Ranking-and-Scoring-Summary-Report-FINAL.xlsx](#))
- [2021 Final Grant Inventory Worksheet](#)

POLICIES & PROCEDURES

- [Ranking and Reallocation Policy 2021](#) ([/ihcda/files/ranking-and-reallocation-policy-2021-FINAL.pdf](#))
- [CoC Application Appeals Policy and Procedure](#) ([/ihcda/files/CoC-Application-Appeals-Policy-and-Procedure-](#)

WEBINARS & FINAL COC NOFA APPLICATIONS

- 2021 CoC Collaborative Application
- 2021 CoC Priority Listing
- E-SNAPS Grant Management System Training Webinar
 - [New Projects](#) (<https://attendee.g>

DEADLINES

October 1, 2021
Deadline for Internal
Renewal
Applications

2021-
FINAL-.docx)

- Frequently Asked Questions

- Renewal Projects
(<https://attendee.g>
- 2021 NOFA Informational Webinar
 - 2021 NOFA Overview
- Internal Review Application Training Webinar

TIMELINE OF EVENTS

Start of Local CoC Competition	August 27, 2021
Webinar for Renewal Applicants	September 9, 2021
Webinar for New Project Applicants	September 10, 2021
DEADLINE: Renewal and New Project Applicants in E-SNAPS	October 1, 2021
Revisions to project applications due in E-SNAPS	October 20, 2021
Notification to applicants regarding whether project will be ranked - no later than	October 22, 2021
Final Project Priority List Released	November 1, 2021
Full CoC application publicly posted	November 1, 2021

GENERAL COMPETITION RESOURCES

GENERAL RESOURCES

- [e-snaps Features and Functions Guide \(/ihcda/files/esnap-feature-guide.pdf\)](/ihcda/files/esnap-feature-guide.pdf)
- [e-snaps Left Menu Bar Guide \(/ihcda/files/esnap-left-menu.pdf\)](/ihcda/files/esnap-left-menu.pdf)
- [Adding & Deleting registrants in e-snaps \(/ihcda/files/adding-delete-registrants-esnap.pdf\)](/ihcda/files/adding-delete-registrants-esnap.pdf)

COC PROGRAM REGISTRATION, REVIEW, AND GIW

- [Applicant Profile Instructional Guide \(/ihcda/files/coc-applicant-profile-instruction.pdf\)](/ihcda/files/coc-applicant-profile-instruction.pdf)
- [Registration e-snaps Instructions \(/ihcda/files/coc-registration.pdf\)](/ihcda/files/coc-registration.pdf)
- [Program Registration and Review Instructional](#)

PROJECT APPLICANT RESOURCES

- [Project Applicant Authorized Representative Update Resource \(/ihcda/files/applicant-authorized-update.pdf\)](/ihcda/files/applicant-authorized-representative-update-resource.pdf)
- [Project Applicant Profile Guide \(/ihcda/files/esnaps-applicant-profile-guide.pdf\)](/ihcda/files/esnaps-applicant-profile-guide.pdf)
- [Conditional Award Recipients: Issues, Conditions, and](#)

HELPFUL HUD LINKS

- [Frequently Asked Questions \(https://www.hudexchange.info/snaps/fags/\)](https://www.hudexchange.info/snaps/fags/)
- [HUD: Ask A Question \(https://www.hudexchange.info/support/my-question/\)](https://www.hudexchange.info/support/my-question/)
- [CoC Geographic Codes \(/ihcda/files/FY-2017-CoC-Geographic-Codes.pdf\)](/ihcda/files/FY-2017-CoC-Geographic-Codes.pdf)
- [Coc Names & Numbers](#)

- [Updating th Applicant profile \(/ihcda/files/updating-applicant-profile.pdf\)](#)
- [DUNS Number and SAM \(/ihcda/files/duns-number-sam.pdf\)](#)
- [Capturing a Screenshot \(/ihcda/files/esnaps-capture-screenshot.pdf\)](#)
- [Creating a Zip File \(/ihcda/files/creating-zip-file.pdf\)](#)

- [Guide \(/ihcda/files/coc-program-registration.pdf\)](#)
- [Grant Inventory Worksheet \(GIW\) Instructions \(/ihcda/files/grant-inventory-worksheet-instruction.pdf\)](#)
- [Project Grantee Transfers \(/ihcda/files/project-grantee-transfers.pdf\)](#)
- [Grant Inventory Worksheet Reports \(https://www.hudexchange.gov/giw-reports/\)](#)

- [Amendments Instructions \(/ihcda/files/award-recipients-instructions.pdf\)](#)
- [Conditional Awards Recipients: Amendments Instructional Guide \(/ihcda/files/award-recipients-amendments.pdf\)](#)

- [\(/ihcda/files/fy-2017-continuums-of-care-names-and-numbers.pdf\)](#)
- [2016 CoC NOFA \(https://www.hudexchange.gov/snaps/fy-2016-coc-program-nofa-coc-program-competition/\)](#)
- [2015 CoC NOFA \(https://www.hudexchange.gov/snaps/fy-2015-coc-program-nofa-coc-program-competition/\)](#)

ARCHIVE

- 2019 Internal Competition
 - [2019 NOFA Request for Applications \(/ihcda/files/IN-BoS-CoC-RFA-2019.pdf\)](#)
 - [Scoring Matrix for Renewal \(/ihcda/files/2019-IN-502-standards-survey.xlsx\)](#) (posted April 12, 2019)

- [Housing First Questionnaire \(/ihcda/files/HF-Questionnaire.docx\)](#) (posted April 12, 2019)
- [2019 Final Grant Inventory Worksheet \(https://www.hudexchange.info/programs/coc/coc-giw-reports/?filter_Year=2019&filter_State=IN&filter_CoC=IN-502&program=CoC&group=GIW\)](https://www.hudexchange.info/programs/coc/coc-giw-reports/?filter_Year=2019&filter_State=IN&filter_CoC=IN-502&program=CoC&group=GIW) (posted September 13, 2019)
- [Ranking and Reallocation Policy 2019 \(/ihcda/files/IN-BOS-502-updated-ranking-and-reallocation-policy-2019-APPROVED.DOCX\)](#) (posted September 13, 2019)
- [CoC Application Appeals Policy \(/ihcda/files/CoC-Application-Appeals-Policy-and-Procedure-2019-ReviewedFinal.pdf\)](#) (posted April 29, 2019)
- [Frequently Asked Questions \(/ihcda/files/Indiana-Balance-of-State-2019-NOFA-Internal-Competition-Frequently-Asked-Questions.pdf\)](#) (FAQs) (posted April 26, 2019)
- [2019 CoC Collaborative Application \(/ihcda/files/FINAL-2019-CoC-Application-2019-09-25-v2.pdf\)](#) (September 26, 2019)
- [2019 CoC Priority Listing \(/ihcda/files/IN-502-CoC-Registration-FY2019-Priority-Listing-092519.pdf\)](#) (September 25, 2019)
- [E-SNAPS Grant Management System Training Webinar \(https://www.youtube.com/watch?v=WmruDZ6m2nl&feature=youtu.be\)](https://www.youtube.com/watch?v=WmruDZ6m2nl&feature=youtu.be) (July 29, 2019)
 - [E-Snaps Training \(/ihcda/files/getting-started-in-esnaps-209.pdf\)](#) (Getting Started with E-Snaps)
- [2019 NOFA Informational Webinar \(https://www.youtube.com/watch?v=VSkoyRqbjd8&feature=youtu.be\)](https://www.youtube.com/watch?v=VSkoyRqbjd8&feature=youtu.be) (July 26, 2019)
 - [2019 NOFA Overview \(/ihcda/files/NOFA-2019-IHCDA.pdf\)](#)
- [Internal Review Application Training Webinar \(https://www.youtube.com/watch?v=i6znr7HGgC0&feature=youtu.be\)](https://www.youtube.com/watch?v=i6znr7HGgC0&feature=youtu.be) (April 16, 2019)

TOP FAQs

1. [What criteria must I meet to qualify for your](#)

I WANT TO...

- [Find immediate housing](#)

From: [Garvey, Kristin \(IHCDA\)](#)
Cc: [Garvey, Kristin \(IHCDA\)](#)
Bcc: tc@abwsservices.org; lhopper@aidsmministries.org; Mike.keevin@aspireindiana.org; sussteinkamp@auroraevansville.org; forrest; dhelm@cinnare.com; lvivirito@cfh.net; Rene.Llewellyn@centerstone.org; joshwhite@cinnare.com; amurphy@lafayette.in.gov; mike.creech@cmhcinc.org; PamBrookshire@mybrightpoint.org; jliechty@ecommunity.com; sliggins@cocofnwi.org; chris.metz@echohousing.org; jcavanaugh@edgewaterhealth.org; davisonl@fsahc.org; istanfill@hoi.help; jstowers@iuhealth.org; jhayes@thebeamanhome.org; jlayton@lthc.net; jshapiro@lifetreatmentcenters.org; lsmith@mhaac.com; MWilkey@mhavc.org; Jessica.burton@meridianhs.org; Nafziger, Laurie; Christine.Kelty@parkcenter.org; cmartin@shelteringwings.org; acurtis@sojournertruthhouse.org; cynthia.bender@regionalmentalhealth.org; ksanford@ywcancin.org; angelac@fsahc.org; cynthia.kennedy@regionalmentalhealth.org
Subject: 2021 COC Competition Ranking and Scoring Summary Notification
Date: Wednesday, November 1, 2021 11:12:00 AM
Attachments: [2021 Ranking and Scoring Summary Report - FINAL.pdf](#)
[ranking and reallocation policy 2021 - FINAL.pdf](#)
[Coc Application Appeals Policy and Procedure 2021 - FINAL .pdf](#)

Congratulations! Your COC project has been included in this year's ranking and scoring list.

Pursuant to NOFA requirements, this email serves as notice that the BOS CoC Board of Directors accepted and ranked your project pursuant to the CoC's funding priorities and policies within the 2021 Indiana Balance of State (IN 502) Consolidated Application. It will be included in the 2021 BOS CoC Collaborative Application in the CoC priority listing. In addition, the attached 2021 Indiana Balance of State Continuum of Care Program Priority Ranking and Reallocation was approved by the CoC Board at its October 14, 2021, board meeting. The ranking document contains your program(s) rank, final score, and total Continuum of Care budget request. The ranking document will also be posted on the Indiana Balance of state Continuum of Care website:

<https://www.in.gov/ihcda/indiana-balance-of-state-continuum-of-care/>.

Please keep in mind that for the 2021 COC competition, HUD announced that Tier 1 will include 100% of the current projects, which means that all renewal projects will likely be renewed, subject to HUD's final decision. The COC Board also recommended that no renewal project would be subject to reallocation due to the COVID-19 pandemic; therefore, only funding from projects choosing not to renew were subject to reallocation. If an organization is currently an IHCDA subrecipient receiving COC funding and would like to request technical assistance from us, please let us know. We are more than happy to help you improve performance for next year's COC competition. Finally, any new DV Bonus Projects will be funded if selected by HUD through a separate funding source; therefore, they received a score but are not included in the overall ranking.

Should you have any questions, please reach out to me. I look forward to continuing to work with you.

Kristin Svyantek Garvey

Grants Manager, Community Services

Indiana Housing and Community Development Authority

30 South Meridian Street, Suite 900
Indianapolis, IN 46204

PHONE 317 234 5600

FAX 317 232 7778

Exhibit B - FY2021 IN-502 COC Ranking and Scoring Summary Report

Rank	Tier	Score	Status	Recipient Name	Subrecipient Name	Project Name	PIN	Proj Type	# Units	Region	ARA	Running ARA-Current	Running ARA-New	Running ARA-New DV
1	1	125	Current	Lafayette Transitional Housing Center		LTHC Rapid Re-Housing	IN0178	RRH	15	4	\$ 241,696	\$ 241,696		
2	1	125	Current	Housing Opportunities Inc.		Perm 4	IN0045	PSH	14	1	\$ 194,905	\$ 436,601		
3	1	125	Current	Life Treatment Centers		Life Treatment FY2019	IN0145	PSH	12	2a	\$ 176,846	\$ 613,447		
4	1	125	Current	A Better Way Services, Inc.		ABW Rapid Rehousing	IN0192	RRH	9	6	\$ 139,280	\$ 752,727		
5	1	125	Current	Indiana University Health Bloomington, Inc.		FY2019 Housing Links	IN0105	PSH	8	10	\$ 89,271	\$ 841,998		
6	1	125	Current	Centerstone Indiana		Martinsville Plaza Apartments	IN0039	PSH	8	10	\$ 43,153	\$ 885,151		
7	1	124	Current	Mental Health America of West Central Indiana		Community Yunity Center	IN0023	PSH	10	7	\$ 77,709	\$ 962,860		
8	1	124	Current	Oaklawn Psychiatric Center		Supportive Housing Turnock Group Home	IN0013	PSH	8	2a	\$ 412,040	\$ 1,374,900		
9	1	123	Current	A Better Way (Bridges Community Services, Inc.)		JUMPSTART RRH	IN0182	RRH	18	6	\$ 224,145	\$ 1,599,045		
10	1	120	Current	IHCDA	Porter-Starke Services Inc.	South Shore Commons	IN0109	PSH	36	1a	\$ 317,937	\$ 1,916,982		
11	1	120	Current	Housing Opportunities Inc.		Perm 5	IN0104	PSH	20	1	\$ 259,785	\$ 2,176,767		
12	1	120	Current	ECHO Housing Corporation		Lucas Place	IN0166	PSH	20	12	\$ 110,430	\$ 2,287,197		
13	1	115	Current	Oaklawn Psychiatric Center		Supportive Housing Rental Assistance	IN0012	PSH	67	2a	\$ 121,310	\$ 2,408,507		
14	1	115	Current	IHCDA	Sojourner Truth House Inc	Gary Pathway	IN0090	PSH	50	1a	\$ 509,582	\$ 2,918,089		
15	1	115	Current	IHCDA	Edgewater Health	Edgewater Scattered Site PSH	IN0024	PSH	19	1a	\$ 201,686	\$ 3,119,775		
16	1	115	Current	Indiana University Health Bloomington, Inc.		FY2019 Bridges Supportive Housing	IN0124	PSH	15	10	\$ 159,162	\$ 3,278,937		
17	1	115	Current	IHCDA	Regional Mental Health Center	RMHC Scattered Site PSH	IN0065	PSH	15	1a	\$ 120,706	\$ 3,399,643		
18	1	115	Current	Centerstone Indiana		Caldwell House PH	IN0161	PSH	8	11	\$ 47,030	\$ 3,446,673		
19	1	115	Current	IHCDA	Housing Opportunities	Housing Opps McCord Rapid Rehousing	IN0171	RRH	5	1	\$ 66,417	\$ 3,513,090		
20	1	113	Current	IHCDA	Meridian Health Services	Integrated PSH I, Walnut Commons	IN0167	PSH	40	6		\$ 3,513,090		
20	1	95	Current	IHCDA	Oaklawn Psychiatric Center	Integrated Permanent Supportive Housing I	IN0167	PSH	20	2	\$ 357,064	\$ 3,870,154		
21	1	113	Current	Beacon Inc		dba Shalom Community Center	IN0147	PSH	10	10	\$ 1,243,700	\$ 5,113,854		
22	1	113	Current	IHCDA	Meridian Health Services	IHCDA COC III	IN0155	PSH	10	6	\$ 452,161	\$ 5,566,015		
22	1	110	Current	IHCDA	Community Howard	IHCDA CoC III FY2019	IN0155	PSH	17	5		\$ 5,566,015		
22	1	93	Current	IHCDA	City of Lafayette	IHCDA CoC III Lafayette	IN0155	PSH	24	4		\$ 5,566,015		
23	1	110	Current	IHCDA	Oaklawn Psychiatric Center	Chapman West/Lincoln West Consolidated	IN0149	PSH	31	2	\$ 210,829	\$ 5,776,844		
24	1	110	Current	IHCDA	Porter-Starke Services Inc.	Housing Opps Porter Starke Supportive Housing	IN0136	PSH	22	1	\$ 228,032	\$ 6,004,876		
25	1	110	Current	ECHO Housing Corporation		New Start Scattered Site Housing	IN0123	PSH	20	12	\$ 272,891	\$ 6,277,767		
26	1	110	Current	IHCDA	Centerstone Indiana	Centerstone Dunn Supportive Housing	IN0103	PSH	17	9	\$ 102,283	\$ 6,380,050		
27	1	110	Current	Housing Opportunities Inc.		Creekview	IN0118	PSH	16	1	\$ 193,398	\$ 6,573,448		
28	1	110	Current	AIDS Ministries / AIDS Assist		PSH AMAA	IN0174	PSH	10	2	\$ 131,888	\$ 6,705,336		
29	1	108	Current	Mental Health America in Allen County		Cedars Hope I MHANI	IN0125	PSH	8	3	\$ 90,517	\$ 6,795,853		
30	1	107.5	Current	Centerstone Indiana		Limestone PH	IN0177	PSH	10	10	\$ 125,277	\$ 6,921,130		
31	1	106	Current	CMHC, Inc.		Batesville Permanent Housing I	IN0088	PSH	8	14	\$ 116,931	\$ 7,038,061		
33	1	105	Current	Lafayette Transitional Housing Center		LTHC Union Place PSH Apartments	IN0203	PSH	40	4	\$ 424,440	\$ 7,462,501		
34	1	105	Current	A Better Way Services, Inc.		ABW Joint PH RRH TH 2019	IN0220	TH-RRH	30	6	\$ 456,225	\$ 7,918,726		
35	1	105	Current	IHCDA	Family Service Association of Howard County, Inc.	Jackson Street Commons	IN0159	PSH	27	5	\$ 190,761	\$ 8,109,487		
36	1	105	Current	Family Service Association of Howard County, Inc.		FSAHC RRH	IN0193	RRH	8	5	\$ 118,154	\$ 8,227,641		
37	1	104	Current	IHCDA	Kosciusko County Shelter for Abuse, Inc.	Kosciusko County RRH	IN0168	RRH	14	2	\$ 156,831	\$ 8,384,472		
38	1	104	Current	IHCDA	Mental Health America of West Central Indiana	YOUnity Village/Terra Firma Consolidated	IN0133	PSH	10	7	\$ 302,739	\$ 8,687,211		
39	1	101	Current	IHCDA	Preservation Non-Profit Housing Corp	NWI Veterans Village Homes for Heroes	IN0160	PSH	44	1a	\$ 422,859	\$ 9,110,070		
40	1	101	Current	IHCDA	Park Center, Inc.	Park Center PSH	IN0150	PSH	40	3	\$ 321,202	\$ 9,431,272		
41	1	100	Current	IHCDA	ECHO Housing Corporation	Lucas Place II/Renaissance 16	IN0135	PSH	43	12	\$ 292,352	\$ 9,723,624		
42	1	100	Current	Aurora, Inc.		Vision 1505 CoF FY2019 Renewal Project	IN0151	PSH	32	12	\$ 439,919	\$ 10,163,543		
43	1	100	Current	ECHO Housing Corporation		Garvin Lofts	IN0195	PSH	12	12	\$ 341,121	\$ 10,504,664		
44	1	98	Current	CMHC, Inc.		Lawrenceburg Consolidated Permanent Housing	IN0121	PSH	16	14	\$ 221,076	\$ 10,725,740		
45	1	95	Current	LifeSpring		LifeSpring PSH FY2019	IN0162	PSH	0	13	\$ 226,369	\$ 10,952,109		
46	1	90	Current	IHCDA	CMHC, Inc.	Lawrenceburg II	IN0107	PSH	28	14	\$ 227,720	\$ 11,179,829		
47	1	90	Current	CMHC, Inc.		Batesville Permanent Housing II	IN0163	PSH	24	14	\$ 334,843	\$ 11,514,672		
48	1	90	Current	Centerstone Indiana		Centerstone Stepping Stones	IN0053	TH	10	10	\$ 80,273	\$ 11,594,945		
49	1	90	Current	Centerstone Indiana		Centerstone SCCMHC S+C	IN0048	PSH	10	10	\$ 60,169	\$ 11,655,114		
50	1	88	Current	IHCDA	Brightpoint (Community Action of NE Indiana dba Brightpoint)	Brightpoint PSH FY2019 Combined Renewal Expansion	IN0019	PSH	40	3	\$ 716,311	\$ 12,371,425		
51	1	90	Current	IHCDA	Aspire Indiana, Inc.	IHCDA COC II	IN0148	PSH	44	8	\$ 651,497	\$ 13,022,922		
52	1	88	Current	IHCDA	Meridian Health Services	IHCDA COC II	IN0148	PSH	31	6		\$ 13,022,922		
53	1	86	Current	IHCDA	Ginniare Solutions Corporation	Marion Veterans Program	IN0172	PSH	20	6	\$ 156,912	\$ 13,179,834		
54	1	85	Current	IHCDA		IHCDA State-Wide DV TH-RRH FY2019	IN0216	RRH	105	3,4,5,8,12	\$ 1,460,624	\$ 14,640,458		
55	1	85	Current	Aspire Indiana, Inc.		Continuum of Care Renewal	IN0215	PSH	44	8	\$ 432,460	\$ 15,072,918		
56	1	85	Current	IHCDA	Aspire Indiana, Inc.	Aspire Mainstream II	IN0093	PSH	23	8	\$ 162,503	\$ 15,235,421		
57	1	83	Current	Edgewater Systems for Balanced Living Inc		Phoenix Renewal 2020-2021 II	IN0046	PSH	28	1a	\$ 136,905	\$ 15,372,326		
58	1	82	Current	Center for the Homeless		Center for the Homeless PSH	IN0180	PSH	34	2a	\$ 321,688	\$ 15,694,014		
59	1	80	Current	IHCDA	IHCDA	IHCDA State-Wide DV TH-RRH FY2019	IN0217	TH-RRH	60	8	\$ 583,277	\$ 16,277,291		
60	1	80	Current	IHCDA	Aurora	Aurora Evansville Beacon PSH	IN0154	PSH	25	12	\$ 202,404	\$ 16,479,695		
61	1	79	Current	CoC of NWI		CoC Network of NWI RRH	IN0183	RRH	24	1a	\$ 202,073	\$ 16,681,768		
62	1	78	Current	CMHC, Inc.		Vevay I, II Consolidated	IN0067	PSH	12	14	\$ 192,479	\$ 16,874,247		
63	1	71	Current	Center for the Homeless		Center for the Homeless RRH	IN0189	RRH	5	2a	\$ 54,895	\$ 16,929,142		
64	1	41	Current	YWCA North Central Indiana		TH-RRH Joint Transitional Housing DV	IN0206	TH-RRH	11	2, 2a	\$ 212,368	\$ 17,141,510		

	1	0	N/A	IHCDA	IHCDA	HMIS BOS FY2019				\$ 579,912	\$ 17,721,422		
	1	0	N/A	IHCDA	IHCDA	IHCDA DV Coordinated Entry FY2019				\$ 275,000	\$ 17,996,422		
	1	0	N/A	IHCDA	IHCDA	Coordinated Entry SSO FY2019				\$ 274,000	\$ 18,270,422		
66	1	86	New	Lafayette Transitional Housing Center		LTHC SSO CE		SSO	4	\$ 57,205	\$ 18,327,627		
66	2	86	New	Lafayette Transitional Housing Center		LTHC SSO CE		SSO	4	\$ 112,745		\$ 112,745	
67	2	84	New	Lafayette Transitional Housing Center		LTHC RRH Expansion		RRH	4	\$ 152,634		\$ 265,379	
68	2	81	New	Beacon, Inc.		Beacon Blooming Families		PSH	10	\$ 383,537		\$ 648,916	
69	2	81	New	Sheltering Wings		Haven Homes		PSH	8	\$ 41,100		\$ 690,016	
70	2	77	New	ECHO Housing Corporation		The Promise Home		PSH	12	\$ 257,080		\$ 947,096	
	2		New	IHCDA HMIS Expansion						\$ 100,000		\$ 1,047,096	
	2		New	IHCDA CE Expansion						\$ 207,130		\$ 1,254,226	
	2		New	IHCDA EHV SSO FY2021				SSO		\$ 57,205		\$ 1,311,431	
		85	New/DV	Lafayette Transitional Housing Center		LTHC DV RRH Expansion		DV	4	\$ 152,634			\$ 152,634
		78	New/DV	YWCA North Central Indiana		TH to RRH for DV Program Expansion		DV	2a	\$ 191,492			\$ 344,126

Available Bonus	\$ 1,311,431
Remaining	\$ -
Planning Grant	\$ 786,859

COC Funding Summary	
Annual Renewal Demand	\$ 18,327,627
Allowable Bonus Funding	\$ 1,311,431
Additional DV Bonus Funds	\$ 344,126
Planning Grant	\$ 786,859
Total CoC Request	\$ 20,770,043
Available Reallocation	\$ 57,205

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For updates from Lt. Governor Suzanne Crouch, please visit www.lg.in.gov



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