

### Supplemental NOFO Request for Application

On behalf of the Indiana Balance of State (BoS) Continuum of Care (CoC), IHCDA, the collaborative applicant, invites eligible organizations to submit a new project application for the Unsheltered and Rural Supplemental Notice of Funding Opportunity (NOFO) Competition. This NOFO, released on June 22, 2022, identifies opportunities to apply for funding through either the Unsheltered Homelessness Set Aside or the Rural Homelessness Set Aside. Projects interested in this funding should review the NOFO and the eligible project and programmatic expenses prior to completing this application. Through this NOFO, HUD has identified funding priorities:

- Unsheltered Homelessness- identifying individuals, connecting them with services and housing, and ensuring HMIS has capacity to support these efforts
- Unsheltered Homelessness and those in Rural Communities with Severe Service Needs- funding to build capacity in rural areas with unique eligible activities under the Rural Homelessness NOFO
- Providing Assistance on Tribal Lands This NOFO provides additional incentives for creating projects
  that serve individuals and families in geographic areas that have high levels of homelessness, housing
  distress, or poverty, and are located where CoC services have until now been entirely unavailable
- Involving a Broad Array of Stakeholders in the CoC's Efforts- CoCs should engage a variety of stakeholders when responding to the NOFO
- Advancing Equity- the NOFO emphasizes that CoCs should look to address equity through the funding opportunity, and specifies special populations that may require special consideration during planning
- Housing First- the NOFO supports Housing First practices that reduce the length of time individuals and families experience homelessness through engagement, eliminating barriers to entry, providing supportive services to retain housing, and creating partnerships with landlords and community-based service providers for ongoing stability.

Applicants are expected to submit an application that will support the Indiana BoS CoCs efforts to meet these priorities. In addition to these priorities, supportive services and permanent housing projects must collaborate with their applicable Public Housing Agency (PHA) and partner with healthcare, behavioral health, and/or substance use treatment providers. Projects will be scored by non-conflicted individuals on the criteria set forth in this application, and selected projects will be ranked. The rankings for Unsheltered and Rural Set Aside applications are separate and will be approved by the Indiana BoS CoC board prior to submission to HUD. Projects that are not selected will be notified of their opportunity to appeal the decision. Selected projects will be required to enter their project application information into the ESNAPS system by an appointed deadline. Completion of ESNAPS is a requirement for submission to HUD.

HUD will make final decisions regarding awards via the national competitions.

The deadline for submission of this application is **September 19, 2022 at 6 PM ET.** The completed application must be sent to communityservices@ihcda.in.gov.

#### Steps to apply:

All information is required. The Indiana BoS CoC reserves the right not to review:

- Incomplete applications
- Projects that do not meet all eligibility requirements
- Projects that do not meet threshold (please refer to threshold requirements)

Please contact the Indiana Housing and Community Development Authority with questions about the application or process by sending an email to <a href="mailto:communityservices@ihcda.in.gov">communityservices@ihcda.in.gov</a>. with the subject line "2022 Supplemental NOFO New Project Application Question."

Please save your document with the following naming convention:

<Agency name - Project name - Indiana BoS Supplemental NOFO>

**Example**: Services Inc – Housing Now – Indiana BoS Supplemental NOFO.docx Send completed applications to <a href="mailto:communityservices@ihcda.in.gov">communityservices@ihcda.in.gov</a> with "2022 Supplemental NOFO new project application" in the subject line.

There will be an open-floor Q&A meeting for applicants who have questions to get guidance from representatives from the Indiana Housing and Community Development Authority and Indiana BoS CoC. This online meeting will be:

Microsoft Teams
August 18, 2022
12:30 PM ET

Reminder: Applications are due September 19, 2022 by 6 PM ET.

Only emailed application packets will be accepted.

NO EXTENSIONS WILL BE GRANTED.

## Project Requirement and Priorities

Recipients and subrecipients of HUD CoC funds must comply with HUD and Indiana BoS CoC Conflict of Interest requirements, including:

- Projects cannot use leasing funds in buildings owned by the recipient, subrecipient, their parent organization(s), a staff or board member relative or business associate.
- The owner of a unit or his/her subordinate may not conduct Housing Quality Standard, rent reasonableness or lead-based paint visual inspection.
- Staff, persons with whom staff has immediate family or business ties and board members are prohibited from accruing any financial interest/benefit from CoC assisted activities during their tenure with the organization and for one year following tenure.

#### Applications must demonstrate:

• A plan for rapid implementation of the program. The project narrative should provide a description of timely implementation, including when the project will be ready to begin housing the first program participant and when the project will achieve full occupancy.

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- A connection to mainstream programs for individuals and families experiencing homelessness to optimize their self-sufficiency
- A confirmation that the Regional Planning Council has reviewed project information. A listing of Planning Council chairs can be found here.
- A plan for connection housing and healthcare services, specifically:
  - Leveraging Healthcare Resources: the ability to attain written commitment(s) from healthcare organizations including those that serve people with HIV/AIDS, including:
    - Public or private health insurance provider
    - Private or public health care service organizations including mental health services, such as: hospitals, Federally Qualified Healthcare Centers (FQHCs) or health departments
    - Public or private substance abuse treatment or recovery provider
    - Note: Eligibility for projects must comply with HUD program and fair housing requirements and cannot be restricted by the eligibility requirements for healthcare service provider.
    - Note: project applicants must be able to provide written commitments (see Page 48 of the Supplemental NOFO) in accordance with NOFO requirements no later than October 1, 2022.
  - Leveraging Public Housing Partnerships: strong collaboration with the local Public Housing
    Agency (PHA) demonstrated by the PHA committing to pairing vouchers with CoC-funded
    supportive services, and to work with the CoC for a potential allocation of Stability Vouchers.
    - PHA Partnership Information: project applicants for the Rural Set-Aside funding or Unsheltered Set-Aside <u>without</u> a local housing agency in their area can contact IHCDA to discuss their needs for collaboration with the housing agency. Unsheltered set-aside applicants with local housing agency's should partner with their local entity to provide documentation of partnership.

#### **Eligible Localities:**

Projects must be in the state of Indiana, outside of Marion County. A listing of counties eligible to apply for **Rural Set-Aside funding can be found here.** 

#### **Eligible Applicants:**

- Eligible project applicants for the Supplemental CoC NOFO are nonprofit organizations; States, governments, and instrumentalities of State and local governments; and public housing agencies.
- All applicants must be registered with the <u>Indiana Secretary of State</u>.
- All applicants must have a Unique Entity Identifier (UEI) number and be registered and active with www.SAM.gov.

#### **Priorities:**

All projects must be compliant with all HUD regulations and threshold requirements (e.g. projectsmust

comply with fair housing laws and must serve LGBTQ+ individuals). All projects must have the financial capacity to operate on a reimbursement basis and provide documentation of at least 25% match for the full budget. Projects are strongly encouraged to review local data on equity (race, ethnicity, gender identity, sexual orientation, veteran status, family status, etc) in their area to demonstrate how their project will support addressing housing disparities in their region. Applicants will also want to consider landlord engagement in their project design to support access and ongoing stability of program participants. Projects accepted and funded are required to accept all referrals for project openings from Indiana BoS Coordinated Entry. Applicants are required to obtain documentation that the Regional Planning Council has reviewed their proposal.

#### Unsheltered Set-Aside Priorities:

Applicants must submit projects eligible for funding under the Unsheltered Set-Aside portion of the NOFO. The grant term for the application is 3 years. Ineligible project types and costs will not be accepted, so please carefully examine your application and budget prior to submission. Priority scoring will be placed on projects that are designed to rapidly house individuals and families experiencing unsheltered homelessness with sufficient support and services (transportation access, safety planning, case management, accessibility) to help them maintain their housing long-term. Projects should serve individuals and families with severe service needs through partnership and collaboration with mainstream benefits and healthcare (including mental health and substance abuse treatment).

#### Rural Set-Aside

Applicants must submit projects eligible for funding under the Rural Set-Aside portion of the NOFO. The grant term for the application is 3 years. Applicants must specify the county(ies) they are planning to serve, and those counties must be eligible for Rural Set-Aside. Ineligible project types and costs will not be accepted, so please carefully examine your application and budget prior to submission. Priority scoring will be placed on projects that are designed to rapidly house individuals and families experiencing homelessness or housing instability with sufficient support and services (transportation access, safety planning, case management, accessibility) to help them maintain their housing long-term. Projects should serve individuals and families with severe service needs through partnership and collaboration with mainstream benefits and healthcare (including mental health and substance abuse treatment).

Rural Set-Aside has additional eligible expenses that can be found <a href="here">here</a> (Section 491, page 42). Applicants interested in the unique activities available under Section 491 are advised to closely read the NOFO and this application to ensure that the project aligns with the scoring criteria and priorities of the Indiana BoS CoC.

# INDIANA BALANCE OF STATE CONTINUUM OF CARE

# Application Components Checklist:

Applica	tion sections:
	Application cover page
	Threshold requirements
	Organizational Experience and Capacity of Applicant
	Project Description
	Supportive Services
	Equity and Representation
	Performance Measures
	Housing and Healthcare Partnership
Unit Co	ount and Budget (Excel Workbook)
	Total Project Units and Type (Tab #1)
	Households Served (Tab #2)
	Rental Assistance Budget (Tab #4)
	Supportive Services Budget (Tab #5)
	HMIS Budget (Tab #6)
	Match (Tab #7)
	Project Budget (Tab #8)
Docum	entation of 501(c)(3) or government agency status (attachment)
Docum	entation of Regional Planning Council review (attachment)

### Scoring Breakdown (100 points total):

#### General Application Information and Threshold Requirements (12 points)

- 1. Application cover page- Section 1
  - a. Increasing Permanent Housing (4 points)
- 2. Threshold requirements-Section 2
  - a. Housing First Questions (8 points)
- 3. Documentation of 501c(3) or government agency status (attachment required)
- 4. Documentation of Regional Planning Council review (attachment required)

#### Organizational Experience and Capacity – Section 3 (13 points)

- 1. Experience utilizing federal funds and performing activities in the application (4 points)
- 2. Leveraging federal funds (1 points)
- 3. Organizational management structure (2 points)
- 4. Any returned funds to HUD or IHCDA grants (1 points)
- 5. Timely Expenditures, Draws and Utilization (5 points)

#### Project Description – Section 4 (10 points)

- 1. Description of the scope of project (4 points)
- 2. Rapid implementation of the project (2 points)
- 3. Structurally Disadvantaged area (4 points)

#### Supportive Service—Section 5 (10 points)

- 1. Providing services to obtain and maintain permanent housing (3 points)
- 2. Integrating services with health, access substance abuse treatment, increase income (2 points)
- 3. Provide transportation, assist with mainstream benefits, access to SSI/SSDI assistance and SOAR training. (5 points)

#### Performance Measures—Section 6 (20 points)

- 1. Length of Time Homeless (3 points)
- 2. Tracking and Participant Rate of Increased Income (8 points)
- 3. Tracking and Participant Rate of Retention of Permanent Housing (9 points)

#### Representation and Equity – Section 7 (10 points)

- 1. Representative of community served (3 points)
- 2. Client feedback (1 point)
- 3. Lived experience representation (3 points)
- 4. Stability for those at Highest Risk to Return to Homelessness (3 points)

#### Housing and Healthcare Partnerships – Attachment Required Section 8 (10 points)

- 1. Housing Agency Partnership (5 points)
- 2. Healthcare Partnership (5 points)

#### Units Information and Budgets – Attachment Required Section 9 (13 points)

- 1. Supportive Services (3 points)
- 2. HMIS
- **3.** Match Information (5 points)
- 4. Project budget (used to assess cost effectiveness- 5 points)



### Section 1: Application Cover Page and Project Information

Fax

Organization Name:	on cover Page and Project information	
Organization Type: Is y	your organization a 501 c 3?	
Employer or Tax Ident	ification Number:	
UEI Number:		
Physical Address		
Street Address #1		
Street Address #2		
City		
State		
Zip (9 digit)		
Applicant: Project: Has the applicant ever agency?	r received a federal grant, either directly from a federal	agency or through a State/local
Contact Person Inform	nation	
Prefix		
First Name		
Middle Name		
Last Name		
Suffix		
Title		
Email Address		
Phone		
Extension		

# INDIANA BALANCE OF STATE CONTINUUM OF CARE

Project Name:						
This project is apply	ing for (select one):					
		Unsheltered Home	lessness Set-Aside			
		Rural Homelessnes	ss Set-Aside			
The project is applying	ng as a (select one)					
Permanent Hou	sing Project					
Joint	Transitional Housing-Rap	oid Rehousing				
Rapid	d Rehousing (4 points)					
Supp	ortive Housing (4 points)					
Supportive Serv	ices Only Project					
Coor	dinated Entry					
Coor	dinated Entry Outreach (	Supportive Services	Only)			
Othe	Other Supportive Services Only					
Homeless Mana	gement Information Syst	em (HMIS Lead Onl	y) Project			
Planning (Collab	orative Applicant Only) F	roject				
1. Is your organiz	ation, or subrecipient (if	applicable) a victim	n service provider as defi	ined in CFR 578.3?		
	ose all developers, contr		• •	•		
•	or implementation of the ne project or activity for		•			
	(whichever is lower). If n					
additional space	•	or applicable, picas	oe not to a ractaen a copy	or tims chart in		
List of all personals	If selected, you	Type of	Financial interest	Financial interest		
with reportable	will provide the	participation	in the	in the activity (%)		
financial interest in	social security		project/activity (\$)			
project or activity	number of EIN?					
	(yes required)					



### Section 2: Threshold Requirements

Please complete and return the threshold section with your complete application. Applications submitted without answers to threshold questions **will not be considered**.

For questions about threshold measures, please email <a href="mailto:communityservices@ihcda.in.gov">communityservices@ihcda.in.gov</a>.

This list represents some of the key HUD requirements, and does not list all HUD threshold requirements, or requirements under other federal statutes. All projects must be compliant with all HUD regulations and threshold requirements (e.g. projects must comply with fair housing laws and must serve LGBTQ individuals), for further guidance, see the Supplemental NOFO.

Eligible Projects	
Is the agency registration current in SAM (www.sam.gov)?	Yes
	◯ No
Is the agency registration current with the Indiana Secretary of State?	Yes
	◯ No
Does your organization have the financial capacity to administer this project on a	Yes
reimbursement basis?	○ No
Does the project have written commitments (cash or in-kind) of at least 25% ofthe overall	Yes
dollar amount requested?	◯ No
Does the project have unresolved HUD findings?	Yes
	◯ No
Does the project have outstanding obligations to HUD in arrears?	Yes
	O No
Indiana BoS CoC	
Does the project agree to follow all CoC Written Standards; including solely using	Yes
Coordinated Entry for all referrals to openings in the program?	◯ No
Does the project agree to participate in the HMIS system (or other HMIS compliant database	Yes
for DV providers)?	◯ No
Applicants selected for funding will be required to submit additional information to HUD in	Yes
collaboration with Indiana Housing and Community Development Authority (IHCDA) if	O No
selected for project ranking. Will your project promptly respond to requests for information?	
Failure to comply with this requirement may result in your project application being	
submitted to HUD with incomplete details and risk not being funded.	

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Housing First Requirements (8 points): Housing First is a core component in housing and services for individuals and families experiencing homelessness. A response to each of these questions is required as a part of the application. Projects that answer "yes" to these questions are adhering to Housing First principles. The project **does not screen out individuals** or households for: Failure to pass a background check or background screening prior to entry Yes No Having a criminal record (except for state mandated restrictions) Yes No Active or history of substance abuse, or sobriety prior to entry Yes No Individual or family member sexual orientation, gender identity, family status, marital Yes status, and will serve persons according to the gender in which they identify No Having little to no income Yes No History of victimization (e.g. domestic violence, sexual assault, childhood abuse) Yes No The **project will engage individuals** in: Regular opportunities to provide input into project policies and operations Yes No Person Centered Planning as a guiding principle, which focuses on the individual, what Yes they would like to accomplish in terms of relationships, community participation, No achieving control over their lives, and developing the skills and resources needed to accomplish goals Services from staff (including sub-contractors or healthcare providers as described in this Yes application) trained in clinical and non-clinical strategies to support participant No engagement including harm reduction, motivational interviewing, trauma informed approaches, and strengths based?

The project will ensure that individuals and households are not terminated from the program for the

following reasons:

10

Failure to participate in supportive services	Yes
	O No
Solely for engaging in substance use	Yes
	O No
Failure to make progress on a service plan	Yes
	O No
Loss of income or failure to improve income	Yes
	O No
Domestic violence	Yes
	O No
Any other activity not covered in a lease agreement typically found in the locality	Yes
	O No

#### **Attachment Checklist:**

Along with this completed application, please include the required budget document and:

- Documentation of 501c(3) or government agency status
- Documentation that the project has been reviewed by the Regional Planning Council AND
- PHA and healthcare entity support documentation (if applicable)



### Section 3: Organizational Experience and Capacity:

1. Describe the experience of the applicant and partners (if any), in effectively utilizing federal funds and performing the activities proposed in the application. (4 Points)

Be sure to provide concrete examples that illustrate:

- Experience/expertise with renting units, operating rental assistance, and providing supportive services like the activities proposed in the applications.
- Working with and addressing the needs of unsheltered homeless individuals (for unsheltered set aside) or rural communities and those experiencing homelessness (for rural set aside) and supporting individuals and families to attain housing and meet their service needs.
- The project design has assessed the barriers to accessing the project, especially among populations experiencing high rates of homelessness in the community, and the steps taken to eliminate those barriers.
- Specifically describe your experience with the Housing First model, serving populations with the severe service needs and with delivering or securing Medicaid funded and other mainstream services for participants in the agency's programs.



2. Describe the experience of the applicant and potential partners (if any) in leverag		
	Federal, State, local and private sector funds. (1 Point)	

3.	Describe the financial management structure of the applicant and partners (if any). (2 Point		
	Include a description of internal and external controls and the financial accounting system that		
	will be used to administer the grant.		

4.	Are there any unresolved monitoring or audit findings for any HUD grants or IHCDA grants		
	(including ESG) operated by the applicant or potential partners (if any)? (1 Point) If yes, please		
	describe.		

5. Use the chart to describe your agency history with HUD grants or IHCDA grants:

Activity	Yes/No/NA
We have not had any previous IHCDA or HUD grants. (2 points)	
We have not returned grant funds to HUD or IHCDA in the last 2 years. (1 point)	
We submitted claims monthly (IHCDA funded) and/or met federal draw	
requirements quarterly (HUD funded) in the last 2 years (1 point)	

6. Describe the percent of your agency utilization of existing projects and units or households on January 26, 2022. Please include all units and households served in projects under each category. If your agency operates multiple program types, please include all: (3 points)

Utilization Type	Percent utilized on January 26, 2022
Transitional, Emergency Shelter, Safe Haven Beds	
PSH Units	
RRH Households	
RRH Households in Joint TH-RRH Projects	
Other, Please Describe	
My agency had no projects that met any of the above	
criteria on 1/26/22.	



# Section 4 – Project Description

1. Provide a description that addresses the entire scope of the proposed project. (6 Points)

Provide a description that addresses the entire scope of the proposed project, including identifying the community(ies) and/or county(ies) served, how the project will address housing disparity issues, a clear picture of the services provided to participants, implementation of HMIS, projected outcome(s), and any coordination with other source(s)/partner(s) especially healthcare (including mental health and substance abuse) and Medicaid.



2. For each project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure. (2 Points)

Project Milestones	Days from Execution of Grant Agreement Use a column for each structure (if applicable)			
	Α	В	С	D
New project staff hired, or other project				
expenses begin?				
Participant enrollment in project begins?				
Participants begin to occupy leased or				
rental assistance units or structure(s),				
and supportive services begin?				
Leased or rental assistance units or				
structure, and supportive services near				
100% capacity?				
Closing on purchase of land, structure(s),				
or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Please select the subpopulation(s) the project will serve.

Population	Y/N
N/A- Project Serves All Populations	
Unsheltered Individuals	
Youth and Young Adults	
Chronically Homeless	
Veterans	
Pregnant and Parenting	
HIV/AIDS	
Domestic Violence	
Substance Abuse	
Mental Health	
Other	

4. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?



- 5. For projects greater than 16 units in one structure, provide the number of total units in one structure.
- 6. Will this project serve a structurally disadvantaged area? Please describe. This is defined as a geographic area that has high levels of homelessness, housing distress, or poverty, and are located where CoC services have until now been entirely unavailable? (4 Points) To score maximum points, the applicant should describe their community data regarding the individuals in their community that are housing unstable or homeless, and/or the data on poverty and housing distress. The answer should demonstrate that the area is under-served and whether or not CoC services have been available in the area.



### Section 5: Supportive Services

1. Describe how program participants will be assisted to obtain and remain in permanent housing (3 points)

Be sure to provide concrete examples that illustrate:

- 1) Services designed to obtain and ensure successful retention in housing, making sure that the explanation of services enhances what was described in your project description. Provide information on the specific plan to ensure program participants will be individually assisted in identifying and connecting to the benefits they may be entitled (Medicare/Medicaid, SSI, SNAP, workforce, education).
- 2) Working with and addressing identified housing and service needs. Specifically describe your experience with the Housing First model, serving populations with the highest needs to obtain and maintain housing. This would include providing services (transportation, safety planning, case management) and by partnering with outreach or other service providers to connect to clients prior to housing and support a successful transition to permanent housing.
- 3) Program participants are assisted in identifying housing and are supported in their transition to housing, including assessing participants housing needs and preferences, helping them understand lease and tenancy obligations, helping obtain required documents for housing, providing transportation to units, and meeting with landlords.

2. Describe the specific plan to coordinate and integrate with other mainstream health (including mental health and substance abuse treatment or recovery), social services and employment programs for which program participants may be eligible. \*Note: if relationship exists with substance abuse treatment provider, applicant is encouraged to use that relationship to demonstrate healthcare partnership requirement.\* (2 Points)

To score maximum points, the applicant should demonstrate a relationship with a mainstream health (including mental health and substance abuse treatment or recovery) program.



3. For all supportive services available to participants, indicate who will provide them and how often they will be provided. \*Note: if services are provided by the applicant, please include this as a part of your budget request, or if provided by a partner or outside entity, it may be included as match.\* (1 Point)

	Provider (applicant, partner,	Frequency (daily, weekly, bi-weekly, monthly, bi-monthly, annually, bi-annually
Service	subcontractor or non-partner)	or as needed)
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Services or Job		
Training		
Food		
Housing Counseling or		
Housing Search		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health		
Outreach Services		
Substance Abuse		
Transportation		
Utility Deposits or Utility		
Assistance		
Other, Specify		

4. Please answer the following questions with a Yes or No.

Does the project provide transportation assistance to clients to attend mainstream benefit	
appointments, employment training, or jobs? (1 Point)	
Does the project complete annual follow-ups with participants to ensure mainstream benefits	
are received and renewed? (1 Point)	
Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a	
subrecipient, or partner agency? (1 Point)	
Has the staff person providing the technical assistance completed SOAR training in the past 24	
months? (1 Point)	



### Section 6: Performance Measures

1. Please answer the following questions with a Yes or No. If yes, please respond to the questions in the space provided.

-				
ĺ	Does your organization track the length of time from enrollment into your services to			
permanent housing move-in? (3 points)				
	Does your organization track whether participants increase income from employment,			
l	non-employment or benefit income sources? (3 points)			
	If yes, have participants increased their income or benefits? Please provide data in your explanation			
	points)			
İ	Do you have methods for determining whether the people or households you assisted are			
	able to obtain and maintain permanent housing because of your assistance? (4 points)			
İ	If yes, is the rate of people or households who obtaining and maintaining housing above 70°	%? Please		
	provide data in your explanation (5 points)			
	provide data in your explanation (o points)			



### Section 7: Representation and Equity

1. Please describe how your organization and board are representative of the individuals you serve or are proposing to serve in this project? (1 point) To score maximum points, please describe the diversity of your agency staff (including leadership) and board), in the areas of: race, ethnicity, socio-economic background, lived experience of homelessness, LGBTQ+, age, or other populations that are disproportionately impacted by homelessness.

2. Lived experience engagement (3 points)

How many people with lived experience are on your board or staff? (1	
point)	
How many people with recent lived experience are on your board or	
employed by your agency? (Recent: within the last 3 years) (2 points)	
What positions do they hold?	

3. Describe your agency's existing mechanism(s) for client involvement and specify how client feedback is used. Describe how you would obtain client feedback in this new program. (1 point) To score maximum points, the applicant should demonstrate that they have a robust mechanism for client involvement and feedback such as but not limited to, a client advisory board, a client survey, community meetings, client/resident grievance procedure, case managers consistently bringing client feedback to management, or other methods.



4. Describe how the project will utilize services and train staff to support housing stability of subpopulations experiencing housing disparities and higher eviction rates in your region? (3 Points) To receive maximum points, please describe how information about regional housing disparities will play a role in the delivery of services for individuals at highest risk of homelessness or housing instability, and what training or support will be provided to staff or partners to help them serve those at highest risk of homelessness in the region.

### Section 8: Housing and Healthcare Partnerships

Public Housing Agency and Healthcare Partnership (10 points, 5 points for each partnership)

In accordance with the Supplemental NOFO materials, projects should have housing and healthcare partnerships. In submission of this application, you are affirming that, if selected, your project will be able to demonstrate a public housing and healthcare partnership by October 1, 2022. If you know your project will need assistance to obtain partnership documentation, please confirm that below. *Housing Partnership is defined as* a project using housing subsidies or subsidized housing units not funded through CoC or ESG (ex: Housing Choice Vouchers, HOME-ARP, HOPWA). The project has applied for, or the PHA or housing subsidy source has agreed to work with the project to achieve reach the threshold described below:

PSH must have 50% of the units in the project must be funded with non-CoC/ESG,

RRH must have 50% of the households served Our project will be able to demonstrate a public housing partnership. Please list the applicable Public Housing Agencies for your project:

Our project will be able to demonstrate a housing agency partnership.

Please list the housing agency responsible for administering assistance in the area(s) your project serves:

Healthcare Partnership is defined as letters of commitment, contacts or formal written documents that demonstrate the sources of healthcare resources, including: contributions from public or private healthcare insurance provider to the project, provision of health care services, including mental health services by private or public organization (including FQHC or state/local health departments) tailored to the needs of project participants, direct partnership with organization that provide health care services to individuals and families experiencing homelessness who have HIV/AIDS. This documentation should include:

For substance abuse treatment or recovery providers: providing access to treatment or recovery services for all program participants who qualify and choose those services

For Healthcare Organizations: include an amount that is equivalent to 50% of the funding being requested for the project

Our project will be a	ble to demonstr	ate a healtl	hcare partne	rship
Please list the likely	healthcare partr	ners for you	ır project:	

If your project is not confident of the ability to attain the documents described above, OR it has not started the process of coordinating with healthcare or housing agencies, please select the appropriate box below.

Our project will need assistance in obtaining documentation of these partners	ships
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Our project will not be able to provide documentation of these partnerships.

Section 9: Budgets and Households

MUST COMPLETE ATTACHED EXCEL SPREADSHEET ON PROJECT'S BUDGET and Households Makeup (13 points)

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## **Appendix**

#### Match Guidance:

- Per the HEARTH Interim Rule (24 CFR 578.73), match must equal at least 25 percent of the total grant request including admin costs but excluding leasing costs (i.e., any funds identified for Leased Units and Leased Structures). For example, if the 'total assistance requested' is \$100,000, and the project applicant did not request costs for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than \$25,000. For example, if the 'total assistance requested' is \$100,000, of which \$50,000 is for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than \$12,500 (i.e., (100K-50K)\*.25).
- HUD expects that the full match amount committed in the application is met and would monitor
  based on that amount. Match that exceeds the minimum requirement should be used to meet the
  leverage requirements described below.
- The total match requirement can be met through cash, in-kind, or a combination of the two.
- Match must be used for eligible costs for the program component you are applying for, as set forth in the HEARTH Interim Rule (Subpart D of 24 CFR part 578).
- Cash sources. A recipient or subrecipient may use funds from any source, including any other federal
  sources (excluding Continuum of Care program funds), as well as State, local, and private sources,
  provided that funds from the source are not statutorily prohibited to be used as a match. The
  recipient must ensure that any funds used to satisfy the matching requirements of this section are
  eligible under the laws governing the funds in order to be used as matching funds for a grant
  awarded under this program.
- The recipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the recipient had to pay for them with grant funds, the costs would have been eligible. Any such value previously used as match, may not be used again.
- In-kind sources must be from a third party, and it must be documented by an MOU between the recipient or subrecipient and the third party that will provide the services. Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the recipient's or subrecipient's organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market. The MOU must establish the unconditional commitment, except for selection to receive a grant, by the third party to provide the services, the specific service to be provided, the profession of the persons providing the service, and the hourly cost of the service to be provided. In-kind match can only be provided by a third party, so if the services for this match are provided by the applicant, then it is considered cash match.
- During the term of the grant, the recipient or subrecipient must keep and make available, for inspection, records documenting the service hours provided.
- To qualify as match, funds must come to and be disbursed by the grantee. If benefits are paid
  directly to program participants, the funding is not going through the agency's books and it cannot
  be counted as match.



- Public benefits participants receive may not be used as match. Benefits received by tenants such as SSI, do not go to the grantee and cannot be used as match.
- Project-base programs where rents are paid directly to the project sponsor agency, it is 'program income' and program income can be used as match. If a project is tenant based and rents are paid directly to private landlords, it does not come to the agency and so cannot qualify as match.

#### Match and the Healthcare Partnership

If the project is demonstrating the healthcare partnership by utilizing the 50% of total project with healthcare services from eligible sources, then it can count toward the match requirement for the project. The match must meet eligibility criteria described in the match guidance on the previous page.