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 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
 2. The FY 2022 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 2022 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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you
in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care
Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal
and Replacement Grants;
  - 24 CFR part 578;
    - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Indiana Housing and Community Development
Authorit

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	

	In the chart below for the period from May 1, 2021 to April 30, 2022:
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 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	Yes	Yes
4.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	No	No	Yes
6.	EMS/Crisis Response Team(s)	No	No	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	No	No	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
10.	Law Enforcement	No	No	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	No	No	Yes
12.	LGBTQ+ Service Organizations	No	No	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	No	No	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No	No	Yes
18.	Organizations led by and serving LGBTQ+ persons	No	No	Yes
19.	Organizations led by and serving people with disabilities	No	No	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	No	Yes
22.	School Administrators/Homeless Liaisons	No	No	Yes
23.	State Domestic Violence Coalition	No	No	Yes
24.	State Sexual Assault Coalition	Yes	Yes	Yes
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	No	No	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	No	No	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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 a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
	2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
	3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 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. In 2022, the BoS increased emphasis on diversity, equity, and inclusion (DEI) by including a strategic goal to its new Strategic Plan and establishing a DEI committee while CA staff is engaged in a HUD Community Workshop to mobilize data to determine inequities. CA staff also 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 2,500 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 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 shares 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 via public presentations and print materials with various organizations. The CA 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 has provided valuable 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 to address improvements or new approaches to preventing and ending homelessness. In 2022, the strategic planning consultant provided several focus groups and individual interviews to solicit input from the field that continues to inform the COC's work. In addition, the CA conducted several listening sessions with RRH providers to solicit input for the BOS CoC approved policies and procedures.

	1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
		NOFO Section VII.B.1.a.(4)	

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

(limit 2,500 characters)

1)The CoC maintains a list of interested new organizations and invites them to apply. The CA 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. The CA offers a new user webinar to overview the process along with 1 on 1 meetings to answer questions. 2) 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 provided clear instructions on the method that proposals should be submitted, including submitting to a single email account, so no application was overlooked. 3)IHCDA conducted the internal competition May 7-Jun 30, 2022. Renewing projects were scored in June. After the NOFO release, renewal projects were notified about the opening of the CoC competition on August 5. IHCDA posted the request for application notification on August 12, 2022 with an email in our CoC newsletter, which includes all current recipients and CoC stakeholders. IHCDA hosted training for potential applicants on August 12 and 15. The sessions were recorded and posted, along with a copy of the slides, to the CoC Competition webpage and made available via email upon request. New project applications were due August 29, 2022, and each project was reviewed by a non-conflicted scorer using the new project scoring tool which included performance-based and objective criteria. New projects were collated into the overall scoring/ranking list. CoC Board approved the ranking.All projects were notified about their inclusion in the Collaborative application on September 15, 2022.   4)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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
    - Frequently Asked Questions

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

		In the chart below:
	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 Nonexistentif 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 the 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)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
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.		

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

		Describe in the field below how your CoC:
	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 2,500 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 help cities use data to drive decision-making around funding. The CA provides regular 1 on 1 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 and IHCDA updates and has ESG entitlement city membership on the board 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 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. The HMIS team continues to hold 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 sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
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, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The CoC collaborates with youth education providers through a statewide partnership between the CA (IHCDA) and the Indiana Dept of Education (IDOE) IHCDA and IDOE have formalized a partnership using ARP-HCY funding to hire a statewide manager and nine regional Navigators in high needs areas. Launching in September 2022, Navigators will identify youth and young adults (YYA) who are living with housing insecurity through collaboration with the McKinney Vento liaisons in each public school district and other community partners to include DCS, juvenile justice institutions, law enforcement agencies, institutions of higher ed, Indiana Youth Group (serving the LGBTQ+ community) and others. They will develop resource mapping to include wrap around community services, address gaps, provide direct support to McKinney-Vento liaisons and CoC regional councils, and inform the CoC BoS on youth homeless strategies. The Youth Programming Manager oversees the regional staff and is part of the CA central team, participating in staff-level planning and coordination. This partnership will contribute to an overall COC strategy around youth homelessness.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	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 2,500 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. As gaps in this system are found via our IDOE Navigators, the CoC will have the opportunity to update their policies and procedures to better inform households across the state.

1C-4c.	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	No
7.	Healthy Start	No	Yes
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–Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1)The COC and CA work closely with organizations who help provide housing and services to survivors of DV, etc. through several avenues. Victim service providers (VSPs) serve on committees such as the Coordinated Entry Committee to provide insight and guidance while updating COC-wide policies. For example, there are VSPs on the ad hoc committee to determine how the VI-SPDAT will be replaced and how the CES will be updated and improved. VSPs also participated in listening sessions when the COC and CA were working to update the RRH policies. 2)The CA entered into an agreement with the Indiana Coalition Against Domestic Violence (ICADV) to provide training and technical assistance to the COC network, specifically to those COC subrecipients receiving DV Bonus Funds. This outreach includes monthly office hours and bi-monthly topic-specific training. ICADV will also provide training at the Fall Development Day to the general COC membership on how to serve the needs of survivors. Likewise, the CA has reached out to the Indiana Coalition to End Sexual Assault and Human Trafficking (ICESAHT) to learn nuances around working with individuals who are victims of human trafficking, which will lead to additional training on trauma-informed care and healing-centered approaches. ICESAHT's Executive Director was elected to the CoC Board in 2022

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	project staff that addresses 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 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 2,500 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. ICADV conducted a training on safety planning on 4/13/22. This was offered to the BoS, with attendance from 14/16 regions by VSPs and non-VSPs. After the training, 73% of attendees felt they had a complete understanding of safety planning and 20% felt they had some understanding. The CoC will continue to 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 IHCDA staff or technical assistance providers.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below:
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1) The CoC worked with the HMIS Lead to roll out a comparable database for domestic violence service providers in which it 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. 2)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 and services for survivors of violence. For example, in 2022, the CoC used data collected in comparable databases and reported in the internal renewal program application from APRs to inform the technical assistance plan that ICADV will execute with the entire CoC. This will include a focus on reducing barriers to programs for survivors, supporting safe exits to permanent housing, and access resources to increase income. The CoC recognizes the importance of expanding the use of the comparable data system, and to that end the HMIS Lead continues to reach out to non-system VSPs to encourage them to use the system to improve the amount and accuracy of information on survivors.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
1.	the emergency transfer plan policies and procedures; and
2.	the process for individuals and families to request an emergency transfer.

(limit 2,500 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 it as needed to ensure a survivor's safety. . Project providers in conjunction with a client have the autonomy to make the transfer. Should projects not work 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 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. The CoC maximizes client choice for housing and services by working with each client to ensure to the client selects housing they deem 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.

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	1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
		NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

The BoS CoC and the CA have focused attention on the needs of Domestic Violence survivors as a uniquely vulnerable population in the housing crisis response system. The CA works entered into a contractual agreement with ICADV to provide technical assistance to DV project subrecipients and training to general homeless services on best practices around serving this vulnerable population. The CA has also begun dialogue with the Indiana Coalition to End Sexual Assault and Human Trafficking (ICESAHT) to understand the specific needs of human trafficking victims and survivors and determine additional services that may be needed. The BoS CoC CE Committee includes individuals from the DV provider community in order to improve the CES system continuously so that service providers can overcome unique barriers faced by DV survivors. A special subcommittee of DV providers meets regularly and provides the CE Committee with recommendations. The CES process utilizes trauma-informed practices, is safety focused, and provides confidential data collection consistent with federal, state, and local laws. It also includes an additional intake/assessment to determine a client's danger level used in conjunction with the CE intake/assessment prioritization. The CA has also been actively engaging with existing DV Bonus projects to evaluate the spending on housing and services for each project. Subrecipients of the funding understand that survivors' needs are not always the same or they can shift. Subrecipients often submit budget modification requests to re-structure funding in the supportive services category of their budget so they can better tailor what they offer to survivors. By tracking what services they spend the most on and forecasting what they will spend on in the future, this is another way subrecipients determine which services survivors benefit from most. Additionally, the CA continues to engage new DV partners and discuss funding needs with existing DV Bonus projects to identify their emerging needs and create new projects in underserved parts of the state.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

1)The BoS CoC's CE policies and procedures require all access points must provide directly or plan through other means to ensure universal access to emergency services/crisis response services for Clients seeking 24/7 emergency assistance. The BoS CoC requires each Region document its planned after-hours emergency services approach. Access to after-hours crisis response may include telephone crisis hotline access, 211, coordination with law enforcement, and/or emergency medical care. The CA works closely with 211 to provide intakes/assessments and referrals for Clients seeking assistance during hours an intake/assessment site may be closed. 2)Each Region is required to provide necessary safety and security protections for persons fleeing or attempting to flee domestic violence, stalking, and dating violence. These protections ensure people fleeing domestic violence have safe and confidential access to the CES process and domestic violence services, and any data collection adheres to VAWA. Safety planning guidelines and examples of trauma-informed approaches to care coordination are fully developed in partnership with ICADV. ICADV supplies Safety Plan Cards to all Regions and all Regions have the Safety Plan Cards available at each CE Intake/Assessment site. These Cards contain a brief Safety Plan on the front and a List of Resources on the back. 3) If a DV Client enters the CES through a Non-DV provider, they are informed they are at a Homeless Provider Agency Coordinated Entry Access Site. They are then asked if they would like to be directed to an access point that is designated for serving victims of domestic violence (DV). The client's safety and preference for shelter are to be immediately addressed during this initial phase of contact. If the client chooses to be referred to a VSP, the CE Assessment staff member explains the need for a signed Release of Information so that staff can contact and share basic information with the nearest VSP. If the client agrees to sign the ROI, the CE Assessment staff contacts the DV VSP for referral. If the Client needs transportation, the CE Assessment staff will contact 211 for assistance with travel . At the DV service provider, the client's information is entered into a closed DV-specific database and assigned a number in order to keep their information confidential. New CE staff are trained on these practices via mandatory prerecorded webinars, optional monthly live webinars, and the BOS CES manuals.

1C-6.		Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--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 LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	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 in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	No

1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

		Describe in the field below:
	1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
	2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
	3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
	4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1) The IN BoS CoC and CA include nondiscrimination and equal opportunity requirements and guidelines in the COC program manuals that all recipients and subrecipients must follow. As part of the BoS CoC Board's strategic planning process, issues around diversity, equity, and inclusion (DEI) were raised and have been incorporated into the Board's new strategic plan. The plan was derived from focus groups with all 16 regions and includes the creation of a DEI Committee that will drive all efforts around equity and anti-discrimination. The BoS CoC will focus concerted attention in 2023 to updating its CoC-wide anti-discrimination policies. The CES policies and procedures also include requirements that all marginalized sub-populations must be provided equal access to crisis response services regardless of characteristics and attributes of their specific sub-populations. 2)During these focus groups, service provides shared that individuals who identify with the LGBTQ+ communities are overrepresented in the system. The BoS CoC will assist all providers to develop project-level anti-discrimination policies consistent with CoC-wide anti-discrimination policy, ensuring LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination. 3)The CA has invested in expanding its program monitoring staff to evaluate compliance with anti-discrimination policies as a part of its compliance efforts. All staff must attend annual fair-housing and anti-discrimination training and can participate in additional training hosted by the Indiana Civil Rights Commission and other fair-housing organizations. The BoS CoC and CA focus 1 the 2 Development Day training programs to education and training on anti-discrimination and equity issues. The Fall Development Day includes a plenary speaker on the importance of equity, a session on identifying and correcting unconscious biases, and a session on including people with lived experience in decision-making bodies. 4)The BoS CoC DEI Committee will implement strategies to solicit feedback from people with lived experiences and conduct outreach to culturally specific agencies and organization to create and/or update mechanisms to address COC provider training needs around anti-discrimination. The CA staff will work closely with this committee to address providers' noncompliance, determine performance improvement plans if needed, and elevate compliance of these policies into the annual competition.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report 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 2021 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	20%	Yes-Both	Yes
Fort Wayne Public Housing Authority		Yes-Both	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

	Describe in the field below:
1.	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
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

The CoC continues to work with IHCDA, 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 IHCDA HCV Program utilized a limited preference for referrals from Coordinated Entry. This preference was limited to 100 referrals each CY. The IHCDA HCV program covers portions of all 16 CoC regions and therefore accepts referrals from all CE regions in the BoS CoC. Additionally, the IHCDA HCV program made a limited preference available for Moving On referrals from CoC organizations. This preference is limited to 50 referrals each CY. 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 Housing Tax Credit (LIHTC) developments	Yes
	4.	Local low-income housing programs	Yes
		Other (limit 150 characters)	
	5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section VII.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

	1.	Emergency Housing Vouchers (EHV)	Yes
	2.	Family Unification Program (FUP)	Yes
	3.	Housing Choice Voucher (HCV)	Yes
	4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
	5.	Mainstream Vouchers	No
	6.	Non-Elderly Disabled (NED) Vouchers	No
	7.	Public Housing	No
	8.	Other Units from PHAs:	

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

	1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
			Program Funding Source
	2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	FUP

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	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.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	

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

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: Gary 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: Lafayette Housing Authority

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

Name of PHA: Terre Haute Housing Authority

1D. Coordination and Engagement Cont'd

1D-1.	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

1D-2.	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 2022 CoC Program Competition.	71
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 2022 CoC Program Competition that have adopted the Housing First approach.	71
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

	Describe in the field below:
1.	how your CoC evaluates every recipient–that checks Housing First on their Project Application–to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1)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. 2)Each renewal and new project applicant is asked a series of questions that include whether the project screen out individuals or households, whether they engage with individuals to receive substantive feedback, or whether they terminate for specific reasons. Such categories include but are not limited to: a)failure to pass a background check; b)having a criminal record; c)active or history of substance abuse; d)being from specific demographics such as LGBTQ, family status, marital status, etc. e)having little to no income; f)a history of victimization; g)failure to participate in supportive services; or h)failure to make progress on a service plan. 3)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. 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 The CA staff will conduct a training session on an annual basis on Housing First principles for all CoC and ESG subrecipients so they can receive thorough training.

1D-3.	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 2,500 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 to exit homelessness. Outreach personnel work to build trusting relationships with individuals and families, meet immediate needs, and link to programs and resources to become housed and become self-sufficient. 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 work 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.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

| | Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area: | |

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	No	No
5.	Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

		2021	2022
	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."	761	640

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	No
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:	
1.	systemically provides 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.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1)Through permanent 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 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 about mainstream resources through newsletters or emails, program-specific monthly office hours, and monthly calls with Regional Chairs and CE Leads. During the calls, CA highlights resources through presentations by partner agencies, such as focus on the correlation of homelessness and Traumatic Brain-Injury and pregnancy assistance for individuals with or recovering from substance abuse. 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. 3)The 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 they can access health care and increase health outcomes.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

Throughout the pandemic, the CA has been coordinating closely with ESG-CV providers across the state. IHCDA, the CA, also serves as the administrator on ESG-CV funding and through their monthly office hours the need for safe sheltering options continues to be a need in many communities. IHCDA continues to identify opportunities to reallocate unspent ESG-CV funding, and Indiana was selected to receive nearly $500,000 in additional ESG-CV funding. These dollars will be reallocated to partners with a focus on rapid rehousing, shelter, and includes the capacity for agencies to use hotel/motel funding to keep individuals in non-congregate environments. In response to the Special NOFO, the CoC will be submitting projects for the rural set-aside funding that will provide capacity to use hotel and motel stays to serve individuals in areas where safe shelter is not available.

Across the regional planning councils, the ongoing need for shelter options for those at highest-risk for COVID-19 continues to be a priority. Regional planning councils work closely with area community action agencies to utilize flexible funding to serve individuals that need hotel and motel stays to shelter safely.

The CA is also working to engage new partners like Anthem to educate the CoC at our next Development Day on resources they can provide and expand access to programs that can support underserved communities. Additionally, through the partnership with Indiana Dept of Public Health, the CoC will have increased capacity to make shelter safer for everyone, and to encourage shelters across the state to utilize best practices in disease and outbreak prevention.

Finally, the CoC Board has regularly reviewed the crisis response plan that was enacted at the beginning of COVID-19. This summer they agreed to extend the policy which includes CE policies that prioritize individuals at highest-risk for COVID-19, especially those in congregate environments.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	

	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and
2.	prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

1)IHCDA, the CA, is partnering with the Indiana Department of Health (IDOH) on a project to improve infectious disease emergency preparedness in congregate care settings, specifically shelters and encampments. For this project, IHCDA will hire a 4-person team to work regionally with homeless service providers to provide education, training, supplies and assistance in policy creation to prevent or address an infectious disease emergency should one occur in their area. This team will work closely in collaboration with the CoC to identify sites and regions to target for these supports and provide training that will benefit all CoC members. 2)Additionally, IHCDA is working with the IDOH to coordinate COVID-19 testing and vaccination events in shelters and encampments over the next two years. This initiative will leverage our state-level partnership with the Department of Health to work with regional partners, including local health departments, to develop procedures to respond to and prevent infectious disease outbreaks amongst people experiencing homelessness.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	

	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:
1.	sharing information related to public health measures and homelessness, and
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

During the pandemic, IHCDA and the BOS CoC worked with the Indiana Family and Social Services Administration (FSSA) and Indiana Department of Health (IDOH) to provide guidance and support to homeless services providers in addressing COVID-19 spread in their communities. This included partnering with FSSA to set up and fund isolation shelters regionally and working with the IDOH and local health departments to identify tests, vaccinations, and other supplies to help keep individuals experiencing homelessness healthy. ICHDA, along with the CoC, also leveraged funding through the Community Service Block Grant to provide supplies for the isolation shelters and administrative grants to subgrantees administering ESG Cares Act funds to ensure they could appropriately manage the increase in capacity required to keep program participants safe.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 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 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 Network Manager works closely with the state 211 service to review materials and train their staff on homelessness issues. This partnership has created 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 was converted to a full-time CE Specialist position. In addition, a COC Network Manager was hired to coordinate communication between the board and committees and the network as a whole. A taskforce of CE providers from across the CoC, which includes DV providers, are meeting regularly to select or create a more efficient, trauma-informed, and equitable assessment process and tool that will be adopted in 2023.

	1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
		NOFO Section VII.B.1.p.	

		Describe in the field below how your CoC's coordinated entry system:
	1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
	2.	prioritizes people most in need of assistance;
	3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
	4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1) 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 Network Manager works closely with the state 211 service to review materials and train their staff on homelessness issues. This partnership has created an additional access point to reach people who are least likely to apply for homeless assistance. 2)The CES Prioritization Policy places emphasis on people most in need of 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. 3)The CES is utilized for the Emergency Housing Vouchers (EHV), which has prioritized individuals and families in most need of assistance and are most vulnerable. The CE Specialist and COC Network Manager work closely with the EHV staff to provide technical assistance, training, and advice so that the CES can be utilized effectively. 4)The CA and the IN BoS CoC board have taken several key steps to reduce the burdens on people using the CES. The Board has finished its strategic plan that will work to "rightsize" and improve the overall COC network, including the CES system. The CA has released an RFP to identify a consultant who will assist the BoS CoC to redesign its assessment tool as well as the overall CES.

1D-10.	Promoting Racial Equity in Homelessness–Conducing Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	06/30/2022

1D-10a.	Process for Analyzing Racial Disparities–Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

	Describe in the field below:	
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and	
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1)Analyzing the 2022 PIT Count, the HMIS Lead included data points related to the presence of racial disparities, which shows an over representation of people identifying as black, African American, or African in this year's count compared to the 2020 Indiana and United States Census data. Based on this outcome and the recently finished strategic plan, the IN BoS CoC Board have made a commitment complete a comprehensive racial equity analysis using HMIS data to better understand the impacts of historic and current inequities experienced by Black, Indigenous and other People of Color in the IN-502 homeless services system. To that end, the HMIS Lead staff and CA Director are participating in a HUD Community Workshop entitled Mobilizing Data to Address Inequities and will be conducting an initial review based on a targeting universalisms model.
2)During the strategic planning fact-finding process, it was determined that although a majority of Indiana residents are white, HMIS data shows Black and African American individuals are overrepresented in the homeless system. Anecdotally it was shared that individuals who identify with the LGBTQ+ community are also overrepresented in the system.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

| | 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.		

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The IN BoS CoC Board of Directors has finished 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 launched in 2023 and will provide the entire network with a roadmap to improve the overall system in this regard. One of the primary goals will be to create a more equitable homeless response system to support and elevate minoritized people. As part of that discussion, the Board will seat a DEI committee and make efforts to increase its own ability to attract key leaders from diverse backgrounds who can provide the necessary insight to the board in this area. The HMIS Lead staff and CA Director is participating in Mobilizing Data to Target Universalisms Committee Workshop in which they received extensive training on current racial equity efforts. This Workshop will help the CA and HMIS Lead to increase its ability to provide the necessary data to the COC board to make informed decisions. In addition, participants in last year's Committee Workshop held a presentation for the entire CE Committee, highlighting another CoC's efforts to address this topic through its coordinated entry system. This training has provided an impetus to identify a consultant who can assist the BoS CoC to improve the CES as it updates its assessment process. As part of the COVID-19 response, the HMIS Lead continues to provide a valuable racial disparity analysis of vaccination efforts. The CA has also worked to hire 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.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The IN BoS CoC Board is working to develop a working partnership with the Indiana Office of Equity, Inclusion and Opportunity (IOEOI), an agency created by executive order of the Governor. They will also complete a racial equity analysis using HMIS data to better understand the impacts of historic and current inequities experienced by Black, Indigenous and other People of Color in the IN-502 homeless services system and implement strategies to solicit feedback from people with lived expertise of homelessness to inform CoC program design and implementation. In addition, the HMIS Lead will continue to incorporate racial disparities analysis of the annual PIT Count and other HUD-mandated reports, such as the LSA and SPM.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The IN BoS CoC believes engaging persons with lived experience (PLE) is critical to reduce and end homelessness. PLEs should be considered experts in this field, and, as such, their input must be valued, encouraged, and respected. The Board is working to implement strategies to solicit feedback from PLEs to inform CoC program design and implementation. It is also refining the Coordinated Entry system (assessment tool, process, and prioritization scheme) by using feedback from PLEs to ensure the system is trauma-informed, person-centered, and ensures improved housing outcomes for minoritized persons. To that end, the Board is currently reviewing a policy that would provide guidance to the CA and the COC Network on how to engage PLEs. These practices will enable the CA to support the IN BoS CoC and PLEs who are engaged in the CoC Board and committee structure. They will also elevate the expectation that the Board has for all members of the COC Network to engage PLEs in an effective, respectful, and appropriate way. In addition, the CA is providing technical assistance and training to the COC Network on best practices in engaging PLEs. It is also reviewing whether to add a lived experience training academy in 2023 that would provide leadership training to PLEs so that they can effectively participate in leadership roles and decision-making processes.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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.	12	11
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

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.
	NOFO Section VII.B.1.r.

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The IN BoS CoC believes engaging persons with lived experience (PLE) is critical to reduce and end homelessness. The Board will be elevating the expectation that it has for all members of the COC Network to engage PLEs in an effective, respectful, and appropriate way. The CA is providing technical assistance and training to the COC Network on best practices in engaging PLEs. It is also reviewing whether to add a lived experience training academy in 2023 that would provide leadership training to PLEs so that they can effectively participate in leadership roles and decision-making processes. In addition, one of the BoS CoC board members is engaged through her organization to create a housing and homelessness certificate training program for individuals with lived experience to train them to help persons experiencing homelessness and housing instability navigate and access housing resources, including supportive housing. Serving as a model, the CA has recently hired seven new employees for a new program focused on youth and young adults with three of those seven employees having lived experience. These individuals will provide invaluable insight and expertise as the CA expands to include youth programming.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.
	NOFO Section VII.B.1.r.

	Describe in the field below how your CoC:
1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

(limit 2,500 characters)

1)The IN BoS CoC is developing ways to routinely gather feedback from PLEs and people who have received assistance from the CoC or ESG program. During its recent strategic planning process, it engaged PLEs through a series of surveys, focus groups, one-on-one interviews, virtual and in-person meetings over the course of a year to learn about the successes and challenges to prevent and end homelessness across the Balance of State. As part of the supplement NOFO process, the CA has engaged a committee of PLEs to assist with developing the community action plan and will continue to provide training and technical assistance to the COC Network to expand efforts to engage PLEs. 2)The IN BoS CoC recognizes that all parts of the homeless response system should be guided and designed by voices of people with lived expertise of homelessness, and all decision-making bodies should ensure that their voices are elevated in these spaces. As part of the COC program, it is required that each recipient and subrecipient have at least one member with lived experience be in a decision-making position. To increase the importance of this requirement, the IN BoS CoC is working to expand its own members with lived experience to at least three people. Its 2023-2025 strategic plan will provide tangible actions that the board will take to address challenges raised by PLEs. In addition, the Board and CA will work over the course of the year to provide regular and frequent training to service providers on best practices around engaging this population as well as to PLEs to enhance their leadership capabilities in voicing their expertise.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	

	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:
1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

1)The IN BoS CoC completed its strategic plan for 2023-2025. One goal is to advocate for resources to support the homeless system. It recognizes that communities need comprehensive plans on both federal and local funding to address the myriad needs of people experiencing homelessness. Stakeholders acknowledged that advocacy has not historically been the domain of the CoC; however, the effects of the affordable housing crisis warrant new funding sources and approaches to provide assistance on an unprecedented level across the state. Objectives reflect a gradual progression into advocacy over the next 3 years. Stakeholders are looking to the CoC to advance an advocacy agenda, serving as a unified voice for the homeless response system with government entities. The board will create a strategy to review and raise awareness among COC stakeholders of federal, state, and municipal bills pertaining to homelessness. The Board will identify entities engaged in advocacy related to identified topics to determine if gaps exist or if efforts need to be strengthened and will seek partnerships with advocacy organizations to leverage existing legislative efforts. 2)IHCDA, the CA, is committed to removing regulatory and other barriers to affordable housing development. It actively engages in discussions with federal partners to identify regulatory barriers in federal affordable housing programs and has consistently provided feedback when HUD has requested information on identifying regulatory barriers. It participates in a HUD Region V-led Midwest Affordable Housing Preservation Task Force to identify ways to increase housing preservation, including identifying best practices and reducing barriers. It is a member and active participant of the National Council of State Housing Agencies (NCSHA) and participates in NCSHA working groups, providing critical data and feedback that NCSHA utilizes to inform federal agencies and legislators of regulatory issues. At the State level, there are very few regulations directly regarding affordable housing in Indiana State Code. Most policies enacted by IHCDA are written by IHCDA staff, with feedback and collaboration from stakeholders and partners. IHCDA strives to add as little additional burden into its programs as possible and seeks frequent feedback on ways to streamline its programs. It utilizes an internal culture of continuous improvement and all teams including the CoC CA are responsible for tracking the reduction of red tape.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/12/2022

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	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.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

	1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
		NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

	You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
	Complete the chart below to provide details of your CoC's local competition:

	1.	What were the maximum number of points available for the renewal project form(s)?	125
	2.	How many renewal projects did your CoC submit?	67
	3.	What renewal project type did most applicants use?	PH-PSH

	1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
		NOFO Section VII.B.2.d.	

	Describe in the field below:
	1.	how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;
	2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
	3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
	4.	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 2,500 characters)

)The CoC review and ranking process collected and analyzed data regarding each project that has successfully housed program participants in permanent housing during the internal competition. It considers each project application's success based on the percentage of exits to permanent housing (RRH) or remaining in permanent housing (PSH) when 90% or more exit to permanent housing or 95% or more exit or remain in permanent housing. 2)The COC reviews how long it takes to house people in permanent housing at several stages, such as during data quality reviews, close-outs processes, and during the internal competition. The COC 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. 3)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. 4)The COC 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.

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

	Describe in the field below:
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.

(limit 2,500 characters)

1)The COC Board and the CA recognizes the importance of promoting racial equity in the review and ranking process and are reviewing all internal processes to increase input from individuals from different races. They conducted a strategic planning processes to identify objectives and strategies to achieve improved process, 2)The COC Board and CA will be developing an action-oriented plan to address inequities for minoritized people experiencing homelessness. Included in this plan, will be to conduct outreach to culturally specific agencies and organizations serve Black, Indigenous, People of Color, and other minoritized communities for inclusion in CoC activities and to strengthen working partnerships regarding Coordinated Entry referrals, service provision, and other opportunities. 3)As a first step, the CA identified individuals who were non-conflicted and from diverse backgrounds to review submitted new applications. 4) As part of this process, they included an opportunity for applicants to provide narrative around their efforts to incorporate equity into their new projects and is incorporating this narrative in renewal applications because the Board, which includes individuals with lived experience and from diverse backgrounds, determined it to be essential to future application processes.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	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; and
	4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 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% were reviewed and could be reduced by 25%. This process was updated this year to increase accountability, and the policy's goal is to move projects to expending 90% or more 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 updates in September 2022. The policy updates allowed for considerations of the impact of COVID-19 on spending, and all projects were asked to provide a rationale if they did not meet threshold. Through this process, two projects were identified, and those projects decided to voluntarily reallocate. 3) The COC Board did not involuntarily reallocate any other low performing or less needed projects during its local competition because projects were continuing to recover from the COVID-19 pandemic. In addition, one project elected not to renew and their funding was reallocated during the competition. 4) For the 2022 Competition, the COC Board worked with organizations to voluntarily reallocate their funding. All low performing agencies were notified that they have been placed on a performance improvement plan, which allowed projects to identify areas where they need assistance. These projects will receive technical assistance over the coming year to improve performance.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	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. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022

1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes

1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/27/2022

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	09/27/2022

2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Eccovia ClientTrack

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/21/2022

2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD's comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.	

(limit 2,500 characters)

1) The IN BoS CoC hosts the closed comparable Victim Service Provider production system for Domestic Violence agencies in the IN-502. The VSP HMIS production system consists of 32 agencies, 125 housing projects, and 310 end users in the IN BoS. This system conforms to the 2022 HUD HMIS Data Standards that became effective on 10/1/21. 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 and reporting requirements under VAWA, VOCA, etc. 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 hosts data quality improvement webinars for these providers, DV specific trainings, 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. 2) The IN BoS CoC has a comparable database that collects the same data elements required in the HUD-published 2022 HMIS Data Standards.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	3,530	832	2,040	75.61%
2. Safe Haven (SH) beds	25	0	25	100.00%
3. Transitional Housing (TH) beds	844	399	369	82.92%
4. Rapid Re-Housing (RRH) beds	640	218	422	100.00%
5. Permanent Supportive Housing	2,825	26	2,077	74.21%
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 2,500 characters)

The IN-502 HMIS lead has taken numerous steps to enhance HMIS participation for the project types below 85% in the reporting period. The CoC Board of Directors completed a strategic plan and, in this application, contains an HMIS expansion submission to directly address HMIS utilization and network training around using data to end homelessness. 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 2022 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. IHCDA continues to struggle with faith-based organizations refusal to utilize the IN BoS HMIS system. IN-502 has no user fees associated with access to the system. For PSH projects, the HMIS Lead continues to work with the IHCDA real estate division and the PSH Institute to bring more projects on to the system. The HMIS Lead is in the final stages of executing MOU's with the 4 Veteran Administration VISN's in the IN-502 catchment area. Once this is completed, next year's results will show a 100% PSH utilization rate. Once this data integration is completed, there will be 28 organizations from our HIC that are non HMIS participating. The HMIS Lead continues to support the Coordinated Entry workgroup and prioritization lists, and works with providers in this capacity, who do not access the HMIS workgroup of the system.

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 February 15, 2022, 8 p.m. EST?	Yes

2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	01/26/2022

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/21/2022

2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:
1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

1)We held our first Point-in-Time Coordinators meeting on November, 2021 to get them more involved with the count planning and outreach. Having this meeting allowed us to engage agencies that serve the homeless, including those that serve homeless youth. 2)We did not have specific planning around involving homeless youth in the actual count. However, now that we have a Youth Program Manager, we will make an effort to reach out to homeless youth and involve them in the count. 3)We worked closely with Point-in-Time Coordinators who know locations where people experiencing homelessness are most likely to be identified. Our Youth Program Manager has a team of youth coordinators around the state with whom we will work closely to target locations where homeless youth are most likely to be identified.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.

(limit 2,500 characters)

1)Between 2021 and 2022, there were a few changes made to our sheltered PIT count. In August 2021, we held a Rapid Improvement Event for our HIC and PIT processes and one of the big changes was having the Point-in-Time Coordinators and designees enter their PIT count data in HMIS, run PIT reports to confirm their numbers, and send us those reports via our helpdesk. This ensured we had better data quality and a much more accurate count. This also helped with having less back and forth and a more streamline way of verifying the numbers and answering specific questions or concerns if any arose. 2)Between 2021 and 2022, there were a few changes made to our unsheltered PIT count. In August 2021, we had a Rapid Improvement Event for our HIC and PIT processes and one of the big changes was having the Point-in-Time Coordinators and designees enter their PIT count data in HMIS, run PIT reports to confirm their numbers, and send us those reports via our helpdesk. This ensured we had better data quality and a much more accurate count. This also helped with having less back and forth and a more streamline way of verifying the numbers and answering specific questions or concerns if any arose. 3)By having the PIT Coordinators enter the surveys in the system, running reports, and verifying their numbers, we were able to avoid undercounting by at least 300 people. Had we not had the PIT Coordinators enter the data and run and submit PIT reports, there would have been at least 300 people who had not been counted or entered properly. Having this change in our process allowed us to answer specific questions, provide assistance with data quality questions, and have the most accurate count our BoS has had so far.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

	In the field below:
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC's strategies to address 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

(limit 2,500 characters)

1) The CoC works with IHCDA, 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 most at risk of homelessness. . 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 IHCDA 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 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 is now partnering 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. IHCDA has recently hired and onboarded seven Cross System Community Navigators situated throughout the state. These Navigators will serve as bridges between youth and young adults (YYA) who are living with housing insecurity and the resources they need to become stable. They will collaborate with CoC regional governance structures, public school systems, systems of care, and other community partners to identify and reduce barriers that YYA experience when seeking housing security. 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, Performance and Outcomes Committee, and the IHCDA 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–CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

		In the field below:
	1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
	2.	describe 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 2,500 characters)

1)The CoC implemented CE in all 16 IN-502 BoS regions in 2018, and continues to refine this system as the centerpiece for reducing the length of time homeless for individuals and families. In this reporting period, the CoC has hired a CoC Manager and a CE Specialist to support the CoC, in conjunction with the HMIS Manager and HMIS/CE Trainer in Coordinated Entry system optimization. The Performance and Outcomes Committee is actively looking at system performance measures and LSA data, in conjunction with the recently completed strategic plan, to reduce LOT.   The CoC Network Liaison and CE Specialist are virtually visiting Regional Case Conferencing sessions to support their efforts to move households into stably housing. Both monitor data quality and accuracy and address areas of concern with regional CE Leads and their local partners. When appropriate, CE Lead Agencies are being place on Performance Improvement Plans or are more closely monitored. The CoC works with the HMIS Llead 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. The HMIS lead also provides this data at the HMIS Data Portal, as a public facing site for data visualization and analysis for stakeholders and the public. The HMIS lead hosts data quality impovement webinars to improve data collection, quality, and reporting. 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, CE committee, Performance and Outcomes Committee, 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–CoC's Strategy		
	NOFO Section VII.B.5.d.		

	In the field below:	
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 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. IHCDA'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 ensure needs are met, 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. Through partnerships with PHAs, the CoC helps develop a systemic move-on strategy and makes 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 so 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 for continuity of care and housing. The HMIS data portal also visualizes this data for end users, stakeholders, and the public in a public facing website to bring in all needed partners to improving retainment of PH. The HMIS lead continues to host monthly live training and webinar series, in addition to ad hoc trainings pertaining to system performance measures. 3)The IN BoS CoC board and the Community Services staff at IHCDA as the CA are responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.

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

	In the field below:	
	1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
	2.	describe 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 2,500 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 . 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 IN BoS CoC board and the Collaborative Applicant, IHCDA, are responsible for overseeing the CoC's strategy to reduce the rate of returns to homelessness.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section VII.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness 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 2,500 characters)

1)The CoC has several strategies to increase employment income, increase access to employment, and increase cash income. As a quasi-state agency, IHCDA 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, which include various state partners at least monthly. 3)The IN BoS CoC board and the Community Services staff at IHCDA as the Collaborative Applicant (CA) 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 Non-employment Cash Income–CoC's Strategy	
	NOFO Section VII.B.5.f.	

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

(limit 2,500 characters)

The CoC utilizes the data from the HMIS to assess these changes quarterly for this measure. The HMIS Lead is embedded within IHCDA and works with the CA, CoC Board, and Performance and Outcomes committee on these efforts. 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. . The CoC also works with SOAR, TANF, WIC and state insurance providers to assist clients with accessing mainstream benefits and ensure case managers can refer clients. 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. 2)The IN BoS CoC board and IHCDA as the CA are responsible for overseeing the CoC's strategy to increase non employment cash income.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project 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-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

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

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

Project Name	Project Type	Rank Number	Leverage Type
Marion Veterans P...	PH-PSH	67	Housing

3A-3. List of Projects.

1. What is the name of the new project? Marion Veterans Program Expansion FY2022

2. Enter the Unique Entity Identifier (UEI): DVRPTYR4MKX6

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 67

5. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

	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 2,500 characters)

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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.	
	NOFO Section VII.C.	

	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.
	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 2,500 characters)

4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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.e.	

	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 2022 Priority Listing.	

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

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	17,031
2.	Enter the number of survivors your CoC is currently serving:	374
3.	Unmet Need:	16,657

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, 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 2,500 characters)

The project proposed will serve survivors in a county that is a part of the CoC (St Joseph). There are 272,212 people in St. Joseph County and women constitute ~51% of the population. One in four women are subject to intimate partner violence. So we estimate that of the population of 272,212 * 51% = 68,053 are women. That number *25% is 17,013.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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 North Centra...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	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 2022 Priority Listing:	

1.	Applicant Name	YWCA North Central Indiana
2.	Project Name	YWCA NCIN DV Project Meetng the Growing Need
3.	Project Rank on the Priority Listing	71
4.	Unique Entity Identifier (UEI)	S7NNJ8KDTWW7
5.	Amount Requested	$206,193
6.	Rate of Housing Placement of DV Survivors–Percentage	88%
7.	Rate of Housing Retention of DV Survivors–Percentage	63%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below	
1.	how the project applicant calculated both rates;	
2.	whether the rates accounts for exits to safe housing destinations; and	
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).	

(limit 1,500 characters)

The project applicant APR data for calendar year 2021 (1/1-12/31/2021) reported the data listed above. It was calculated by comparing the individuals in the program and whether they left the project to a permanent destination, stayed in the project, or exited to a non-permanent destination. The source of the data is a comparable databased called DV ClientTrack.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved 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.	determined which supportive services survivors needed;
	4.	connected survivors to supportive services; and
	5.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1)YWCANCIN housing advocates (HAs) work together to meet the demands of the communities they serve. Units identified are inspected by the YWCANCIN and individuals are moved in quickly if the units meet quality standards. Survivors have many barriers so the HAs help them create realistic and achievable goals, and a plan of action is developed. The HAs job is to keep survivors motivated, into housing in the Community and begin a life free from violence. The average length of stay (before COVID) was 174 days, so each family is moved from the transitional unit to a permanent home within six months. Now the stay has increased due to low housing inventory. This same timeframe saw 33 of 39 participants complete the program. 2)Region 2a contacts the YWCANCIN directly if they have DV or sexual assault victims come to them for assistance. All survivors are offered CE assessments but if refused then YWCANCIN is contacted to provide shelter regardless. A VISPDAT is administered as soon as possible, and the YWCANCIN has a DV tool to help program staff to develop a plan for services. YWCANCIN has a reputation for excellent services to victims of violence and the safety offered by the enhanced security systems within the organization. 3) The YWCANCIN uses the VISPDAT and the YWCANCIN's assessment for those living in violent homes to develop a plan for services for victims of violence to help establish goals. Survivors are assisted in developing realistic goals with the help of their HA. Clients are evaluated quarterly. Goals are documented, tracked, and reviewed using the Family Development Matrix. 4)Once an assessment is completed, the HA reviews the assessment and the plan for recommended services with the client. A client can opt in or out of any or all services. A community partner provides the services that the YWCANCIN does not offer in-house. HAs have connections to service providers and agencies that offer support to families. 5) The YWCANCIN works closely with each client to meet their financial demands. The financial literacy, Bridges out of Poverty, staying ahead, finding and keeping a job, and the STRIVE Program (financial literacy and computer skills training) are all geared to improve economic well-being. The client is educated, counseled, and supported. They are encouraged to save what they can while supported so that they have a safety net for when those unexpected costs occur.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;

4.	training staff on safety and confidentially policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1) Each advocate and counselor, who conduct the in-depth intakes and interviews, have their own office space to conduct interviews. If privacy is needed in a bigger space to accommodate more participants, there are several meeting rooms available for use to protect confidentiality. White noise generators are also used outside offices and meeting rooms to ensure privacy.
2) All documents and files pertaining to clients are kept in a locked cabinet inside a locked room. All electronic files and data are password protected (passwords are changed at regular intervals and cannot be bypassed), and a firewall has just been updated to meet current standards. 4)The YWCANCIN has a written confidentiality agreement that all employees must read and sign. It is also reviewed as part of the new team member orientation and annually as part of ongoing employee training. 5) At the shelter, where there are congregate housing units, there are external and internal cameras, emergency internal and external lighting in the parking areas, and a secured parking area with a security gate where clients can keep their cars out of site. All windows are alarmed, and the exterior doors are all electronic. They require a fob to open, and there is 24/7/365 coverage by a team member who monitors the security cameras.
The security is assessed as part of the evaluation done by the maintenance team of each potential scattered site housing unit—lighting, security of doors and windows, security cameras, etc. The YWCANCIN can ask that a landlord make improvements to their safety; if they are unwilling, the YWCANCIN moves on to the next possibility.
The only place their location appears is in the client's file. The YWCANCIN helps to arrange for moving the family from the shelter to their new home in the Community.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

The YWCANCIN has a standing safety committee that reviews incident reports, makes recommendations for process improvements, and informs management about any vulnerabilities of each facility. This committee consists of representatives from the kitchen, crisis staff, shelter managers, maintenance staff, and program staff. The committee meets monthly, and a report with recommended solutions is submitted to the CEO for review.

In the fall of 2021, the YWCANCIN had law enforcement conduct a vulnerability assessment on both shelters. Each vulnerability assessment noted that the YWCANCIN had outdated equipment, lighting needed, cameras added and upgraded, improved monitors, updates to the computers running these systems, and updates to the exterior door locking systems. The door locking system at both facilities was identified as an immediate need, and the YWCANCIN received private donor funding to address this concern.

Additionally, the facility at the shelter in Elkhart had many upgrades; new windows with better locks and the cameras, monitors, and lighting were all upgraded, thanks to the community's generous support and private donors' support. But work remains to be done. YWCANCIN has a grant ask out to help complete the projects.

At the SJC shelter, fewer improvements, but improvements are on the list of priorities. The YWCANCIN shelter in SJC has improved the security of the exterior doors with lighting and better locking systems. Still needed is an upgrade to cameras, computers, lighting, monitors, a new DVR, and a computer server to run the new security.

The YWCANCIN has asked the Indiana Department of Homeland Security for funding to make these improvements. It is anticipated that these awards will be announced before the end of September.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
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 the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1)Participants are responsible for finding their housing unit out in the Community as part of the YWCANCIN's TBRA program. The HUD-trained maintenance staff assesses housing. 2)The YWCANCIN works hard to create an environment of Community within the walls of the shelters. To this end, there is a weekly community meeting conducted by the director of administration, which provides a helpful link between shelter operations and clients. All staff members are trained to provide survivor-centered, trauma-informed services. Since it is common to have victims come back several times, they must be welcomed back into the shelter, free of judgment for having left and returned. 3)Survivors are greeted by a crisis support staff trained in victim-centered, trauma-informed care and immediate intervention services. Services include but are not limited to food, childcare, first aid or professional medical intervention, and transportation. Crisis support staff can answer basic questions and provide an overview of what to expect over the next 24-48 hours from the staff at the YWCANCIN. An initial intake is done upon contacting the YWCANCIN and is limited to basic personal information, and a counselor/advocate will conduct a more in-depth assessment. A counselor or advocate will make recommendations for services based on the evaluation. Services are outlined in simple terms and provide each participant with a good foundation about the services offered. This information is reinforced through written materials reviewed with the client and kept by the client to read through. Finally, programming also includes interactions and presentations by former clients, and offers survivors a chance to share her story. The challenges met, the barriers overcome, the setbacks, and the ultimate goal achieved. The YWCANCIN is fortunate to have survivors with lived experience on staff. 4) The YWCANCIN used the Family Development Matrix (FDM) to track goals, accomplishments, strengths, and challenges. The client is provided with an assessment tool to review the program in which they participate. These assessments are reviewed by both program staff and by YWCANCIN management. Constructive, relevant, and clear-eyed critique is always discussed and considered, and changes have been made to programs when a client can point out a problem. The FDM helps clients and their counselor/advocate set realistic, achievable goals. These goals are reviewed and revised based on the client's timing – they set the speed at which they pursue their goals and are encouraged and supported by staff and other survivors as they achieve goals. Peers and staff celebrate each accomplishment, providing the moral support needed. Then new goals are set, keeping them realistic to keep the client engaged and motivated. 5)The fastest growing demographic in the communities served is the Hispanic Community. They comprise 16% of Elkhart County and 9% of St. Joseph County. The YWCANCIN serves these same percentages in the shelters operated. YWCANCIN has a full-time bilingual advocate and is looking to hire another. These women come from the Community they serve, an approach proven to be very successful in reaching this Community. 6)It was not until the YWCA hired someone from this community that we began to progress in reaching this demographic. These advocates understand the culture, challenges, and barriers unique to the Hispanic Community. They can speak the language and understand the culture – often something that helps the door open to providing these survivors the services and support needed to find a life free of violence. The bilingual advocate also conducts two support groups – one in Spanish and one at the LGBTQ Center. The director of empowerment services also organized a gay pride event. This event, held at the shelter in Region2a, invited anyone who wanted to come and hear about the challenges this marginalized group experience. A meaningful dialogue that many of the participants have a better understanding of through relevant and truthful information. 7)The

YWCANCIN has a contracted local attorney that provides help with civil-legal issues, including protective orders, victim impact statements; information about the victim assistance fund; emergency child custody issues; and court accompaniment when needed. If the attorney is overbooked or unavailable, the advocates can help with many of these functions – just not appearing in court with the victim. Attorney services are also available through ICADV. The YWCANCIN has both a DCS contract and a SCAN contract that provide support for parents. These funding streams are parenting classes, childcare, children's counseling, substance use disorder services, groups for both parent and child, and family counseling.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

Survivors were assisted in court with pursuing custody of their children. Life Skills Trainings are offered weekly parenting classes at the YWCA. The YWCA and its community partners also provide a series of Economic Empowerment Courses and upon graduation receive a stipend and access to a low-interest loans from community partners. The bus passes they are given are used to attend services that are not on site and commute to work/school/child care. Housing advocates help clients create a housing plan and identify secure housing through the FDM tool. Goals are also set with these advocates related to school, work, and financial stability. Case management occurs as clients are enrolled in the form of safety planning and goal setting. They also help clients navigate obtaining government assistance and frustrations caused by the system. Food and outpatient health care are provided to clients as needed through partners. Education services are provided through community partners. This includes GED prep through Goodwill Industries, post-secondary education and internships provided by Ivy Tech Community College, and additional internships provided by a group of private colleges and a local construction company. Regarding safety and permanent housing, YWCANCIN believes that safety planning is paramount. The staff at the YWCANCIN stresses its importance and aims to have 100% of those victims develop a safety plan. The organization has been successful, with 95% to 98% of those who make contact having a plan.

After an assessment is completed and it is determined that housing is a goal, the FDM is used to determine their objectives, challenges, and barriers to getting into suitable housing. After this, these clients are assisted by a HA to set realistic goals that can be achieved and celebrated. New plans are set, and the process continues until the client is ready to move into housing.

HAs are there to help them negotiate the often complex system to get themselves ready for their own homes. Many survivors served by the YWCANCIN have had no experience balancing a checkbook, let alone dealing with these government agencies. Often, they do not understand the services and support they qualify for. The advocate knows how the system works and usually has one or two contacts from these agencies that help move things along. Once a new place is found and a survivor is ready to move her family into the new home, their advocate will discuss the importance of having a safety plan moving forward so that they can stay safe in their permanent housing.

	4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
		NOFO Section II.B.11.e.(1)(e)	

		Provide examples in the field below of how the new project will:
	1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
	2.	establish 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.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
	4.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
	5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;

	6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1)At YWCANCIN when housing advocates meet with clients, they work with them to create a housing plan that meets their needs and is reflective of what the client wants. 2)Survivors will have the opportunity to engage in the services and supports already provided at our agency through this expansion. 3)As a part of receiving DV Bonus funding, the CA will provide additional supports for YWCANCIN to obtain training, especially through collaborations with ICADV. 4)YWCANCIN has HAs and case managers meet with clients upon intake and create goals. They establish action steps toward these and do quarterly reviews with clients to assess progress and set new goals. 5)Through partnership with the CoC and the CA, YWCANCIN will continue to have access to trainings and resources offered year-round. The bi-annual Development Day events, monthly office hours, and technical assistance from ICADV will be a part of ongoing training. 6)YWCANCIN will encourage participation in its existing programs through this expansion. The additional rental assistance and TH supports mean that more households will have access to services in shelter and after they move-on to PH. 7)ICADV has legal services available to survivors surrounding evictions, child custody, and protective orders. YWCANCIN has a contracted attorney and also works with the Volunteer Lawyer Network on child custody cases. YWCANCIN offers "Strategies for Supporting Parents" that is a family-centered, trauma-informed class that has a focus on breaking the cycle of domestic violence, abuse, and other trauma in the home in order to set families up for success.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

YWCANCIN engage survivors through their monthly meetings in shelter, and have survivors that are staff and board members. Empowering these individuals is an important component of our services, and we feel that having survivors involved with the organization demonstrates the mutual respect that exists between survivors and our organization. Staff, board and committee members will continue to be involved in the operations on this expanded project.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

	1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
	2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
	3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
	4.	Attachments must match the questions they are associated with.
	5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
	6.	If you cannot read the attachment, it is likely we cannot read it either.
		. 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).
		. We must be able to read everything you want us to consider in any attachment.
	7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	--	09/27/2022
1C-7. PHA Moving On Preference	No	--	09/27/2022
1E-1. Local Competition Deadline	Yes	--	09/27/2022
1E-2. Local Competition Scoring Tool	Yes	--	09/27/2022
1E-2a. Scored Renewal Project Application	Yes	--	09/27/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	--	09/27/2022
1E-5a. Notification of Projects Accepted	Yes	--	09/27/2022
1E-5b. Final Project Scores for All Projects	Yes	--	09/27/2022
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	--	09/27/2022

3A-2a. Healthcare Formal Agreements	No	--	09/27/2022
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2022
1B. Inclusive Structure	09/27/2022
1C. Coordination and Engagement	09/27/2022
1D. Coordination and Engagement Cont'd	09/27/2022
1E. Project Review/Ranking	09/27/2022
2A. HMIS Implementation	09/27/2022
2B. Point-in-Time (PIT) Count	09/27/2022
2C. System Performance	09/28/2022
3A. Coordination with Housing and Healthcare	09/27/2022
3B. Rehabilitation/New Construction Costs	09/26/2022
3C. Serving Homeless Under Other Federal Statutes	09/26/2022

4A. DV Bonus Project Applicants	09/27/2022
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Indiana Balance of State Continuum of Care

FY2022 CoC Program Funding Competition

Attachment 1C-7

PHA Homeless Preference

ihcda
Indiana Housing & Community Development Authority

Housing Choice Voucher 2021 Administrative Plan

Contents

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 IHCDA 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 IHCDA has issued vouchers to 100 households receiving the homeless preference referrals will stop being accepted until the next calendar year.

Moving On

Each year IHCDA 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

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

Indiana Balance of State Continuum of Care

FY2022 CoC Program Funding Competition

Attachment 1C-7

PHA Moving On Preference

Housing Choice Voucher 2021 Administrative Plan

Contents

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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.

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- All documents that must be provided at the interview, including information about what

Indiana Balance of State Continuum of Care

FY2022 CoC Program Funding Competition

Attachment 1E1

Local Competition Deadline

Community Services Notice

August 2022 Issue: September Is Suicide Prevention Awareness Month

Important Dates, Reminders, Opportunities, and Resources

- August 15-September 26: NAEH's Homelessness and Housing First Webinar Series - Register at: Webinar Registration - Zoom
- August 17:
    - Housing Rights for Survivors of Domestic Violence, Sexual Assault, Dating Violence, and Stalking Webinar - Register at: https://us06web.zoom.us/meeting/register/tZIqcOmrqz4qEt0HrepY7g7B_1OW8ci2GcT4.
    - IDIS for HOME-APR Supportive Services Webinar - Register at: IDIS for HOME-ARP Supportive Services Webinar - HUD Exchange
- August 18:
    - HMIS and DV ClientTrack 301 Reports Training - Register at: https://attendee.gotowebinar.com/rt/2378542038110015499
    - August 18 or October 31 - HMIS Data Quality Coffee Talk on Transitional Housing -

Register at: Registration (gotowebinar.com)

- August 22: Housing and Services Resource Center's Working Together to Empower Community Inclusion with Health/Housing/Independent Living Partnerships Webinar - Register at: Webinar Registration - Zoom
- August 23:
  - VI-SPDAT Taskforce Meeting
  - CE Committee Meeting
- August 26: Regional Chair Support Meeting
- September 1:
  - Regional Chair and CE Lead Monthly Meeting
  - Funding and Resource Committee Meeting
- September 6: VI-SPDAT Taskforce Meeting
- September 14: Youth and Families Committee
- September 15: IN BOS CoC Board of Directors Meeting
- September 16 or November 3 - HMIS Data Quality Coffee Talk on Permanent Supportive Housing - Register at: Registration (gotowebinar.com)
- September 20: VI-SDPAT Taskforce Meeting
- September 22: Executive Committee Meeting
- September 23 or October 10 - HMIS Data Quality Coffee Talk Office Hours - Register at: Registration (gotowebinar.com)
- September 27: CE Committee Meeting
- On Your Own Time:
  - All 12 discussions of the Fair Housing and Equal Opportunity Table Talks Series are now available on HUD Exchange at: FHEO Table Talks Series - HUD Exchange.
  - HUD Exchange released toolkits on e-snaps. The 101 Toolkit is available at: e-snaps 101 Toolkit - HUD Exchange, and the 201 Toolkit is available at: e-snaps 201 Toolkit - HUD Exchange.
  - HUD Exchange also made available the recordings of their webinar series on EHV Landlord Engagement that took place in June.

Regular NOFO Dates to Keep In Mind:

- August 12: Direct HUD Recipients Renewal Project Applications ESNAPS Support Webinar at 1:30 pm Eastern Time - https://us02web.zoom.us/j/83939669838?pwd=QII2cXM1TEwvWm82UmNHaFFSRm5sZz09
- August 15: NOFO New Projects Webinar at 1:30 pm Eastern Time - https://us02web.zoom.us/j/81361192562?pwd=Z1paWENpRjBCSnJDQzYrUmZqUlo4Zz09
- August 29: Projects will be submitted to CommunityServices@ihcda.in.gov before 5 pm Eastern Time
- September 15: Ranking notification

How Can You Support Our Supplemental NOFO Taskforces?

In preparation for the applications for the two Supplementary NOFOs (Unsheltered Homelessness Set-Aside and Rural Homelessness Set-Aside), we are forming two taskforces. We need your help seating both! Here's a brief summary of the goals and type of members needed for each:

Supplemental NOFO Taskforce: This taskforce will include seven to nine members who work in housing, homelessness, healthcare, community development, and other fields with a focus on underserved populations. We are hoping to have a diverse group of individuals from across BOS with a variety of backgrounds, and these members must be non-conflicted. (If your agency/organization is applying, this may not be the task force for you.) This short-term taskforce will be active primarily in August and September and will be responsible for helping us oversee the project competition and

ranking of projects for each funding opportunity. We will provide training to folks without experience in HUD funding to assist them in supporting the process. If you're interested in joining, please email rsample@ihcda.in.gov or lgreene@ihcda.in.gov for more information.

Lived Experience Taskforce: We are also recruiting a nine-member taskforce of individuals who have experienced homelessness. (These individuals should also be non-conflicted if they work for an agency/organization submitting an application.) We are hoping to have diverse representation from across the BOS. This short-term taskforce will be active primarily in August through October and will be responsible supporting the scoring, ranking process, and overseeing the development of the CoC Plan to Serve Individuals and Families with Severe Service Needs—which is a requirement of the application. We will provide training to folks to assist them in supporting the process and may be able to offer some form of compensation for their commitment. If you're interested in joining or know someone who might be, please email rsample@ihcda.in.gov or lgreene@ihcda.in.gov.

September is Suicide Prevention Awareness Month

In the United States, someone dies by suicide every 11 minutes, according to the CDC. The CDC also reports in 2020, over 45,000 Americans died by suicide. Of those 45,000, 1,024 were Hoosiers. Men, members of the LGBTQIA+ community, American Indians, people who live in rural areas, and veterans are far more likely to die by suicide in our country. So are people who are about to lose housing or have just become "unhoused." These statistics are hard to fathom and can be difficult to discuss, but we shouldn't remain silent… especially if we think someone might need help.

There are many ways your agency's staff can help a client who is considering suicide. The newest resource is the 988 Suicide and Crisis Lifeline. In addition, NAMI (National Alliance of Mental Illness) of Indiana offers QPR, Mental Health First Aid, and Youth Mental Health First Aid courses. These trainings educate the general public on the common warning signs, so anyone can intervene and guide a person in crisis to professional help.

Since 1975, Americans have recognized September as Suicide Prevention Awareness Month. Most national campaigns in 2022 will run from September 4 through 10, and every year September 10 is World Suicide Prevention Day. On the tenth, people around the world are encouraged to light a candle in memory of those we've lost to suicide and support those who grieving loved ones. In addition, the International Suicide Prevention Association is hosting their ninth annual Cycle Around the Globe event. From September 10 to October 10, teams and individuals register the miles they ride to raise awareness and funds to reduce the stigma and prevent suicide.

Check out the these links to learn more about ways your agency can prevent suicide and raise awareness: Training Courses (namiindiana.org), FSSA: DMHA: Update on 988 in Indiana, Cycle Around the Globe - IASP.

Regional Spotlight: Region 5's New Clinical Program is Preventing Suicide One Client at a Time

About 20 years ago, Stephen Nichols was struggling with depression and psychosis. He was also unemployed and experiencing homelessness. On top of that, he is a male and a veteran. During this difficult time, Stephen attempted suicide. Every study would suggest Stephen should not be alive today. We've all seen the data. According to the CDC, veterans are 1.5 times more like to die by suicide than members of the general population. The Veterans Administration reported in 2019 alone over 6,000 veterans died by suicide. Moreover, the CDC reports men are four times more likely than women to die by suicide. What's more, a study done by experts at Yale found veterans with a history

of homelessness are five times more likely to attempt suicide while the National Healthcare for the Homeless Council purports those experiencing homelessness are ten times more at risk. But Stephen defied the odds, and now he has partnered with Family Service Association of Howard County (FSAHC) to help others do the same.

Last year, Stephen pitched an idea to FSAHC's Executive Director, Tracy Martino, and Director of Community Services, Angie Ciski, to set up a Clinical program to provide mental health care for their clients. As a PhD student pursuing his doctorate in counselor education and supervision, Stephen needed an opportunity to oversee mental health care interns. He explained he wanted to oversee a small team of interns pursuing their Masters in counseling or social work to provide care for those experiencing or at risk of homelessness at FSACH. Immediately, Tracy and Angie jumped at this opportunity. In fact, Tracy said she only needed to listen to about 20 seconds of his pitch before she knew she was going to say yes. And the best part of his plan was the program would be completely free for the clients.

In January, Stephen started, and the Masters student from Ball State joined the program in October. So far, they have provided care for 72 clients at FSAHC. They've also responded to 19 after-hours crisis calls. Stephen is especially proud to report no one who reaches out for help has to wait more than 24 hours for an initial assessment, and, those who become patients, receive ongoing therapy on a weekly basis without waiting several weeks or even months for follow-up appointments. In addition, Stephen meets with clients who tell a staff member they are having suicidal thoughts or are identified by staff because they are displaying worrisome behaviors. He even assesses them in person, so he can accurately evaluate their risk and direct them to the care they need. Stephen knows, maybe better than anyone, the importance of this program. He also knows from firsthand experience that some mental healthcare providers "see a patient who doesn't smell very good, has very few possessions, and is talking to themselves, and they just assume that person will be chronically homeless."

Primarily, he and his team serve FSAHC's clients who live at Jackson Street Commons, the shelter for those fleeing domestic violence, and the Healthy Families Program. This means they offer care to a wide variety of individuals and families who have or are experiencing trauma and homelessness. Jackson Street Commons is a PSH that provides housing and supportive services for veterans who were chronically homeless. On the other hand, those who enter the shelter often arrive with visible signs of abuse. Participants of the Healthy Families Program are navigating a different set of challenges as new parents seeking both financial and emotional support. The team's clients have often experienced neglect, abuse, and even rape. Many also struggle with panic attacks while some have psychotic episodes. As a suicidologist, Stephen is equipped to intervene when someone is suicidal and help them stabilize. He's also established a partnership with a neighboring agency that can subscribe and manage medications for those who need them.

Since October, this program has been beneficial in countless ways. While Stephen himself is gaining valuable experience, his intern graduated from her master's program in July with loads of professional experience as well. He is now preparing to welcome two or three more interns and has been able to help FSAHC employees who reach out with concerns about burnout, vicarious trauma, or a personal loss. Plus, other agencies have asked Stephen to intervene when their clients are in crisis. He's provided assessments for a nearby Air Force base, a juvenile correctional facility, and for families involved with DCS.

Stephen's excitement about the program is palpable, and he hopes other agencies can emulate what he's doing with FSAHC. He is also just as willing to share memories of his own experiences with homelessness and seeking help when he was suicidal. He remembers how difficult it was to find dry cardboard to use as a tent on rainy nights. He still feels triggered when he fills out paperwork. It reminds him of how inadequate he felt when he applied for jobs and had to report he had no work history or home address. But Stephen also remembers an emergency room nurse who set aside her clipboard to give him her full attention when he was suicidal. She looked him in the eye and

compassionately told him, "I can see you're really hurting. Let's get you some help." He credits this simple act of kindness with saving his life, and it's what he does for his clients today. Stephen marvels at all FSAHC and other agencies in the area offer those experiencing homelessness and/or mental health crises. Stephen is certain, "If I had lived in Howard County (when I was experiencing homelessness and depression), I would have received the help I needed much sooner than I did. People would not give up on me here, and I would have got better much faster."

Did You Know?

In July, the Indiana Department of Health provided an update on monkeypox:

The Indiana Department of Health (IDOH) announced that a total of 45 monkeypox cases have been reported across the state between June 18 and July 28, including two pediatric cases. No additional information about the cases will be released at this time due to patient privacy.

To date, Indiana has received 3,232 doses of Jynneos vaccine. Due to limited vaccine supply, vaccines are initially being prioritized for close contacts of positive cases to prevent severe disease. Additional vaccine is expected soon, and eligibility will be expanded to groups at high risk for exposure as supplies increase.

"Like many other states, Indiana has seen an increase in monkeypox cases over the past month," said State Health Commissioner Kris Box, M.D., FACOG. "Monkeypox does not easily spread through brief casual contact, but it's important to remember that anyone can be affected if they are a close contact of a positive case. Hoosiers who believe they may have been exposed or who develop symptoms consistent with monkeypox are urged to contact a healthcare provider."

Monkeypox is a rare disease caused by infection with the monkeypox virus, which is part of the same family of viruses as smallpox. Symptoms are similar to smallpox, but milder, and monkeypox is rarely fatal. The illness typically begins with fever, headache, chills, muscle aches and exhaustion about five to 21 days after exposure. Within one to three days (sometimes longer) after the appearance of fever, the patient develops a rash. The rash may start in the mouth or any part of the body before spreading. Some people may only develop the rash. The illness typically lasts for two to four weeks. People are considered infectious until all scabs from the rash have fallen off and a fresh layer of skin has formed.

Person-to-person transmission is possible either through skin-to-skin contact with body fluids, monkeypox sores or contaminated items, such as bedding or clothing, or through exposure to respiratory droplets during prolonged face-to-face contact.

To learn more about monkeypox, visit www.monkeypox.health.in.gov or the CDC's monkeypox website. The CDC updates case counts Monday through Friday here.

Visit the Indiana Department of Health at www.health.in.gov for important health and safety information or follow us on Twitter at @StateHealthIN and on Facebook at www.facebook.com/StateHealthIN.

In addition, the CDC declared monkeypox a public health emergency on August 4, 2022. This announcement was coupled with guidance on prevention and treatment for individuals with HIV:

CDC has released *Interim guidance for Prevention and Treatment of Monkeypox in Persons with HIV Infection*.

On August 4, 2022, the United States declared monkeypox a public health emergency. The current outbreak disproportionately affects gay, bisexual, and other men who have sex with men (MSM). MSM are also disproportionately affected by HIV. A recent study provides insights into the epidemiologic

and clinical characteristics of monkeypox cases, and helps provide a roadmap for a prioritized, equitable response.

People with advanced HIV infection or who are not taking antiretroviral drugs might be at increased risk for severe disease if they get monkeypox. Monkeypox can be treated with the antiviral drug [tecovirimat (TPOXX)](#). No identified drug interactions would prevent someone with HIV from taking tecovirimat with antiretroviral drugs. Pre- and postexposure prophylaxis can be considered with the JYNNEOS vaccine. Although there are little data about monkeypox in patients with HIV, prompt diagnosis, prevention, and treatment might help prevent adverse outcomes and limit the spread of monkeypox.

In Case You Missed It... HMIS Data Quality Coffee Talks

Daniella Jordan Gonzales, HMIS Data Analyst, doesn't want you to miss out on her new Data Quality Coffee Talk Series, which started on July 15. The series of 12 total sessions features specially customized sessions for each of the following programs: street outreach, emergency shelters, rapid rehousing, transitional housing, and permanent supportive housing. There are also two sessions for general office hours. Don't fret if you missed a session. They are recorded! Plus, there are more live sessions through November 3. The series schedule is listed at the beginning of this newsletter. To access the recorded sessions, visit the IHCDA website. Grab a cup of coffee and get ready to improve your data quality with Daniella!

Meet Our Team: CE Specialist, Karol, Is Eager to Offer Support and Loves Being Part of the Team

Karol Canada became our CE Specialist in mid-March, but she has actually been a member of the Community Services team since December of 2020. Prior to her time at IHCDA, Karol worked in the world of accounting and finance. She has a degree from Indiana University in Business Administration and Management and worked in banking, for the Social Security Administration, and with a publishing company. Like so many of us, COVID-19 changed the course of her career. She joined our team back in December of 2020 to help with the unexpected demands of the ESG-CV rental assistance program. Karol did everything from liaising with landlords across the state to verifying client eligibility to reconciling accounts. Her background in accounting made her a tremendous asset, and soon she was managing multiple tasks. Karol recalls she loved being part of such a supportive team and being part of IHCDA's important mission. The only problem was her ESG-CV work was coming to an end. So when Kristin Garvey, Director of Homeless Services, told her she should think about applying for the CE Specialist position, Karol jumped at the chance to stay with us. She feels this is first place she's ever worked where people are really committed to teamwork and encourage each other to ask questions. Karol is eager to foster that same supportive environment with the CE Leads and staff across the BOS CoC Network. While she feels she still has a lot to learn, she wants them to know, "I am your partner. If you don't understand or need help with an issue, reach out. We can all work together." She's also connecting with other CE Specialists across the country to trade ideas and help us improve. In addition, she is excited to be part of our work to reimagine the CE process and assessment tool. On a personal note, Karol loves being with her family, especially her children and grandchildren. Her teammates will tell you she has a "summer spirit." She thoroughly enjoys the warm weather, sunshine, flowers, and gardening. When Karol isn't working, she's curled up on her deck reading and soaking up some rays.

Other Ways IHCDA Supports Hoosiers

Housing First is not just a philosophy; it's also an IHCDA program. Since 2017, the Indiana Housing First Program has provided rental assistance and supportive services to individuals and families who are exiting a residential treatment program or facing a housing crisis and have "a serious and persistent mental illness, a chronic chemical addiction, or a serious and persistent mental illness with a co-occurring chronic chemical addiction." Because the program also adheres to the housing first philosophy, participation in services is voluntary and self-selected. This program offers a tenant-based subsidy, so eligible Hoosiers also get to live in the qualified unit of their choice. As a result, the subsidy is adjusted based on the required rent of the unit and the household's income. Rental assistance and/or supportive services are available to eligible individuals and families for up to 24 months.

Currently, the program providers serving as subrecipients of IHCDA include:

- Aurora, Inc. – Gibson, Posey, Vanderburgh, and Warren Counties
- Community Health Network - Clinton, Howard, and Tipton Counties
- Family Promise of Hendricks County – Hendricks and surrounding Counties
- Housing Opportunities - Porter, LaPorte, Starke, Pulaski, Jasper, and Newton Counties
- Human Services, Inc. – Bartholomew, Decatur, Jackson, Johnson, and Jennings Counties
- InteCare, Inc. - Boone, Hamilton, and Madison Counties
- Volunteers of America of Indiana, Inc. - Marion County

Is your agency or region doing something fantastic? Want us to spotlight it next month? Shoot Liz an email at lgreene@ihcda.in.gov.

IHCDA Footer

From:	Sample, Rachael
Cc:	Teresa Clemmons; Sandra King; lhopper@aidsministries.org; Mike.keevin@aspireindiana.org; sriordan@auroraevansville.org; savannah.wood@echohousing.org; erik.tilkemeier@echohousing.org; chris.metz@echohousing.org; ccarroll@edgewaterhealth.org; angelac@fsahc.org; Stowers, Jill L; jshapiro@lifetreatmentcenters.org; agrill@lifetreatmentcenters.org; jessica.floyd@lifespringhealthsystems.org; lsmith@mhaac.com; rrauckman@mhawci.org; mary.bales@oaklawn.org; forrest@beaconinc.org; Lani Vivirito; ksanford@ywcancin.org; Jordan Stanfill; Jennifer Layton; Childress, Jenna (IHCDA); Jameson, Candace
Subject:	CoC Program Competition- Renewal Project Application Call Aug 12 1:30 PM
Date:	Friday, August 5, 2022 1:25:00 PM

Good afternoon-

Thank you for submitting your Internal Renewal Program Application (IRPA). I am reaching out on behalf of IHCDA and the Indiana Balance of State CoC about the CoC Program Competition. Your agency has a CoC project that is direct-HUD funded. Apologies if you are receiving several emails, but our team wanted to make sure everyone was informed about the CoC Program Competition Notice of Funding Opportunity.

The NOFO dropped this week and will be due September 30, 2022. Yes, that's right—it's very fast this year.

Because of the limited time we have to prepare and submit materials, we scheduled the call with our consultant on ==August 12, 2022 at 1:30-3 PM==. Howard Burchman will be available to walk everyone through the expectations this year for renewal program applications submitted in ESNAPS. We are working diligently to complete the IRPA scoring and ranking, and will have more information on that soon, but in the meantime we want to make sure you have what you need to submit the ESNAPS materials to HUD.

As a direct-HUD funded project recipient, you will need to submit the ESNAPS materials yourself, so Howard can provide guidance on that during the call. If you receive multiple grants, and some are awarded through IHCDA, then our team will assist in submission for those projects. Thank you!

Here is the Zoom webinar information:

August 12, 2022 1:30-3 PM
Join Zoom Meeting
https://us02web.zoom.us/j/83939669838?pwd=Qll2cXM1TEwvWm82UmNHaFFSRm5sZz09

Meeting ID: 839 3966 9838
Passcode: 874273
One tap mobile
+16468769923,,83939669838#,,,,*874273# US (New York)
+16469313860,,83939669838#,,,,*874273# US

==**We will record the session if you are unable to attend.**==

Thank you!

Rachael

Rachael Sample (she/her)
Community Services Grants Manager
Indiana Housing and Community Development Authority

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FAX 317 232 7778
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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.

in.gov/ihcda/indiana-balance-of-state-continuum-of-care/internal-competition/

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INTERNAL COMPETITION

The Continuum of Care Program Competition covers the application and award process for annual CoC Program funding.

The Indiana Balance of State CoC is announcing the opportunity for funding through for new projects through the FY 2022 CoC Program Competition. The Request for Applications, application materials, and budget template are provided below. If you have questions about this opportunity, please contact communityservices@ihcda.in.gov.

A webinar for new applicants will be held on August 15, 2022 at 1:30 PM Eastern Time. Click **here** to register to join the webinar.

Applications are due by 5:00 PM Eastern Time on August 29, 2022. Renewal projects must submit their renewal application in ESNAPS by due August 30, 2022.

2022

FORMS & GUIDES	POLICIES & PROCEDURES	WEBINARS & FINAL COC NOFA APPLICATIONS	DEADLINES
• 2022 New Project Application • FY2022 Budget Template	• Ranking and Reallocation Policy 2022 • CoC Application Appeals Procedure	•	**August 29, 2022 - 5:00 PM Eastern Time** Deadline for new projects submitted to communityservices@ihcda.in.gov

IHCDA Keybot

3:52 PM
8/12/2022

Indiana Balance of State Continuum of Care

FY2022 CoC Program Funding Competition

Attachment 1E2

Local Competition Scoring Tool

INDIANA BALANCE OF STATE
CONTINUUM OF CARE

2022 INTERNAL RENEWAL PROJECT APPLICATION

Instructions:

The 2022 Internal Renewal Project Application (IRPA) will be used to renew Continuum of Care (COC) funding for the FY2022 HUD COC Competition (expenditure year 2023-2024) for the Indiana Balance of State (IN-502). CoC program application requirements change periodically, and annual NOFOs may provide more detailed guidance. Additional information or application modifications may be necessary based on information provided in the 2022 NOF0 when it is released by HUD.

What's New

This year's IRPA will be completed online. Please click on the following URL to be taken to the form: https://form.jotform.com/IHCDA/internal-renewal-project-app.

Section 1 is needed to collect and reconfirm contact and other identifying information about your project. You will be asked for a PIN number, which will be the first six (6) numbers of your HUD grant number (not the IHCDA grant agreement number. In addition, HUD now requires that all recipients and subrecipients have a Unique Entity Identification (UEI) Number instead of a DUNS number. You should visit www.sam.gov to make sure your registration has been updated and includes a UEI number.

Section 2 is required to determine eligibility, confirm federal requirements, and determine threshold items. Each of these items is required by HUD for an agency to receive federal funding. Stakeholders should NOT assume all requirements are fully addressed by your response to these questions.

- Please ensure your agency's registrations with the Indiana Secretary of State (SOS) and the Federal System for Award Management (SAM) are up to date.
- If you have questions about your registrations, please reach out to the help desk at these respective agencies, as IHCDA does not have administration rights in their systems.

Sections 3-5 comprise the competitively scored portion of your application. Most of the requested information is the same or similar to what has been collected in the past. Because this application is now online, you will see several tables/spreadsheets, which will help you to determine final calculations, where needed After reading the instructions, please add the appropriate numbers to the table/spreadsheet and then record the final calculation in the indicated field. This process will help IHCDA collect the requisite information needed to score and rank recipients and reduce the need for follow-up clarification. We have also allowed for some explanatory narratives, if applicable.

Please follow the instructions in each section. The purpose of these sections is to ensure that IHCDA and HUD understand the strength of your project and what impact you are making in your community. Scoring of these sections will impact final ranking decisions when the Balance of State Consolidated Application is submitted. In Appendix 1 of this document, we have included a list of the questions with the corresponding scoring criteria so that you are aware of the points for each question.

Section 6 includes bonus questions that outline expectations around training, compliance, and collaboration that the Indiana Balance of State Continuum of Care has for recipients and subrecipients. It also provides an

opportunity to provide information on how the COVID-19 pandemic has impacted agency operations and project performance, steps that have been taken as a result and other actions by the agency to prepare for, prevent, and respond to the COVID pandemic.

Section 7 includes information about any potential penalties that will be deducted from your final score. They include:

- **Late Submissions** (10 Point Deduction): Timeliness is extremely important to the NOFO competition. HUD has strict deadlines for submission and failure to meet HUD deadlines will have significant negative consequences. Accordingly, it is imperative that organizations seeking renewal of CoC funding meet the deadlines established for the internal competition. If an applicant fails to submit documents to IHCDA according to the established deadline, the applicant will have a Ten Point Penalty deduction. These points will be deducted from the total score. Applicants whose submission is late and subject to the penalty will be notified by IHCDA. The applicant can appeal this and reverse the deduction, if it is able to demonstrate that the submission was made on time or that the delayed submission was as a result of factors entirely outside of the applicant's control (such as a carrier/delivery service failed to meet a guaranteed delivery date).
- Substantially Deficient Applications (10 Point Deduction): If a project application is submitted and it is determined to be substantially deficient, the application may be subject to a Ten Point Penalty Deduction. Substantially deficient applications are characterized by multiple errors, significant information not provided, or inaccurate information provided.

Section 8 asks that you collect, bundle all required documentation into a single PDF, and attach it to the online application. Should you have difficulty completing this step, please contact communityservices@ihcda.in.gov for further instructions.

If you have multiple projects funded through the Indiana Balance of State's CoC, please complete one application for each. Please do not score for your agency. The score will be generated by the review panel and will determine the prioritization of your project's funding.

Please submit the completed application(s) and all required attachments to communityservices@ihcda.in.gov ***no later than 5:00 PM ET on June 17, 2022***. Please contact IHCDA's Community Services with any questions or concerns regarding this application.

Please contact IHCDA's HMIS Team at HMIShelpdesk@ihcda.in.gov for data or ClientTrack report questions. Please note that applications not submitted on time or substantially incomplete or noncompliant are subject to a reduction in score for late or incomplete submission.

Thank you, and we look forward to your submission!

2022 COC Internal Renewal Project Application Instructions

Summary List of Sections
Follow these instructions to complete your application:
- Section 1: General Information
  - Answer each question regarding your project.

- Section 2: Eligibility, Federal Requirements, and Threshold Questions
  - Answer each question regarding your project.

- Section 3: Coordinated Entry
  - Answer each question regarding your proposed project.

- Section 4: Housing First Questions
  - Answer each question regarding your proposed project.
  - Refer to the Housing First Checklist from USICH for more information and references. https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf

- Section 5: Performance Questions
  - Generate the CoC APR for your participating project for the date range **2021 (1/1/2021 - 12/31/2021)**
  - Follow the instructions on the form and enter the appropriate data.
  - Attach the CoC APR and to the end of this application.
  - Attach the most recent HUD Close-Out report, if applicable.

- Section 6: Bonus Questions
  Respond to each question regarding Training, Compliance, Collaboration, and COVID response

- Section 7: Penalty for Late or Deficient Submission
  - Applied by reviewers to applications received after the posted deadline.

- Section 8: Attachments List
  - Most recent financial audit, if not previously submitted to IHCDA*
  - Homeless Representation Form (see Appendix 2 for document)
  - CoC APR for calendar year 2021
  - Copy of close-out report for most recent program year (typically FY2020), if applicable
  - Screen shot of your organization's active SAM.gov registration, including UEI number
  - Screen shot of your organization's active Indiana Secretary of State registration

opportunity to provide information on how the COVID-19 pandemic has impacted agency operations and project performance, steps that have been taken as a result and other actions by the agency to prepare for, prevent, and respond to the COVID pandemic.

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    - Answer each question regarding your project.

- Section 3: Coordinated Entry
    - Answer each question regarding your proposed project.

- Section 4: Housing First Questions
    - Answer each question regarding your proposed project.
    - Refer to the Housing First Checklist from USICH for more information and references. https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf

- Section 5: Performance Questions
    - Generate the CoC APR for your participating project for the date range **2021 (1/1/2021 - 12/31/2021)**
    - Follow the instructions on the form and enter the appropriate data.
    - Attach the CoC APR and to the end of this application.
    - Attach the most recent HUD Close-Out report, if applicable.

- Section 6: Bonus Questions
    Respond to each question regarding Training, Compliance, Collaboration, and COVID response

- Section 7: Penalty for Late or Deficient Submission
    - Applied by reviewers to applications received after the posted deadline.

- Section 8: Attachments List
    - Most recent financial audit, if not previously submitted to IHCDA*
    - Homeless Representation Form (see Appendix 2 for document)
    - CoC APR for calendar year 2021
    - Copy of close-out report for most recent program year (typically FY2020), if applicable
    - Screen shot of your organization's active SAM.gov registration, including UEI number
    - Screen shot of your organization's active Indiana Secretary of State registration

Appendix 1: Questions with Corresponding Scoring Criteria

Section 3: Coordinated Entry

Coordinated Entry Questions	Scoring Criteria
1. What is the percentage of your participants that are being assessed using the CoC adopted assessment tool prior to entering the program (during calendar year 2020)?	100% assessed prior to entry = 10 points 90-99% assessed prior to entry = 5 points >90% assessed prior to entry = 0 points
2. How many households that were referred through coordinated entry were admitted into the project in 2020?	95% or above = 10 points 90-94% = 5 points >90% = 0 points

Section 4: Housing First Questions

Housing First projects are effective in assisting all homeless people access and sustain permanent stable housing. It has been demonstrated that projects can be well-run and safe without imposing requirements that prevent many homeless individuals from entering and/or remaining in housing. As part of the NOFA solicitation for new and renewal projects, applicants are required to answer the following questions related to the proposed project's eligibility criteria and project rules. Each question will be scored as indicated.

Housing First Questions	Scoring Criteria
1. Low Barrier access: a. Will/Does the project require clients to pass a background screening prior to project entry (excluding sexual offender/predator check)?	Yes = 0 points No = 1 points
b. Will/Does the project require all persons with specified criminal convictions on a blanket basis to be excluded from admission (excluding registered sexual offender/predator, and background screening imposed by other funders)?	Yes = 0 points No = 1 points
c. Will/Does the project require participants to be clean and sober for a specified period prior to project entry as a condition for admission?	Yes = 0 points No = 1 points
d. Will/Does the project serve individuals and families regardless of sexual orientation, family composition, or marital status and are transgendered persons served according to the gender with which they identify?	Yes = 1 points No = 0 points
e. Will/Does the project expedite the admission process including assisting in assembling necessary documents to support the application for admission?	Yes = 1 points No = 0 points

f.	Does the project actively participate in coordinated entry including attendance at meetings and case conferencing and, if applicable, are all new project entrants being referred through coordinated entry?	Yes = 1 points No = 0 points
2. Housing Retention		
a.	Will/Does the project terminate participants for failure to participate in treatment or support services including case management?	Yes = 0 points No = 1 points
b.	Will/Does the project terminate participants solely for engaging in substance use?	Yes = 0 points No = 1 points
c.	Will/Does the project require participants to obtain earned or benefit income as a condition of remaining in the project?	Yes = 0 points No = 1 points
d.	Will/Does the project make all efforts to avoid discharging participants into homelessness including referral back to coordinated entry for those who cannot remain in the project?	Yes = 1 points No = 0 points
e.	Will/Do project participants be held to standards/behaviors not found in mainstream leases (such as not being allowed visitors, curfews, required to do chores, or not be allowed to have alcoholic beverages in their unit)?	Yes = 0 points No = 1 points
3. Participant engagement		
a.	Will/Does the project provide participant choice in accessing services and are efforts made to connect participants to community-based services?	Yes = 1 points No = 0 points
b.	Will/Does the project provide regular opportunities for program participants to provide input on project policies and operations?	Yes = 1 points No = 0 points
c.	Will/Does the project employ Person Centered Planning as a guiding principle of the service planning process? (Person Centered Planning focuses on the individual what he or she would like to accomplish in terms of relationships, community participation, achieving control over their lives, and developing the skills and resources needed to accomplish those goals.)	Yes = 1 points No = 0 points
d.	Are/Will the project staffed be trained in clinical and non-clinical strategies to support participant engagement including harm reduction, motivational interviewing, trauma informed approaches, and strength based?	Yes = 1 points No = 0 points
TOTAL SCORE: Tally the points based on the scoring criteria column and enter that number in the first box. Then divide that number by 15 to determine the percentage and enter that number in the indicated field in the online form.		_____%

Section 5: Performance Measures

Below is a list of the performance measure questions as well as the scoring criteria for each question.

Performance Measures	Scoring Criteria
1. Based on the APR, what is the percentage of data elements for participants that are missing or null? *Refer to the SAGE APR Data Quality (Q6a, Q6b, Q6c, Q6d) for the information*	**For all project types:** ▪ Average is 95% and above = 10 points ▪ Average is 90-94% = 5 points ▪ Average is below 89% = 0
2. What is the percentage of exits to permanent housing or remaining in permanent housing? *Refer to SAGE APR Q23-exit destination (Q23a for over 90 days; Q23b for exits in less than 90 days)*	**For RRH / TH-RRH:** ▪ 90% or greater exiting to PH = 10 points ▪ 85-89% = 5 points ▪ >85% = 0 points **For PSH:** ▪ 95% or greater exiting or remaining in PH= 10 points ▪ 90-94% = 5 points ▪ >90% = 0 points
3. What is the percentage of households that exit to homelessness or unknown	**For all project types:** ▪ 5% or fewer exit to homelessness or unknown = 10 points ▪ 8% or fewer return to homelessness or unknown = 5 points
4. What is the percentage of adult participants who maintain or increased their total income? *Refer to SAGE APR Q19a3-Client Cash Income Change for data)*	▪ At least 25% of adult participants gain or maintain their total cash income (earned and benefit) from program entry to exit or at re-verification for households continuing in program = 5 points
5. Utilization Rate *Refer to SAGE APR Q7b for projects serving single individuals and SAGE APR Q8b for projects serving families*	90% and above on average for the four PIT dates in APR = 10 points; 85-89% = 5 points
6. Use of HUD Resources *Refer to the most recent HUD close-out report (please submit a copy of this report with your application)*	95% or more of HUD funds expended in last grant cycle = 10 points; 90% or more of HUD funds expended in last grant = 5 points
7. Compliance with expenditure requirements. **a.** For organizations that are sub-recipients to IHCDA, has your organization submitted monthly claims by the 20th of	If yes = 10 points No = 0 points

Appendix 1: Questions with Corresponding Scoring Criteria

Section 3: Coordinated Entry

Coordinated Entry Questions	Scoring Criteria
1. What is the percentage of your participants that are being assessed using the CoC adopted assessment tool prior to entering the program (during calendar year 2020)?	100% assessed prior to entry = 10 points 90-99% assessed prior to entry = 5 points >90% assessed prior to entry = 0 points
2. How many households that were referred through coordinated entry were admitted into the project in 2020?	95% or above = 10 points 90-94% = 5 points >90% = 0 points

Section 4: Housing First Questions

Housing First projects are effective in assisting all homeless people access and sustain permanent stable housing. It has been demonstrated that projects can be well-run and safe without imposing requirements that prevent many homeless individuals from entering and/or remaining in housing. As part of the NOFA solicitation for new and renewal projects, applicants are required to answer the following questions related to the proposed project's eligibility criteria and project rules. Each question will be scored as indicated.

Housing First Questions	Scoring Criteria
1. Low Barrier access: a. Will/Does the project require clients to pass a background screening prior to project entry (excluding sexual offender/predator check)?	Yes = 0 points No = 1 points
b. Will/Does the project require all persons with specified criminal convictions on a blanket basis to be excluded from admission (excluding registered sexual offender/predator, and background screening imposed by other funders)?	Yes = 0 points No = 1 points
c. Will/Does the project require participants to be clean and sober for a specified period prior to project entry as a condition for admission?	Yes = 0 points No = 1 points
d. Will/Does the project serve individuals and families regardless of sexual orientation, family composition, or marital status and are transgendered persons served according to the gender with which they identify?	Yes = 1 points No = 0 points
e. Will/Does the project expedite the admission process including assisting in assembling necessary documents to support the application for admission?	Yes = 1 points No = 0 points

f. Does the project actively participate in coordinated entry including attendance at meetings and case conferencing and, if applicable, are all new project entrants being referred through coordinated entry?	Yes = 1 points No = 0 points
2. Housing Retention a. Will/Does the project terminate participants for failure to participate in treatment or support services including case management?	Yes = 0 points No = 1 points
b. Will/Does the project terminate participants solely for engaging in substance use?	Yes = 0 points No = 1 points
c. Will/Does the project require participants to obtain earned or benefit income as a condition of remaining in the project?	Yes = 0 points No = 1 points
d. Will/Does the project make all efforts to avoid discharging participants into homelessness including referral back to coordinated entry for those who cannot remain in the project?	Yes = 1 points No = 0 points
e. Will/Do project participants be held to standards/behaviors not found in mainstream leases (such as not being allowed visitors, curfews, required to do chores, or not be allowed to have alcoholic beverages in their unit)?	Yes = 0 points No = 1 points
3. Participant engagement a. Will/Does the project provide participant choice in accessing services and are efforts made to connect participants to community-based services?	Yes = 1 points No = 0 points
b. Will/Does the project provide regular opportunities for program participants to provide input on project policies and operations?	Yes = 1 points No = 0 points
c. Will/Does the project employ Person Centered Planning as a guiding principle of the service planning process? (Person Centered Planning focuses on the individual what he or she would like to accomplish in terms of relationships, community participation, achieving control over their lives, and developing the skills and resources needed to accomplish those goals.)	Yes = 1 points No = 0 points
d. Are/Will the project staffed be trained in clinical and non-clinical strategies to support participant engagement including harm reduction, motivational interviewing, trauma informed approaches, and strength based?	Yes = 1 points No = 0 points
TOTAL SCORE: Tally the points based on the scoring criteria column and enter that number in the first box. Then divide that number by 15 to determine the percentage and enter that number in the indicated field in the online form.	_____%

Section 5: Performance Measures

Below is a list of the performance measure questions as well as the scoring criteria for each question.

Performance Measures	Scoring Criteria
1. Based on the APR, what is the percentage of data elements for participants that are missing or null? *Refer to the SAGE APR Data Quality (Q6a, Q6b, Q6c, Q6d) for the information*	**For all project types:** ■ Average is 95% and above = 10 points ■ Average is 90-94% = 5 points ■ Average is below 89% = 0
2. What is the percentage of exits to permanent housing or remaining in permanent housing? *Refer to SAGE APR Q23-exit destination (Q23a for over 90 days; Q23b for exits in less than 90 days)*	**For RRH / TH-RRH**: ■ 90% or greater exiting to PH = 10 points ■ 85-89% = 5 points ■ >85% = 0 points **For PSH:** ■ 95% or greater exiting or remaining in PH= 10 points ■ 90-94% = 5 points ■ >90% = 0 points
3. What is the percentage of households that exit to homelessness or unknown	**For all project types:** ■ 5% or fewer exit to homelessness or unknown = 10 points ■ 8% or fewer return to homelessness or unknown = 5 points
4. What is the percentage of adult participants who maintain or increased their total income? *Refer to SAGE APR Q19a3-Client Cash Income Change for data)*	■ At least 25% of adult participants gain or maintain their total cash income (earned and benefit) from program entry to exit or at re-verification for households continuing in program = 5 points
5. Utilization Rate *Refer to SAGE APR Q7b for projects serving single individuals and SAGE APR Q8b for projects serving families*	90% and above on average for the four PIT dates in APR = 10 points; 85-89% = 5 points
6. Use of HUD Resources *Refer to the most recent HUD close-out report (please submit a copy of this report with your application)*	95% or more of HUD funds expended in last grant cycle = 10 points; 90% or more of HUD funds expended in last grant = 5 points
7. Compliance with expenditure requirements. a. For organizations that are sub-recipients to IHCDA, has your organization submitted monthly claims by the 20th of	If yes = 10 points No = 0 points

each month for reimbursement and not submitted drawdown requests seeking multiple months of funding? **b.** For organizations that are direct recipients of HUD grants, have you submitted ELOCCS drawdowns no less frequently than quarterly?	If yes = 10 points No = 0 points

Section 6: Bonus Questions

Bonus Question	Scoring Criteria
1. Training In the previous calendar year (2019), did employees of this project: ▪ Attend Spring Development Day ▪ Attend other Training related to Housing First or Evidence-Based Practices that support housing stability. ▪ Participate in at least one other IHCDA or HUD offered training (webinar, local training) ▪ Participate in at least one other IHCDA training (webinar, local training)	Attended all 4: 5 points Attended at least 3 of 4: 3 points Attended at least 2 of 4: 1 point
2. Compliance In the previous calendar years (2019 and 2020), did the agency: ▪ Submit signed agreements in a timely manner ▪ Submit required documentation (match letter, homeless representation, board resolutions) in a timely manner ▪ Submit required close-out reports by the deadline ▪ Adhere to the terms of their grant agreement and all incorporated plans and attachments in the most recently completed year	Yes to all 5: 5 points Yes to 4 of 5: 3 points Yes to at least 2 of 5: 1 point
3. Collaboration In the previous calendar years (2019 and 2020), did the agency: ▪ Participate in Regional Council meetings ▪ Participate effectively in Coordinated Entry ▪ Participate on a regional committee, a Balance of State committee or an IHCDA working group ▪ In 2020 and 2021 did the agency engage in efforts to address the COVID-19 pandemic, mitigate the impact on people experiencing homelessness, and/or support vaccination efforts?	Yes to all 4: 5 points Yes to 3 of 4: 3 points Yes to at least 2 of 4: 1 point
4. Prevent, prepare for, and respond to COVID-19 Pandemic. In a narrative below please indicate: ▪ Ways in which the COVID-19 pandemic impacted your agency's ability to carry out the CoC project and achieve intended outcomes.	Assess the extent to which agency provides concrete examples of how it was impacted by COVID-19 such as staff absences, inability to locate units and secure landlord participation due to COVID, etc. Reviewers can provide up to 5

▪ Ways in which your agency has been involved in responding to the pandemic including taking actions to limit exposure to and impact virus on participants and proactively assisting participants in securing vaccinations	points based on concrete examples in response. Assess the extent to which the agency has engaged in direct actions to limit participant's exposure to the COVID virus and specific actions agency has taken to assist participants in access vaccinations. Reviewers can provide up to 5 points based on concrete examples in response.

2022 CoC NOFO New Project Rating Tool

Project Name: _____

Organization Name: _____

Project Type: _____

RATING FACTOR	POINTS AWARDED	
Increasing Permanent Housing and Treshold		
A. Project Component: points awarded if the project is either a rapid rehousing project, supportive housing project, or if the expansion or renewal project increases units (this will be clarified in the Budget under Rental Assistance). Max score is 4 points, projects that are PSH and expand units only receive points for the new units 1x.		out of
B. Housing First: project is awarded points for select the "yes" option based on the Housing First questions point ranges. 8 points= 15 "yes" answers/all yes; 6 points= 12-14 "yes" answers; 4 points= 9-11 "yes"; 2 points= 6-8 "yes"; 0 points= 5 or fewer "yes" answers.		out of
C. Project did not skip any questions, especially: providing UEI #, confirmed eligibility for CoC funds (nonprofit, government or tribal entity), project does not have unresolved HUD findings, and agrees to follow Written Standards		
Subtotal	0	
Experience		
A. Federal funds experience: 1 point for satisfactorily detailing the agency's: 1) Experience/expertise with renting units, operating rental assistance, and providing supportive services like the activities proposed in the applications. 2) Working with and addressing the needs of unsheltered homeless individuals or rural communities and those experiencing homelessness and supporting individuals and families to attain housing and meet their service needs. 3) 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. 4) 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		out of

B. Leveraging funds: 1 point if the applicant describes that they have, or a partner has, experience with leveraging federal, state or local funding		out of
C. Organizational management structure: 1) 1 point if applicant describes their organizational structure 2) 1 point if their description includes the internal and external controls and financial accounting system		out of
D. Monitoring findings: 1 point if the organization DOES NOT have any monitoring OR audit findings		out of
D. Returned funds: 1) 2 points if agency has not had a grant previously 2) 1 point if they have not returned funds in the last 2 years 3) 1 point if they submitted claims to IHCDA on-time OR met federal draw requirements		out of
E: Utilization: 1) 3 points if ES/TH/SH beds in project was at or above 75% utilization on 1/26/22 2) 3 points if RRH, TH-RRH or PSH project was at or above 90% utilization on 1/26/22. 0 points if projects do not have data or were below the percentages listed.		out of
Subtotal	**0**	
Project Description		
A. Description: 1) 1 point if the narrative describes the entire scope of the proposed project, 2) 1 point for identifying the community(ies) and/or county(ies) served, 3) 1 point for how the project will address housing disparity issues, 4) 1 point for providing a clear picture of the services provided to participants, 5) 1 point for describing implementation of HMIS including projected outcome(s), and 6) 1 point for describing any coordination with other source(s)/partner(s) especially healthcare (including mental health and substance abuse) and Medicaid.		out of
B. Rapid implementation: 1) 1 point for projects that will have staff hired and project expenses within 6 months 2) 1 point for project being leased or at capacity within 12 months		out of
Subtotal	**0**	

SUPPORTIVE SERVICES		
A. Providing services to obtain and maintin housing. 1) Up to 2 points for narrative that describes 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) Up to 2 points for narrative that describes 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) Up to 2 points for narrative that describes how 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.		out of
B. Services integrate with health, access to substance abuse treatment, increase income: 1) 1 point if narrative describes coordination between healthcare entity 2) 1 point if narrative describes coordination with mainstream benefit/income 3) 1 point if agency completes the supportive services chart		out of
C. Transportation, assistance with mainstream benefits, access to SSI/SSDI and SOAR training: 1) 1 point for completing the chart 2) 1 point for each box selected on the services detail chart.		out of
Subtotal	0	out of
Performance Meaures		
A. Length of time homeless: 3 points if the agency can track length of time from enrollment to move-in, 0 if no		out of
B. Tracking and pariticipant rate of increase income: 3 points if they can track income and changes in income, 0 points if no. 5 points if narrative describes their participants do increase income, 2 points if the narrative describes maintaining income/benefits. 0 points if participants do not maintain or increase income/benefits.		out of
C. Tracking and participant rate of rentention of permanent housing: 4 points if the agency can track the reteuntion of housing, 0 if no. 5 points if 70% of more of participants have obatined and maintained housing, 2 if less than 70% have, 0 if no participants have obtained or maintained housing.		out of
Subtotal	0	out of
Representation and Equity		

A. Representative of the community served: 1 point if the organization has board and agency diversity in areas of race, socio-economic status, lived experience, LGBTQ+, age, and/or populations impacted by homelessness in their community. 0 if no		out of
C. Lived experience representation: 1) 1 point if there is at least 1 person with lived experience on the board or staff 2) 2 points if anyone with lived experience has had a recent experience in the last 3 years.		out of
B. Client feedback: 1) 1 point if the agency has a client/resident grievance procedure 2) 1 point if the agency uses other ways to obtain client feedback.		out of
D. Stability for those at highest risk of returns to homelessness: 1) 1 point if the agency describes regional disparities in housing outcomes. 2) 2 points if agency describes how their knowledge is impacting the plan for services, including staff training		out of
Subtotal	**0**	out of
Housing and Healthcare		
A. The project has healthcare and housing partnerships documented: 1) 10 points if project can meet 25% leverage in PSH or RRH with letter(s) attached AND 25% leverage in healtchare with letter(s) attached. 2) 5 points if project can meet 25% leverage in PSH or RRH **OR** if project can meet 25% leverage in healtchare with letter(s) attached. 3) 3 points if project does not have documentation attached but is working to obtain documentation. 5) 0 points if the project cannot document the partnerships		out of
Subtotal	**0**	out of
Units and Budgets Information		
A. Supportive services 1) 2 points if project includes any dollars for services 2) 1 point if project correctly indicates staffing charges (title, salary and number of FTEs) *if applicable.		out of
B. Match information: 1) 1 point for completing the match budget section 2) 4 points if the match budget section is 25% of the total requested budget amount. 0 if it is not		out of
C. Cost effectiveness: 1) 5 points if the cost of the project is within 10% of the average new project cost for that project type (match not included). If only project of its type, then 3 points. If greater than 10% then 0 points.		out of
Subtotal	**0**	
Project submitted application complete and on-time (including all attachments)		out of
TOTAL SCORE	**0**	

MAX POINT VALUE
4
8
Must be "yes"
12
4

1
2
1
1
3
12
6
2
8

6
3
5
14
3
8
9
20

1
3
2
3
9
10
10
3
5
5
13
2
100

Appendix 2: Participation of Homeless Individuals on Board of Directors Certification

Agency Name: _____

Grant Number(s): _____

Address: _____

Phone and email: _____

Pursuant to 24 CFR 578.75(g) organizations receiving Continuum of Care Program ("CoC") funding must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the sub-recipient, to the extent that such entity considers and makes policies and deciions regarding any project, supportive services, or assistance. This requirement is waived if a sub-recipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions.

I, _____, hereby certify that the above-listed agency:

❑ Does have a homeless/formerly homeless representation on our current Board of Directors or auxiliary board.
❑ Does NOT have a homeless/formerly homeless representation on our current Board of Directors or auxiliary board. *

* If the agency does not have a homeless/formerly homeless representation, has the agency received approval from HUD for an alternate plan to consult with a homeless or formerly homeless person when considering making policies and decisions?

❑ Yes; please submit a copy of the plan and the approval from HUD with this form.
❑ No; contact IHCDA immediately to discuss a plan to comply with 24 CFR 578.75(g).

I understand that any misrepresentation or failure to accurately respond to the questions contained in this form may disqualify me from receiving additional CoC funding, may be grounds for termination of CoC funding to the Agency and/or repayment of any CoC funding that the Agency received based on misrepresentation, an inaccurate or misleading response, fraud, or omission.

Agency Representative: _____
(Print name and title)

Signature: _____ Date: _____

Indiana Balance of State Continuum of Care

FY2022 CoC Program Funding Competition

Attachment 1E2a

Scored Renewal Project Application

2022 CoC Internal Review Project Application Scoring Sheet

Eligibility and Threshold Factors	
Agency Name	Porter-Starke Services
Project Name	Housing Opportunities Porter Stark Supportive Housing
PIN	IN 0136
Eligibility – All factors met: Yes/No	yes
Federal Requirements – All factors met: Yes/No	yes
Threshold Factors- 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**
3. Coordinated Entry		
1) Coordinated Entry Assessment	10	**10**
2) Referrals from Coordinated Entry	10	**10**
4. Housing First		
1) Housing First	15	**15**
5. Performance Measures		
1) HMIS Data Quality	10	**10**
2) Percent Exits to Permanent Housing	10	**10**
3) Exits to homelessness or unknown	10	**0**
4) Increases in total Income	5	**5**
5) Utilization rate	10	**10**
6) Use of HUD Resources	10	**10**
7) Expenditure Requirements	10	**10**
6. Bonus Questions		
Bonus 1 – Training	5	**5**
Bonus 2 – Compliance	5	**5**
Bonus 3 – Collaboration	5	**5**
Bonus 4a – COVID-19 impact on Agency	5	**5**
Bonus 4b – Response to COVID-19	5	**5**
7. Penalties		
Late Submission	(-10)	
Substantially Deficient	(-10)	
TOTAL SCORE	**125**	**115**

Attachments List:
- ✓ The most recent audit for the organization
- ✓ CoC Annual Performance Report for calendar year 2021
- ✓ A close-out report from HUD showing the funds expended in the most recently completed grant year (typically FY 2020), if applicable
- ✓ Screen shot of the organization's active SAM.GOV registration, including UEI number
- ✓ Screen shot of the organization's active Indiana Secretary of State registration
- ✓ Project policies for educational services- optional

Attachments missing?

Notes:

Indiana Balance of State Continuum of Care

FY2022 CoC Program Funding Competition

Attachment 1E5

Notification of Projects Rejected Reduced

From: Sample, Rachael
To: pambrookshire
Cc: Jameson, Candace
Subject: CoC Program Voluntary Reallocation Confirmation- Brightpoint PSH
Date: Thursday, September 15, 2022 7:52:00 PM

Good evening, Pam-

This email is confirming the voluntary reallocation that your Brightpoint PSH project agreed to in August as a part of the FY 2022 CoC Program Competition.

On behalf of the CoC board, thank you for voluntarily reallocating funding for your project. You will see the amount your project will renew at in the ranking posted to the IHCDA website, and a copy of the amount was provided earlier today in the ranking email I sent.

Thank you again,

Rachael

Rachael Sample (she/her)
Community Services Grants Manager
Indiana Housing and Community Development Authority

30 South Meridian Street, Suite 900
Indianapolis, IN 46204
PHONE 317 232 3079
FAX 317 232 7778
EMAIL rsample@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.

Good evening, Renea-

This email is confirming the voluntary reallocation that your Brightpoint PSH project agreed to in August as a part of the FY 2022 CoC Program Competition.

On behalf of the CoC board, thank you for voluntarily reallocating funding for your project. You will see the amount your project will renew at in the ranking posted to the IHCDA website, and a copy of the amount was provided earlier today in the ranking email I sent.

Thank you again,

Rachael

Rachael Sample (she/her)
Community Services Grants Manager
Indiana Housing and Community Development Authority

30 South Meridian Street, Suite 900
Indianapolis, IN 46204
PHONE 317 232 3079
FAX 317 232 7778
EMAIL rsample@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.

Good evening, William-

This email is to confirm your project, CoC of NW Indiana's reallocation in the FY 2022 CoC Program Competition. You confirmed with us on August 3, 2022 that your agency was not intending to renew the project.

On behalf of the CoC Board, I wanted to thank you for letting us know about your intentions and to let you know we are here to support your project as it ramps down in the next year. Your project is not included in the FY2022 CoC Program ranking. You can find information about this year's competition on the Internal Competition page of the IHCDA website.

Thank you,

Rachael

Rachael Sample (she/her)
Community Services Grants Manager
Indiana Housing and Community Development Authority

30 South Meridian Street, Suite 900
Indianapolis, IN 46204
PHONE 317 232 3079
FAX 317 232 7778
EMAIL rsample@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

FY2022 CoC Program Funding Competition

Attachment 1E5a

Notification of Projects Accepted

Good afternoon-

On behalf of the CoC Board of the Indiana Balance of State, I want to thank you for submitting your new and renewal projects for consideration in this year's CoC Program competition.

The Board voted today and approved the attached ranking. The ranking is also available on IHCDA's website on the Internal Competition page.

Information on the appeals process for projects is also available on the website in the Policies and Procedures section of the Internal Competition page.

Thank you for your time.

Sincerely,
Rachael

Rachael Sample (she/her)
Community Services Grants Manager
Indiana Housing and Community Development Authority

30 South Meridian Street, Suite 900
Indianapolis, IN 46204
PHONE 317 232 3079
FAX 317 232 7778
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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.

INTERNAL COMPETITION

The Continuum of Care Program Competition covers the application and award process for annual CoC Program funding.

The Indiana Balance of State CoC is announcing the opportunity for funding through for new projects through the FY 2022 CoC Program Competition. The Request for Applications, application materials, and budget template are provided below. If you have questions about this opportunity, please contact communityservices@ihcda.in.gov.

A webinar for new applicants will be held on August 15, 2022 at 1:30 PM Eastern Time. Click **here** to register to join the webinar.

Applications are due by 5:00 PM Eastern Time on August 29, 2022. Renewal projects must submit their renewal application in ESNAPS by due August 30, 2022.

2022

The new and renewal project ranking was approved by the CoC Board on September 15, 2022. Projects received notification of their ranking on September 15. Projects interested in appeal should review the CoC Policies and Procedures below.

FY2022 CoC Program Competition Ranking

FORMS & GUIDES	POLICIES & PROCEDURES	WEBINARS & FINAL COC NOFA APPLICATIONS	DEADLINES
• 2022 New Project Application	• Indiana BOS CoC Competition Policies 2022	• CoC Program Competition Webinar	**August 29, 2022 - 5:00 PM Eastern Time**
• FY2022 Budget Template		• Passcode - 2bKe0v^t	Deadline for new projects submitted to communityservices@ihcda.in.gov
• New Project Scoring Tool			

IHCDA Keybot

CoC-Application-....docx   Sage Reports Deta....xlsx   Sage Reports Deta....xlsx   Show all

8:11 PM
9/15/2022

Indiana Balance of State Continuum of Care

FY2022 CoC Program Funding Competition

Attachment 1E5b

Final Project Scores for All Projects

Renewal or New	Rank	Tier	Score- any below 65% of highest are Red	Recipient Name	Sub-recipient Name	Project Name	Funding		Tier Remaining	
Renewal	1	1	125	Housing Opportunities Inc.		Creekview	$	396,151.00	$	17,538,929.40
Renewal	2	1	120	Indiana Housing and Community Development Authority	Housing Opportunities	Housing Opps McCord Rapid Rehousing FY2021	$	68,577.00	$	17,470,352.40
Renewal	3	1	119	Indiana University Health Bloomington, Inc.		FY2021 Housing Links	$	91,432.00	$	17,378,920.40
Renewal	4	1	114	Life Treatment Centers		Rental Assistance II PSH	$	180,057.00	$	17,198,863.40
Renewal	5	1	112	Indiana Housing and Community Development Authority	Aspire, Meridian	IHCDA CoC II FY2021	$	656,657.00	$	16,542,206.40
Renewal	6	1	110	Lafayette Transitional Housing Center, Inc.		LTHC Rapid Re-Housing Renewal FY21	$	260,320.00	$	16,281,886.40
Renewal	7	1	110	Indiana Housing and Community Development Authority	Porter Starke	South Shore Commons FY2021	$	326,145.00	$	15,955,741.40
Renewal	8	1	110	Indiana Housing and Community Development Authority	Brightpoint	Brightpoint PSH FY 2021	$	657,963.90	$	15,297,777.50
Renewal	9	1	109	Community Mental Health Center		Batesville Permanent Housing I	$	118,126.00	$	15,179,651.50
Renewal	10	1	106	ECHO Housing Corporation		Lucas Place Renewal FY2021	$	112,679.00	$	15,066,972.50
Renewal	11	1	105	Indiana Housing and Community Development Authority	Edgewater	Edgewater Scattered Site PSH FY2021	$	207,758.00	$	14,859,214.50
Renewal	12	1	105	Indiana Housing and Community Development Authority	Housing Opportunities	Housing Opps Porter Starke Supportive Housing FY2021	$	234,200.00	$	14,625,014.50
Renewal	13	1	105	Housing Opportunities Inc.		Perm 5	$	265,463.00	$	14,359,551.50
Renewal	14	1	102	Indiana Housing and Community Development Authority	Meridian, City of Lafayette, Community Health Foundation	IHCDA CoC III FY2021	$	487,129.00	$	13,872,422.50

Type	No.		Score	Applicant	Sub	Project	Amount	Cumulative
Renewal	15	1	102	Oaklawn Psychiatric Center		Supportive Housing Turnock Group Home Renewal 202	$ 122,810.00	$ 13,749,612.50
Renewal	16	1	102	Indiana Housing and Community Development Authority	Beaman Home	Kosciusko County RRH FY2021	$ 120,503.25	$ 13,629,109.25
Renewal	17	1	98	Mental Health America of West Central Indiana		Community Younity Center	$ 78,816.00	$ 13,550,293.25
Renewal	18	1	98	Indiana Housing and Community Development Authority	Preservation Nonprofit Housing	NWI Veterans Village Homes for Heroes FY2021	$ 438,699.00	$ 13,111,594.25
Renewal	19	1	97	Indiana Housing and Community Development Authority	Family Services Association Howard County	FSAHC Jackson Street Commons FY2021	$ 196,269.00	$ 12,915,325.25
Renewal	20	1	95	Lafayette Transitional Housing Center, Inc.		LTHC Union Place PSH Apartments Renewal FY21	$ 467,160.00	$ 12,448,165.25
Renewal	21	1	94	Beacon, Inc.		Beacon Crawford Homes Renewal Application FY 2021	$ 1,273,492.00	$ 11,174,673.25
Renewal	22	1	93	The Center for the Homeless		Center for the Homeless PSH FY2021	$ 329,201.00	$ 10,845,472.25
Renewal	23	1	92	Community Mental Health Center		Vevay I,II consolidated	$ 194,777.00	$ 10,650,695.25
Renewal	24	1	91	A Better Way Services, Inc.		ABW Joint PH RRH Th 2021	$ 459,981.00	$ 10,190,714.25
Renewal	25	1	90	Indiana Housing and Community Development Authority	Aspire	Aspire Mainstream II FY2021	$ 167,159.00	$ 10,023,555.25
Renewal	26	1	90	Indiana Housing and Community Development Authority	Sojourner Truth	Gary Pathway FY2021	$ 523,502.00	$ 9,500,053.25
Renewal	27	1	90	Oaklawn Psychiatric Center		Supportive Housing Rental Assistance Renewal 2021	$ 424,328.00	$ 9,075,725.25
Renewal	28	1	90	Indiana Housing and Community Development Authority	RMHC	RMHC Scattered Site PSH FY2021	$ 124,090.00	$ 8,951,635.25
Renewal	29	1	89	YWCA North Central Indiana		TH to RRH for DV	$ 224,512.00	$ 8,727,123.25
Renewal	30	1	88	Indiana Housing and Community Development Authority	Oaklawn	Chapman West-Lincoln West FY2021	$ 216,805.00	$ 8,510,318.25
Renewal	31	1	86	A Better Way Services, Inc.		ABW Jumpstart RRH	$ 228,237.00	$ 8,282,081.25
Renewal	32	1	86	Community Mental Health Center		Lawrenceburg Consolidiated	$ 223,706.00	$ 8,058,375.25
Renewal	33	1	86	LifeSpring Inc.		LifeSpring PSH Renewal FY2021	$ 231,143.00	$ 7,827,232.25
Renewal	34	1	85	A Better Way Services, Inc.		ABW Rapid Rehousing FY2022	$ 141,428.00	$ 7,685,804.25
Renewal	35	1	85	Indiana Housing and Community Development Authority	Aurora	Aurora Evansville Beacon PSH FY2021	$ 209,304.00	$ 7,476,500.25
Renewal	36	1	85	Aurora Inc		Aurora Vision 1505 Renewal FY2021	$ 449,804.00	$ 7,026,696.25
Renewal	37	1	85	Community Mental Health Center		Batesville Permanent Housing II	$ 340,030.00	$ 6,686,666.25
Renewal	38	1	85	Indiana Housing and Community Development Authority	Centerstone	Centerstone Dunn Supportive Housing FY2021	$ 105,151.00	$ 6,581,515.25
Renewal	39	1	85	Centerstone Indiana Inc., formerly SCCMHC		Centerstone Limestone PSH FY2021	$ 128,360.00	$ 6,453,155.25

Type	#	Col3	Col4	Organization	Subrecipient	Project	Amount	Running Total
Renewal	40	1	85	Centerstone Indiana Inc., formerly SCCMHC		Centerstone Martinsville Plaza Apartments FY2021	$ 43,868.00	$ 6,409,287.25
Renewal	41	1	85	Family Service Association of Howard County, Inc.		FSAHC RRH FY2021	$ 119,138.00	$ 6,290,149.25
Renewal	42	1	85	Indiana Housing and Community Development Authority	MHA West Central IN	MHA West Central IN YOUnity Village/Terre Firma Cons	$ 301,035.00	$ 5,989,114.25
Renewal	43	1	84	Indiana University Health Bloomington, Inc.		FY2021 Bridges Supportive Housing	$ 162,819.00	$ 5,826,295.25
Renewal	44	1	84	Indiana Housing and Community Development Authority	Cinnaire Solutions	Marion Veterans Program	$ 156,192.00	$ 5,670,103.25
Renewal	45	1	84	ECHO Housing Corporation		New Start Scattered Site Housing Renewal FY2021	$ 278,713.00	$ 5,391,390.25
Renewal	46	1	84	Indiana Housing and Community Development Authority	Park Center	Park Center PSH FY2021	$ 337,042.00	$ 5,054,348.25
Renewal	47	1	83	Indiana Housing and Community Development Authority	Echo	ECHO LP2/Ren16 FY2021	$ 300,608.00	$ 4,753,740.25
Renewal	48	1	83	Indiana Housing and Community Development Authority	Oaklawn	Integrated Permanent Supportive Housing I FY2021	$ 367,072.00	$ 4,386,668.25
Renewal	49	1	83	Edgewater Systems for Balanced Living, Inc.		Phoenix Renewal FY2021	$ 139,382.00	$ 4,247,286.25
Renewal	50	1	82	Aspire Indiana, Inc.		Continuum of Care Renewal FY2021 (HUD CoC)	$ 429,244.00	$ 3,818,042.25
Renewal	51	1	82	AIDS Ministries/AIDS Assist of North Indiana, Inc.		PSH AMAA 2021	$ 134,116.00	$ 3,683,926.25
Renewal	52	1	NA	Indiana Housing and Community Development Authority	IHCDA	HMIS BoS FY2021	$ 579,912.00	$ 3,104,014.25
Renewal	53	1	NA	Indiana Housing and Community Development Authority	IHCDA	IHCDA DV Coordinated Entry FY2021	$ 275,000.00	$ 2,829,014.25
Renewal	54	1	NA	Indiana Housing and Community Development Authority	IHCDA	IHCDA Statewide DV RRH FY2021	$ 1,487,684.00	$ 1,341,330.25
Renewal	55	1	NA	Indiana Housing and Community Development Authority	IHCDA	IHCDA Statewide DV THRRH FY2021	$ 585,029.00	$ 756,301.25
Renewal	56	1	NA	Lafayette Transitional Housing Center, Inc.		LTHC SSO CE New Project FY21	$ 169,950.00	$ 586,351.25
Renewal	57	1	NA	Indiana Housing and Community Development Authority	IHCDA	Coordinated Entry SSO FY2021	$ 274,000.00	$ 312,351.25
New	58	1	NA	Indiana Housing and Community Development Authority	IHCDA	HMIS Expansion FY2022	$ 104,000.00	$ 208,351.25
New	59	1	NA	Indiana Housing and Community Development Authority	IHCDA	CES Expansion FY2022	$ 206,000.00	$ 2,351.25

Type	#	Tier	Score	Organization	Sub	Project	Amount	Cumulative
Renewal	60	1	81	ECHO Housing Corporation		Garvin Lofts Renewal FY2021	$ 2,351.25	$ -
Renewal	61	2	81	ECHO Housing Corporation		Garvin Lofts Renewal FY2021	$ 356,049.75	$ 3,421,948.85
Renewal	62	2	80	Centerstone Indiana Inc., formerly SCCMHC		Centerstone SCCMHC S+C FY2021	$ 61,801.00	$ 3,360,147.85
Renewal	63	2	80	Centerstone Indiana Inc., formerly SCCMHC		Centerstone Stepping Stones, Inc. FY2021	$ 80,273.00	$ 3,279,874.85
Renewal	64	2	79	Centerstone Indiana Inc., formerly SCCMHC		Centerstone Caldwell House PH FY2021	$ 48,037.00	$ 3,231,837.85
Renewal	65	2	74	Indiana Housing and Community Development Authority	CMHC	CMHC Lawrenceburg II FY2021	$ 233,564.00	$ 2,998,273.85
Renewal	66	2	70	Indiana Housing and Community Development Authority	Brightpoint	Cedars Hope	$ 90,916.00	$ 2,907,357.85
New	67	2	80.5	Beacon, Inc.		Blooming Families RRH	$ 331,647.00	$ 2,575,710.85
New	68	2	77.3	Indiana Housing and Community Development Authority	Cinnaire Solutions	Marion Veterans Program Expansion	$ 207,204.80	$ 2,368,506.05
Transition	69	2	73.7	The Center for the Homeless		Center for the Homeless RRH to PSH Transfer	$ 61,915.00	$ 2,306,591.05
New	70	2	NA	Indiana Housing and Community Development Authority		Statewide RRH North	$ 1,153,295.53	$ 1,153,295.53
New	71	2	NA	Indiana Housing and Community Development Authority		Statewide RRH South	$ 1,153,295.53	$ -
DV Bonus	72	2	63.7	YWCA North Central Indiana		YWCA North Central Indiana TH RRH Expansion DV Bon	$ 206,193.00	
Unranked	NA	NA	NA	IHCDA	IHCDA	Indiana Balance of State Planning Grant	$ 851,114.00	

Indiana Balance of State Continuum of Care

FY2022 CoC Program Funding Competition

Attachment 3A1a

Housing Leverage Commitments

U.S. Department Of Housing and Urban Development
Office of Public and Indian Housing

SECTION 8 PROJECT-BASED VOUCHER PROGRAM

PBV HOUSING ASSISTANCE PAYMENTS CONTRACT
NEW CONSTRUCTION OR REHABILITATION

PART 1 OF HAP CONTRACT

This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

1. CONTRACT   INFORMATION

a. Parties

This housing assistance payments (HAP) contract is entered into between:

_____ (PHA) and

_____ (owner).

b. Contents of contract

The HAP contract consists of Part 1, Part 2 and the contract exhibits listed in paragraph c.

c. Contract exhibits

The HAP contract includes the following exhibits:

EXHIBIT A: TOTAL NUMBER OF UNITS IN PROJECT COVERED BY THIS HAP CONTRACT; INITIAL RENT TO OWNER; AND THE NUMBER AND DESCRIPTION OF THE CONTRACT UNITS. (See 24 CFR 983.203 for required items.) If this is a multi-stage project, this exhibit must include a description of the units in each completed phase.

EXHIBIT B: SERVICES, MAINTENANCE AND EQUIPMENT TO BE
PROVIDED BY THE OWNER WITHOUT CHARGES IN ADDITION TO
RENT TO OWNER

EXHIBIT C: UTILITIES AVAILABLE IN THE CONTRACT UNITS, INCLUDING A
LISTING OF UTILITIY SERVICES TO BE PAID BY THE OWNER
(WITHOUT CHARGES IN ADDITION TO RENT TO OWNER) AND
UTILITIES TO BE PAID BY THE TENANTS

EXHIBIT D: FEATURES PROVIDED TO COMPLY WITH PROGRAM ACCESSIBILITY
FEATURES OF SECTION 504 OF THE REHABILITATION ACT OF 1973

ADDITIONAL EXHIBITS

d.   Single-Stage and Multi-Stage Contracts (Check the applicable box.)

1.   ☐   **Single-Stage Project**

This is a single-stage project.

For all contract units, the effective date of the HAP contract is:

_____.

The PHA enters the effective date, and executes the HAP contract, after completion and PHA
acceptance of all units in the single stage project.

2.   ☐   **Multi-Stage Project**

This is a multi-stage project. The units in each completed stage are designated in Exhibit A.

The PHA enters the effective date for each stage after completion and PHA acceptance of all
units in that stage. The PHA enters the effective date for each stage in the "Execution of HAP
contract for contract units completed in stages" (starting on page 8).

The annual anniversary date of the HAP contract for all contract units in this multi-stage project
is the anniversary of the effective date of the HAP contract for the contract units included in the
first stage. The expiration date of the HAP contract for all of the contract units completed in
stages must be concurrent with the end of the HAP contract term for the units included in the
first stage. (See 24 CFR 983.206(c).)

_____

                                                          Project-based Voucher Program
                                   HAP Contract for New Construction or Rehabilitation
Previous editions are obsolete

                                                                      HUD 52530A Page - 2 -
                                                                                   of Part 1

e.   Term of the HAP contract

1.   Beginning of Term

.   The PHA may not enter into a HAP contract for any contract unit until the PHA has
         determined that the unit complies with the housing quality standards. The term of the
         HAP contract for any unit begins on the effective date of the HAP contract.

2.   Length of initial term

a.   Subject to paragraph 2.b, the initial term of the HAP contract for any contract units is:
         _____.

b.   The initial term of the HAP contract for any unit may not be less than one year, nor more
         than fifteen years.

3.   Extension of term

         The PHA and owner may agree to enter into an extension of the HAP contract at the time
         of initial HAP contract execution or any time prior to expiration of the contract. Any
         extension, including the term of such extension, must be in accordance with HUD
         requirements.

         A PHA must determine that any extension is appropriate to achieve long-term
         affordability of the housing or expand housing opportunities.

4.   Requirement for sufficient appropriated funding

a.   The length of the initial term and any extension term shall be subject to availability, as
         determined by HUD, or by the PHA in accordance with HUD requirements, of sufficient
         appropriated funding (budget authority), as provided in appropriations acts and in the
         PHA's annual contributions contract (ACC) with HUD, to make full payment of housing
         assistance payments due to the owner for any contract year in accordance with the HAP
         contract.

b.   The availability of sufficient funding must be determined by HUD or by the PHA in
         accordance with HUD requirements. If it is determined that there may not be sufficient
         funding to continue housing assistance payments for all contract units and for the full
         term of the HAP contract, the PHA has the right to terminate the HAP contract by notice
         to the owner for all or any of the contract units. Such action by the PHA shall be
         implemented in accordance with HUD requirements.

f.   Occupancy and payment

1.   Payment for occupied unit

During the term of the HAP contract, the PHA shall make housing assistance payments to the owner for the months during which a contract unit is leased to and occupied by an eligible family. If an assisted family moves out of a contract unit, the owner may keep the housing assistance payment for the calendar month when the family moves out ("move-out month"). However, the owner may not keep the payment if the PHA determines that the vacancy is the owner's fault.

2.   Vacancy payment

THE PHA HAS DISCRETION WHETHER TO INCLUDE THE VACANCY PAYMENT PROVISION (PARAGRAPH f.2), OR TO STRIKE THIS PROVISION FROM THE HAP CONTRACT FORM.

a.   If an assisted family moves out of a contract unit, the PHA may provide vacancy payments to the owner for a PHA-determined vacancy period extending from the beginning of the first calendar month after the move-out month for a period not exceeding two full months following the move-out month.

b.   The vacancy payment to the owner for each month of the maximum two-month period will be determined by the PHA, and cannot exceed the monthly rent to owner under the assisted lease, minus any portion of the rental payment received by the owner (including amounts available from the tenant's security deposit). Any vacancy payment may only cover the period the unit remains vacant.

c.   The PHA may only make vacancy payments to the owner if:

1.   The owner gives the PHA prompt, written notice certifying that the family has vacated the unit and the date when the family moved out (to the best of the owner's knowledge and belief);

2.   The owner certifies that the vacancy is not the fault of the owner and that the unit was vacant during the period for which payment is claimed;

3.   The owner certifies that it has taken every reasonable action to minimize the likelihood and length of vacancy; and

---

4.	The owner provides any additional information required and requested by the PHA to verify that the owner is entitled to the vacancy payment.

d.	The PHA must take every reasonable action to minimize the likelihood and length of vacancy.

e.	The owner may refer families to the PHA, and recommend selection of such families from the PHA waiting list for occupancy of vacant units.

f.	The owner must submit a request for vacancy payments in the form and manner required by the PHA and must provide any information or substantiation required by the PHA to determine the amount of any vacancy payments.

**3.	PHA is not responsible for family damage or debt to owner**

Except as provided in this paragraph f (Occupancy and Payment), the PHA will not make any other payment to the owner under the HAP contract. The PHA will not make any payment to owner for any damages to the unit, or for any other amounts owed by a family under the family's lease.

**g.	Income-mixing requirement**

1.	Except as provided in paragraphs g.2 and 3, the PHA will not make housing assistance payments under the HAP contract for more than 25 percent of the total number of dwelling units (assisted or unassisted) in any project. The term "project" means a single building, multiple contiguous buildings, or multiple buildings on contiguous parcels of land assisted under this HAP contract.

2.	The limitation in paragraph g.1 does not apply to single-family buildings.

3.	In referring eligible families to the owner for admission to the number of contract units in any project exceeding the 25 percent limitation under paragraph g.1, the PHA shall give preference to elderly or disabled families, or to families receiving supportive services, for the number of contract units designated for occupancy by such families. The owner shall rent the designated number of contract units to such families referred by the PHA from the PHA waiting list.

4.	The PHA and owner must comply with all HUD requirements regarding income mixing.

5.   The following specifies the number of contract units (if any):

      a.   Designated for occupancy by disabled families;

      b   Designated for occupancy by elderly families;

      c.   Designated for occupancy by elderly or disabled families; or

      d.   Designated for occupancy by families receiving supportive services.

☐   Check this box if any contract units are designated for disabled families.

The following number of contract units shall be rented to disabled

families: _____.

☐   Check this box if any contract units are designated for elderly families.

The following number of contract units shall be rented to elderly families:

_____.

☐   Check this box if any contract units are designated for elderly or disabled families.

The following number of contract units shall be rented to elderly or disabled families:

_____.

☐   Check this box if any contract units are designated for families receiving supportive services.

The following number of contract units shall be rented to families

receiving supportive services: _____.

EXECUTION OF HAP CONTRACT FOR SINGLE-STAGE PROJECT

PUBLIC HOUSING AGENCY (PHA)
Name of PHA (Print)
By:
Signature of authorized representative
Name and official title (Print)
Date
OWNER
Name of Owner (Print)
By:
Signature of authorized representative
Name and title (Print)
Date

EXECUTION OF HAP CONTRACT FOR CONTRACT UNITS COMPLETED AND ACCEPTED IN STAGES

(For multi-stage projects, at acceptance of each stage, the PHA and the owner sign the HAP contract execution for the completed stage.)

STAGE NO. 1. The Contract is hereby executed for the contract units in this stage.
STAGE EFFECTIVE DATE. The effective date of the Contract for this stage is:
PUBLIC HOUSING AGENCY (PHA)   Name of PHA (Print)
B{<   Signature of authorized representative
Name and official title (Print)   Date
OWNER   Name of Owner (Print)
By<   Signature of authorized representative
Name and title (Print)   Date

STAGE NO. 2. The Contract is hereby executed for the contract units in this stage. STAGE EFFECTIVE DATE. The effective date of the Contract for this stage is:
PUBLIC HOUSING AGENCY (PHA) Name of PHA (Print)
B{< Signature of authorized representative
Name and official title (Print) Date
OWNER Name of Owner (Print)
By< Signature of authorized representative
Name and title (Print) Date

STAGE NO. 3. The Contract is hereby executed for the contract units in this stage. STAGE EFFECTIVE DATE. The effective date of the Contract for this stage is:
PUBLIC HOUSING AGENCY (PHA) Name of PHA (Print)
B{< Signature of authorized representative
Name and official title (Print) Date
OWNER Name of Owner (Print)
By< Signature of authorized representative
Name and title (Print) Date

STAGE NO. ___ The Contract is hereby executed for the contract units in this stage.
STAGE EFFECTIVE DATE. The effective date of the Contract for this stage is:
PUBLIC HOUSING AGENCY (PHA) Name of PHA (Print)
B{< Signature of authorized representative
Name and official title (Print) Date
OWNER Name of Owner (Print)
By< Signature of authorized representative
Name and title (Print)
F cvg

Indiana Balance of State Continuum of Care

FY2022 CoC Program Funding Competition

Attachment 3A2

Healthcare Leveraging Commitments

MEMORANDUM OF UNDERSTANDING

BETWEEN A NONPROFIT HOUSING DEVELOPER, SOCIAL SERVICE AGENCY AND PROPERTY MANAGER

Cinnaire Solutions Corporation
And
Volunteers of America Ohio & Indiana
And
Continental Management

I.   BACKGROUND AND INTENT

This Memorandum of Understanding is entered into effective as of February 1, 2022, by and between Cinnaire Solutions Corporation (CSC), Volunteers of America Ohio & Indiana (VOAOHIN) and Continental Management (MGMT).

WHEREAS, the sole purpose of this Memorandum of Understanding (MOU) is to encourage cooperation between CSC, VOAOHIN and MGMT and to further detail the separate and distinct roles and responsibilities of each party. Except for Sections VI and VII. General Terms, which shall be binding and shall survive termination of this MOU, this MOU is not intended to be a binding contract.

WHEREAS, CSC has developed a 50 unit apartment building, Chambers Park Apartments, at 4343 S. Lincoln Blvd Marion, IN 46953 (the Project), for chronically homeless and homeless veterans with physical and mental disabilities;

WHEREAS, CSC understands that physically and mentally disabled homeless veterans require a special blend of supportive housing services and property management services which are unique and specialized; and that residents of this development will be responsible for voluntarily availing themselves of these supportive housing services, (i.e. medication, personal care in hygiene and health, crisis intervention, etc.); and the coordination of supportive housing services with property management services is critical to the success of the residents to maintain permanent housing, and live successfully;

WHEREAS, VOAOHIN agrees to provide supportive services coordination to 50 low-income disabled veterans residing at the Project, and will provide trained and experienced staff who work with persons who are disabled and homeless;

WHEREAS, it is understood that VOAOHIN does plan to offer tenants an array of services that are focused on increasing resident's successful housing experience and positive community life style. VOAOHIN will assist those tenants in need of services by linking them with appropriate providers and will supplement the comprehensive array of services provided by U.S. Department of Veterans Affairs (VA) and other community service providers.

WHEREAS, tenants voluntarily participate in the services provided by VOAOHIN;

WHEREAS, MGMT provides property management services and CSC contract with MGMT to manage and maintain the Project;

WHEREAS, MGMT will be responsible for the overall operations of the Project, including but not limited to marketing, leasing, accounting, compliance with Section 42 of IRS Code, janitorial, maintenance, repairs and other related services.   Such activities and responsibilities will be carried out by a supervised on-site resident manager employed by MGMT.

NOW THEREFORE, Cinnaire Solutions Corporation (CSC also referred to as Developer) and Volunteers of America Ohio & Indiana (VOAOHIN also referred to as Support Service Provider) and Continental Management (MGMT also referred to as Property Manager) agree that it is in the best interests of all concerned to enter into this Memorandum of Understanding.

II.   GUIDING PRINCIPLES

All parties agree that a primary goal of permanent supported housing is to help tenants remain housed for as long as the tenant desires to live in this Project. To that end, all parties agree to employ a model of "Blended Management", whereby all parties agree to maintain open communication with each other, and agree that eviction, or loss of housing is the last resort for tenants.

Regular weekly meetings will take place between the Property Manager and the Support Service Provider. Additional impromptu meetings may also occur on an as-needed basis to address emergency situations, so that Management and Support Services are working together to solve building and tenant issues.

In addition, all parties under this Memorandum of Understanding jointly recognize that tenants/veterans with low incomes and/or disabilities are diverse in terms of their strengths, motivation,   goals, backgrounds, needs and disabilities;

Tenants with low incomes and/or disabilities are members of the community with all the rights, privileges, opportunities accorded to the greater community;

Tenants with low incomes and/or disabilities have the right to meaningful choices in matters affecting their lives;

In designing and implementing services, the input of the tenant should be sought; and,

Services are voluntary and tenants have a choice to be clients of VOAOHIN or be linked to support services in order to live successfully.

III.   DEFINITIONS

"Supportive Services" means services provided to residents for the purpose of enhancing the residents' ability to become self-sufficient productive citizens. Supportive services must address the special needs of the residents to be served.   By way of example, these services may include: (a) medical and psychological case management; (b) benefits advocacy and income support assistance such as SSI, AFDC, GA, food stamps, Social Security; (c) money management/payee services; (d) nutritional counseling; and (e) assistance in obtaining other resources and support for residents such as transportation, job training and job placement.   These services may be provided   directly by VOAOHIN or by arrangement with other service providers.

"Disabled Person" is defined as a person with a physical, mental or emotional impairment, which is

expected to be of long, continued and indefinite duration, which substantially impedes the person's ability to live independently, and which is of a nature that such ability could be improved by more suitable housing conditions. It is intended that this definition be consistent with HUD's definition of a person with a disability.

"Homeless Person" is defined as a person who lacks a fixed, regular, and adequate nighttime residence or whose primary nighttime residence is a shelter, institution or a public or private place not designed for accommodation by human beings. It is intended that this definition be consistent with HUD's definition of a homeless person.

"Low Income" is defined as households with incomes at 30%, 40%, 50% or 60% or below the median income for Marion County, Indiana. It is intended that this definition be consistent with HUD's definition of low income.

IV. ELIGIBILITY DETERMINATIONS

Eligibility for this Project will be based on homelessness, disability status and income level as described in Section III – Definitions. Residents of the Project will need to have written verification from a physician, or Social Worker providing case management services, that their condition or illness is disabling, but are able to live independently. During the process of tenant screening, the potential tenant will need to complete a standardized form that authorizes the release of such information.

Tenants will be selected jointly by MGMT, and VOAOHIN, based on criteria developed by CSC, Continental Management and VOAOHIN. Selection of tenants will not rely solely on traditional property management standards; standards will be established that reflect a commitment to housing low-income homeless veterans with disabilities. Potential tenants will undergo a two-stage screening process: the prospective tenant will be jointly evaluated by MGMT and VOAOHIN to determine if she/he meets the HUD homeless, income and disability requirements. MGMT will also run a standard credit and eviction check. VOAOHIN will determine whether or not the tenant is able to live independently and whether or not she/he is appropriate for the Project. While all parties will respect and seek input from each other, in the case of disagreement over tenant selection, CSC will make the final determination.

V.   ROLES AND RESPONSIBILITIES

Volunteers of America Ohio & Indiana (VOAOHIN) as Service Coordinator

In accordance with the Support Services Plan and the Property Management Plan, a Service Coordinator/Case Manager, employed by VOAOHIN will be responsible for coordinating the delivery of services for both the VOAOHIN programs and other providers. The Service Coordinator/Case Manager will ensure that individual Case Managers from VOAOHIN, US Department of Veterans Affairs (VA), or other service providers:

   A. Provide a needs assessments to Veterans willing to participate in case management services
   B. Provide community and social service linkage to residents upon request or as needed, especially eligible veterans to the VA;

   C. Assist in developing the tenant screening criteria

D. Assist in identifying and referring homeless, low-income, disabled persons in need of housing;

E. Assist in screening all potential tenants, specifically, assessing tenants' ability to live independently;

F. Perform the following program support services functions:

1. Provide referral services, which may include,
    a) rehabilitation, vocational and employment assistance
    b) general health and dental services referrals
    c) income support and benefits
    d) substance abuse (alcohol, drugs) treatment referrals and education
    e) consumer and family reunification support

(It is understood that VOAOHIN will provide full-service case management including assessments to Veterans that agree to participate in nonmandatory case management). Those in need of these services will be linked with appropriate providers, where such resources exist.)

2. Conduct an initial needs assessment and develop an individual self-sufficiency plan for each client, including a periodic evaluation and update of the service plan as the needs of the client change.

3. Refer residents, when needed or upon request, to treatment services or other needed social services. This might include services provided by the Veterans Administration and other community homeless service providers.

4. Provide crisis intervention as needed and or provide consultation in the management of disputes or differences between residents and property management.

5. Assist in resolving household disputes and in other conflict resolution.

6. Assist clients in understanding their rights and responsibilities under a tenant lease. This includes explaining the eviction and appeal process. However, this will not include providing legal advice or services or in any way representing clients landlord tenant proceedings or advocating on a client's behalf with MGMT.

7. VOAOHIN will work collaboratively with Lincoln Apartment Property Manager in completing the intakes and assessments of the new residents on the same day.

8. All residents are expected/encouraged to participate in the monthly community meetings and groups facilitated by VOAOHIN.

Consistent with client rights principles, it is understood that referrals and other services will be made available to all residents. VOAOHIN will take no action in making referrals or providing services without the agreement of the individual except when it appears, in their judgment,

necessary to do so to protect the individual or others from serious harm.

G. Provide the following administrative services:

    1. Keep all records regarding program supportive services as required by HUD regulations and those of other funding sources.

    2. Cooperate with CSC in monitoring and/or conducting audits or other reporting requirements with respect to Project funders.

    3. Assist in the development of House Rules.

H. VOAOHIN agrees to additionally provide the following services to individuals covered under this agreement:

    1. Encourage supportive activities which will help clients develop the skills, information and abilities needed to utilize the resources of the community as well as the larger community, including family, friends, job and school.

    2. Facilitate access to homeless services, social services and physical and mental health needs.

    3. Help clients learn to use public transportation.

    4. Help clients access pre-vocational and vocation/employment assistance, peer counseling, substance abuse counseling, special needs skills training, financial literacy and tenants' rights education.

Continental Management as Property Manager

In accordance with the Support Services and Property Management Plan, MGMT will provide the following property management activities:

A. Determine income eligibility of tenants;

B. Pay Project bills;

C. Provide financial reports and any other required information as needed to CSC for regulatory and funding agencies;

D. Maintain a fully leased building;

E. Carry out rent collection and administration;

F. Oversee tenant relations with management with respect to:
        -Notices
        -Evictions

-Enforcement of house rules, policies and procedures;

G. Provide building and equipment maintenance and repair;

Provide a secure environment in keeping with reasonable industry standards;

H. Provide janitorial services (common areas only); and,

I. Assist in assessing needs for and in providing capital improvements including acquisition and maintenance of furnishings for common areas such as the lounge or dining room from the operating and replacement reserve.

The ownership affiliate of CSC and MGMT have entered into a separate property management agreement which further details these activities.

CSC and VOAOHIN

CSC is responsible for:

A. Ensure that all regulatory and funding requirements are met;

B. Review all budgets and cost estimates, including budgets related to the provision of social services;

C. Oversee the contract and duties of the management company.

VI. SUPPORTIVE HOUSING SERVICES FUNDING

CSC will provide Annual funding commitment to VOAOHIN for Support Services Case Management Supervision, and Administration beginning February 1, 2022, in the amount of $66,414. Funding will be disbursed monthly, in twelve equal installments. Salary and benefits compensation of $44,104 will allocated for one full-time Case Manager/ Service Coordinator who will be employed to work 2,080 hours per year.

VII. GENERAL TERMS

Terms. This Agreement will begin effective February 1, 2022 and shall continue until terminated by either party with or without cause upon thirty (30) days written notice.

Confidentiality. CSC, VOAOHIN, and MGMT agree that by virtue of entering into this MOU they will have access to certain confidential information regarding the other party's operations related to this Project. Each party agrees that they will not at any time disclose confidential information and/or material without the consent of that party unless such disclosure is authorized by this Agreement or required by law. Unauthorized disclosure of confidential information shall be considered a material breach of this agreement. In addition, where appropriate and applicable, client releases will be secured before confidential client information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.

Arbitration. Should any party wish to commence an action for damages under this Agreement, it shall be required to adjudicate the dispute through binding arbitration under the rules of the American Arbitration Association or under such rules to which the parties may agree. Any award rendered by the arbitrator shall be final and binding upon each of the parties, and judgment there upon shall be borne equally by both parties. During the course of the arbitration and until a final settlement has been reached, this Agreement shall remain in full force and effect unless otherwise terminated as provided in this Agreement.
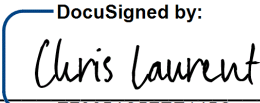
Nondiscrimination. There shall be no discrimination of any person or group of persons on account of race, color, creed, religion, sex, marital status, sexual orientation, age, handicap, ancestry or national origin in the operation of the project of program by MGMT, CSC and VOAOHIN.

Indemnification. The parties hereto shall indemnify and hold the other parties and their agents, directors, officers, employees, successors and assigns harmless from and against all claims, damages, losses and expenses, including but not limited to attorney's fees and expert witness fees, arising out of or resulting from, whether directly or indirectly, the performance or non-performance under these General Terms, caused in whole or in part by any negligent act or omission, or any willful misconduct of the indemnifying party, anyone directly or indirectly employed or supervised by the indemnifying party, or anyone for whose acts any one of them may be liable. The indemnification established pursuant to this Section shall apply regardless of whether any injury, sickness, disease, death, or injury to or destruction of property which comprises all or part of such claim is caused in part by a party indemnified by this Section. This obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person as described in this Section.

Severability. In the event any provision of this Agreement shall be found to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity, legality and enforceability of the remainder of the Agreement. Any Amendments to this agreement will be in writing and authorized by the representatives of CSC, VOAOHIN and MGMT.

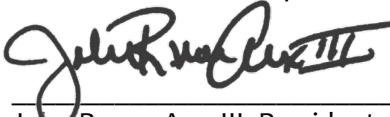<div align="center">Signatures on the following page.</div>

DocuSigned by:

Chris Laurent

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Christopher Laurent, President
Cinnaire Solutions Corporation

9/9/2022 | 9:13 AM EDT
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Date

John R. von Arx III

John R. von Arx, III, President and CEO of
Volunteers of America Ohio & Indiana

9/8/22
_____
Date

DocuSigned by:

Julie McCartney

7AC4C0ED25F4F4

Julie McCartney, Director of Compliance for
Continental Management

9/9/2022 | 9:12 AM EDT
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Date