



**APPLICATION INSTRUCTIONS  
for**

2021 COVID-19 Impact Grants

**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY  
30 South Meridian Street, Suite 900  
Indianapolis, IN 46204  
<http://www.in.gov/ihcda/>**

**317-232-7777**

**ISSUE DATE: May 10, 2021  
APPLICATION DEADLINE: June 21, 2021**

## **ABOUT IHCD**

IHCDA was created in 1978 by the Indiana General Assembly and is a quasi-public financially self-sufficient statewide government agency. IHCDA's programs are successful in large part because of the growing network of partnerships IHCDA has established with local, state, and federal governments, for-profit businesses, and not-for-profit organizations. For-profit partners include investment banks, mortgage lenders, commercial banks, corporate investment managers and syndicators, apartment developers, investors, homebuilders, and realtors. Not-for-profit partners include community development corporations, community action agencies, and not-for-profit developers. For more information visit <http://www.in.gov/ihcda/>

### **MISSION**

The Indiana Housing and Community Development Authority (“IHCDA”) creates housing opportunities, generates and preserves assets, and revitalizes neighborhoods by facilitating the collaboration of multiple stakeholders, investing financial and technical resources in development efforts, and helping build capacity of qualified partners throughout Indiana.

### **VISION**

At IHCDA, we believe that growing Indiana's economy starts at home. Everyone can agree that all Hoosiers should have the opportunity to live in safe, affordable, good-quality housing in economically stable communities. That's the heart of IHCDA's mission. Our charge is to help communities build upon their assets to create places with ready access to opportunities, goods, and services. We also promote, finance, and support a broad range of housing solutions, from temporary shelters to homeownership.

IHCDA's work is done in partnership with developers, lenders, investors, and nonprofit organizations that use our financing to serve low and moderate-income Hoosiers. We leverage government and private funds to invest in financially sound, well-designed projects that will benefit communities for many years to come. And our investments bear outstanding returns. The activities that we finance help families become more stable, put down roots, and climb the economic ladder. In turn, communities grow and prosper, broadening their tax base, creating new jobs, and maximizing local resources. IHCDA's work is truly a vehicle for economic growth, and it all starts at home.

## **ABOUT COVID-19 IMPACT GRANTS**

The Indiana Housing and Community Development Authority is accepting applications from Indiana-based 501(c)3 not-for-profit organizations to fund COVID-19 Impact Grants as detailed in this Application Instructions document.

### **FUNDING SOURCE**

Funding for this grant application will come from the Community Services Block Grant, commonly referred to as “CSBG”. CSBG is funded through the U.S. Department of Health and Human Services. Indiana receives approximately \$10.5 million annually. Of the annual allocation, IHCDA generally sets aside five percent (5%) to be used to fund discretionary projects. CSBG is designed to alleviate the causes and conditions of poverty for individuals and families and communities, with a particular focus on families with incomes at or below one hundred twenty-five (125%) percent of the federal poverty level. Most CSBG funds must be allocated to designated [Community Action Agencies](#), but Discretionary Funds (CSBG-D) (up to 5% of the state’s award) may be provided to any not-for-profit corporation that achieves the goals outlined within the [CSBG Act](#).

In 2020, in addition to Indiana's normal annual allocation of CSBG funds, IHCD received an additional \$14 million from the Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act. Similar to regular CSBG awards, IHCD set aside 5% of the award for discretionary uses. All CARES Act CSBG funds must be used to "prevent, prepare for, or respond to" the COVID-19 pandemic.

## **FUNDING SUMMARY**

Through this grant opportunity, IHCD will award up to \$500,000 in CSBG funding to not-for-profit organizations that provide services in Indiana. Qualified organizations may submit a request for up to \$100,000 in funding. An agency may only submit one application; however, the organization may be listed as a partner on other applications. The grant agreement will have a one-year term and is tentatively scheduled to begin on September 1, 2021 and expire on August 31, 2022. Once awarded, a successful applicant shall be reimbursed for allowable costs related to the project that were incurred during the term of the grant agreement.

COVID-19 Impact Grant projects must impact individuals/families with low incomes directly or impact communities with a high percentage of individuals/families with low incomes. Low-income is defined as individuals, families, or communities at or below 125% of the federal poverty level (FPL).

All grantees must be willing and able to work with an IHCD-contracted evaluator and must agree to produce information/updates on program implementation and outcomes to the evaluator regularly throughout the course of the grant.

With this COVID-19 Impact Grant, IHCD hopes to achieve clear and measurable impacts on one or more of the outcomes listed in the Eligible Projects section of this document and be able to describe and promote those impacts as a result of our CSBG and CSBG CARES Act funding award. IHCD further hopes to collect and incorporate lessons learned from this funding process and build relationships with strong organizations across the state working to alleviate the causes and conditions of poverty.

## **APPLICANT ELIGIBILITY**

In order to be eligible, applicant must be a 501(c)3 not-for-profit corporation in good standing with the Indiana Secretary of State and have the ability to comply with financial requirements and internal controls required to receive and manage Federal funds. Any applicant selected through this process must have or obtain a Data Universal Numbering System (DUNS) number before it can receive any funding. Each applicant must also be registered and in good standing in the federal System for Award Management (SAM). If applicant has been designated as a Community Action Agency, the applicant must be in good standing with IHCD's CSBG program, with no active CSBG Improvement Plan.

IHCD shall not award any grant until the applicant, has been determined to be responsible. A responsible applicant must:

1. Have adequate financial and human resources to perform the project, or the ability to obtain them;
2. Be able to comply with the required or proposed delivery or performance schedule, taking into consideration all the applicants existing commercial and governmental business commitments;
3. Have a satisfactory performance record with IHCD;
4. Have a satisfactory record of integrity and business ethics;
5. Have the necessary organization, experience, accounting and operational controls, and technical skills, or the ability to obtain them;
6. Have the necessary production, construction, and technical equipment and facilities, or the ability to obtain them;
7. Have supplied all requested information;

8. Be legally qualified to contract in the State of Indiana and if it is an entity described in IC Title 23, it must be properly registered with the Indiana Secretary of State and owe no outstanding reports to the Indiana Secretary of State; and
9. Be otherwise qualified and eligible to receive an award under applicable laws and regulations, including not be suspended or debarred.

## **ELIGIBLE PROJECTS**

The paragraphs below describe the types of projects that qualify for a COVID-19 Impact Grant. To be considered, projects must meet the following requirements:

- a) Project must be designed to address a documented need in the community.
- b) Project must be reasonably expected to meet a target goal for one of the outcomes listed below during the project period.
- c) Project must serve the low-income population as defined as 125% FPL.
- d) Project must directly respond to the effects of COVID-19 on families or communities.

The project may be, but is not required to be, an existing program of the organization. The target population for the program may be further focused/limited by the mission of the applicant organization (i.e., location specific or focused on a sub-population such as individuals with a disability etc...). Any funding awarded pursuant to this application cannot be used for the purchase or improvement of land, or the purchase, construction, or permanent improvement of any building or other facility.

The program must achieve one of the following outcomes during the project period. The applicant should focus their response on only one of the outcomes listed below, either a Family-level outcome or a Community-level outcome, even if their programs might address others. The Applicant's target goal for their chosen outcome must be clearly identified and supported in the application.

- Family-level Outcomes
  - COVID-19 impacted unemployed adults who obtain and maintain living-wage employment for at least 180 days
  - COVID-19 impacted individuals/families who improve their financial well-being via an increased credit score, an increase in savings, and/or increase in net worth
  - COVID-19 impacted individuals/families who enter and remain in safe and affordable housing for 180 days or more
  - COVID-19 impacted individuals/family who enter or maintain mental health services, and report improved mental health as a result of those services
- Community-level Outcomes
  - Increase in number of assets or programs that offer alternatives to predatory lending
  - Increase in number of assets or programs that make COVID-19 vaccinations more accessible to low-income families (transportation, mobile clinics, etc.)
  - Increase in access to existing community services through transportation, delivery, or mobile offerings; as measured by number of assets made more accessible and/or number of families that accessed a previously inaccessible service (preferred)
  - Increase in number of key community assets in designated low-income areas that lost assets as a result of COVID-19, preference given to projects that have local-community involvement in decision-making
  - Improvement in systems coordination and partnership among organizations that address an issue directly affected by COVID-19, as measured by benchmarks set by the partners and listed in the application

## HOW TO APPLY

To apply for a COVID-19 Impact Grant, all applications must include the following components. Applications must follow page limits if provided, be single spaced, and use 11 point or larger Times New Roman font. See descriptions below for more information about what is required in each of the following items.

- 1) **Cover sheet & Certification Statement** (documents provided in Appendices)
- 2) **Organization Summary** (no more than 2 pages + 1-page agency budget overview)
- 3) **Program/Project Description** (no more than 4 pages)
- 4) **Statement** about why project will achieve intended outcomes (no more than 1 page)
- 5) **Capacity, Project Management Plan & Timeline** (1 to 3 pages)
- 6) **Planned Project Lifespan Description** (less than a page)
- 7) **Budget Template** (document provided)
- 8) **Meaningful Access to Limited English Proficient Persons** (less than 1 page)
- 9) **Appendices if needed.** This must be standalone docs, resumes, letters of support, curricula or program plans from program intend to replicate, links to source documents or needs assessments, current program materials. Please keep appendices to a minimum.

The expectations for narrative to be included in each submission item are described, by item, below.

### COVER SHEET AND CERTIFICATION STATEMENT

Fully complete the Cover Sheet provided as Appendix A to this Application Instructions document, as well as the Certification Statement included as Appendix B. In this section please also provide a copy of your IRS 501c3 determination letter.

During application review, IHCD will confirm proof of good standing with the Indiana Secretary of State (<https://bsd.sos.in.gov/publicbusinesssearch>) and federal System for Award Management (SAM) registration (<https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf>).

### ORGANIZATION SUMMARY (2 PAGES)

The organization information section should include a description of the organization and its mission, vision, and values. This section also will describe how the COVID-19 Impact Grant project fits into the organization's structure, how the decision was made to undertake this project, and how the project fulfills the agency's mission. This section also should include a brief description of other projects or programs the organization manages and list any Federal direct or Federal pass-through funding the organization has received in the last 3 years. Additionally, please include a 1-page overview of your organization's full annual budget.

### PROJECT DESCRIPTION (4 PAGES)

The project description should begin with a statement of need that addresses the chosen outcome, including the research or needs assessment identified that need in the community being served. The need must be identified in any local needs assessment that has been published in the last three years, or in research the Applicant has conducted on its own in the past 18 months. If a published needs assessment is used, that needs assessment must be cited within the project description and should be submitted as an appendix document. If the Applicant uses their own research, the data sources and data collection methods used must be clearly described, and a link provided if available.

Once a need has been identified, the application should describe the project and how it will address the stated need. The full project description should include the following:

- State whether the project is new or ongoing (if ongoing, describe progress to-date)
- Describe the project components (including frequency/duration of participant/partner interactions) and/or other agency actions that will be completed during the grant timeframe
- Clearly identify which target population or communities will be served, and the plan for recruiting and verifying income for participants (or communities)
- Identify the anticipated number of qualified individuals that will be served
- Describe what type of content or curriculum participants/participants will be exposed to
- Describe what partner organizations/agencies/etc. the program will require for success, its expectations of those partners, and how the organization will recruit and engage those partners during the grant timeframe
- Describe how the project will be implemented with fidelity over time, and across staff members or partners
- Describe any plans for continuous improvement or modification of the project over time

#### **MEANINGFUL ACCESS TO LIMITED ENGLISH PROFICIENT PERSONS (1 PAGE)**

Please describe the measures your organization will take or is taking to ensure that its services and programs are accessible to persons with limited English proficiency (this should include outreach and accommodations for persons with limited English proficiency).

#### **STATEMENT OF ANTICIPATED PROJECT EFFECTIVENESS (1 PAGE)**

All proposals must include a research-informed statement about why the organization believes that the project will affect the anticipated change in the lives of participating low-income clients or provide the identified community-level transformation for a low-income community. Types of evidence that IHCD would like to see include (but are not limited to) data from studies of similar programs or positive outcome data from the Applicant implementing the project in previous years.

This section also must include a description of the target numbers the Applicant believes they can achieve on their selected outcome during the project funding timeline and identify how the target was estimated.

#### **CAPACITY, PROJECT MANAGEMENT PLAN AND TIMELINE (3 PAGES)**

The project management plan and timeline should identify and include information regarding the organizational support and personnel that will be utilized to implement the project, including any new positions created for this project. Agencies chosen for this award will be able to describe the professional qualifications of key personnel implementing the project, and provide a timeline for planning and implementing the project. For key partners (those integral to the project's ability to operate), the Applicant must describe the partnership and submit a letter(s) of support that outlines the key partner(s)' commitment to the project.

#### **DESCRIPTION OF PROJECT LIFESPAN (1 PAGE)**

Separate from the project timeline, which provides dates for the implementation of the project as it pertains to this COVID-19 Impact Grant award, this section is intended to provide IHCD with an overview of the project timeline more generally. This section must include tentative and general dates for planning, implementing, and evaluating the project during (and if appropriate after) the grant. Please identify the project lifespan and provide the following information based on the length of the project:

- 1) if short term, identify what the project closeout process will look like and how lessons learned may be incorporated into planning for other, on-going programming; OR

- 2) if long-term, identify how the project will be sustained after the Grant and how long the project is anticipated to be run;  
AND  
3) if transitioned elsewhere, such as to a partner organization, describe the transition plan.

### **BUDGET TEMPLATE**

Using the budget template provided by IHCDA, Applicants must show how they plan to fund the project and what the funds will be spent on. If Applicants plan to use funds beyond those awarded with this grant to support the project, they must briefly identify that in the budget template. Both direct service and administrative costs can be covered with Impact Grant funds, but administrative costs will have a 20% cap.

### **APPLICATION REVIEW, EVALUATION, & SELECTION**

Evaluation of all applications will be completed by IHCDA based on Applicants submitting all required documents as well as strength of responses to prompts provide in Part 1, Section 4 of this document. Applicants must also be responsive and responsible as described in Section 1 of Part 2 of this document. Selection of an Applicant is at the sole discretion of IHCDA.

Please note: IHCDA will also take into consideration the Applicant’s past performance under CSBG and other IHCDA grants and programs, to determine whether Applicant has a history of complying with the policies, procedures, or directives over the past five (5) years.

### **APPLICATION TIMELINE**

May 10, 2021	Application Instructions released to the general public.
May 20, 2021	Applicant Q&A Session (conference call) <ul style="list-style-type: none"> <li>• Time: 2:00pm ET – 2:45pm ET</li> <li>• Phone number: 1 317-552-1674</li> <li>• Conference ID: 847-166-539</li> <li>• Or access via computer: <a href="#">Click here to join the meeting</a></li> </ul>
June 11, 2021	Last day to submit questions to <a href="mailto:ekrauser@ihcda.in.gov">ekrauser@ihcda.in.gov</a>
June 14, 2021	IHCDA will post answers to questions on website.
June 21, 2021	Applicant must submit proposal by 5:00 p.m. in PDF format.
August 2, 2021	Tentative selection is made for Board Approval.
August 26, 2021	Tentative selection is taken to the Board for approval.

### **APPLICATION SUBMISSION INSTRUCTIONS**

Applicant’s proposal must be submitted via email with the subject line “**2021 COVID-19 Impact Grant – YOUR Organization’s name**”. All documents must be submitted in PDF only.

Emily Krauser  
Community Programs Director  
Indiana Housing and Community Development Authority  
[ekrauser@ihcda.in.gov](mailto:ekrauser@ihcda.in.gov)

**The deadline for submission is Monday June 21, 2021 at 5:00 PM EST.**

Applications that miss the submission deadline and/or do not contain all of the required forms/documents as listed in this document will be determined ineligible for further consideration.

Applicants are advised that materials contained in applications are subject to the Access to Public Records Act (“APRA”), IC 5-14-3 et. seq., and the entire response may be viewed and copied by any member of the public.

## **APPLICATION TERMS AND CONDITIONS**

This application or any subsequent award related hereto is subject to the following terms and conditions:

1. This application is a request for the submission of proposals, but is not itself an offer and shall under no circumstances be construed as an offer.
2. IHCDA expressly reserves the right to modify or withdraw this application, or any part of it, at any time, whether before or after any proposals have been submitted or received.
3. IHCDA reserves the right to reject and not consider any or all submissions that do not meet the specified requirements, including but not limited to: incomplete applications and/or proposals offering alternate or non-requested services or ineligible activities.
4. IHCDA may reject any or all submissions submitted in response to this application at any time prior to entering into a written agreement.
5. In the event the applicant selected does not enter into the required agreement to carry out the purposes described in this application, IHCDA may, in addition to any other rights and remedies available at law or in equity, withdraw the selection and commence negotiations with another applicant.
6. In no event shall any obligation of any kind be enforceable against IHCDA unless and until a written agreement is entered into.
7. Each applicant agrees to bear all costs and expenses of its response and there shall be no reimbursement for any costs or expenses relating to the preparation of this application or for any costs or expenses incurred during negotiations.
8. By submitting a response to this application, each applicant waives all rights to protest or seek any remedies whatsoever regarding any aspect of this request, the selection of an applicant or applicants with whom to negotiate, the rejection of any or all offers to negotiate, or a decision to terminate negotiations.
9. IHCDA reserves the right to reject any or all applicants, to waive any informality in the application process, or to terminate the application process at any time, if deemed to be in its best interest.
10. IHCDA reserves the right not to award a grant pursuant to this application.
11. All items become the property of IHCDA upon submission and will not be returned to applicant.
12. IHCDA reserves the right to split the award between multiple applicants and make the award on a category by category basis and/or remove categories from the award.
13. Applicant certifies that neither it nor its principals, contractors, or agents are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from utilizing federal funds by any federal or state department or agency.



14. A copy of IHCDAs Award Agreement Boilerplate is attached as "Exhibit A" to this Application. By submitting a response to this Application, applicant acknowledges the acceptance of IHCDAs Award Agreement Boilerplate and the understanding that such Boilerplate is non-negotiable.

## **FEDERAL REQUIREMENTS FOR SUCCESSFUL APPLICANTS**

If applicant is successful, which means it is awarded funds through its application, it must comply with applicable federal regulations, including but not limited, to the following:

45 CFR 75 et. seq. - Successful applicants are subject to the cost principles audit requirements. The CFDA #for CSBG is CFDA 93.569.

45 CFR Part 73b – Debarment and Suspension from Eligibility for Financial Assistance;

45 CFR Part 80 - Nondiscrimination Under Programs Receiving Federal Assistance through the Department of Health and Human Services, Effectuation of Title VI of the Civil Rights Act of 1964;

45 CFR Part 84 - Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving Federal Financial Assistance;

45 CFR Part 86 – Nondiscrimination on the Basis of Sex in Education Programs and Activities Receiving or Benefiting from Federal Financial Assistance;

45 CFR Part 87 – Equal Treatment for Faith-Based Organizations;

45 CFR Part 91 – Nondiscrimination on the Basis of Age in HHS Programs or Activities Receiving Federal Financial Assistance;

45 CFR Part 93 – New Restrictions on Lobbying;

41 U.S.C. 10a-10d, the "Buy American Act."

The Pro-Children Act of 1994 (20 U.S.C. § 6081 et seq.)

Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).

The Federal Financial Accountability and Transparency Act 2006 (FFATA).

HHS requirements to take reasonable steps to provide meaningful access to Limited English Proficient Persons

**Appendix A: COVER SHEET**

**Name of Applicant Organization:**  
**Applicant DUNS Number:**

Contact Person:  
Title:  
Email Address:  
Phone:

Contract Signatory Authority:  
Title:  
Email Address:  
Phone:

**Dollar Amount Requested** (up to \$100,000): \_\_\_\_\_

**I understand that funding will be made available to reimburse the organization for allowable project-related costs. Funding will not be paid in advance.** (please sign noting your agreement with this statement) \_\_\_\_\_

**Which Outcome will the project address?** \_\_\_\_\_  
**Regarding the outcome listed above, what is the anticipated target/goal the project intends to reach during the grant timeframe?** \_\_\_\_\_

**The organization is incorporated as a 501c3 and serves low-income individuals, families, or communities in Indiana.** (please sign noting your agreement with this statement) \_\_\_\_\_

**The organization is prepared to actively work with an IHADA-provided evaluator to measure the project's outcomes and document lessons learned while implementing the project.** (please sign noting your agreement with this statement) \_\_\_\_\_

**Appendix B: CERTIFICATION OF APPLICANT**

I hereby certify that the information contained in this application and any attachments is true and correct and may be viewed as an accurate representation of proposed services to be provided by this organization.

I \_\_\_\_\_ am the \_\_\_\_\_ of

the (type name of signatory authority) corporation, partnership, association, or other entity named as company and the Applicant herein, and I am legally authorized to sign this and submit it to the Indiana Housing and Community Development Authority on behalf of said organization.

18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.

Applicant:

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Firm name: \_\_\_\_\_

**Appendix C: BUDGET TEMPLATE - COVID-19 IMPACT**

**Will this project leverage funds from sources other than the COVID-19 Impact Grant? (circle one) Yes – No**

**If yes, please list what other sources will be used, whether they are already secured or tentative, and the total amount from each other source:**

IHCDA recognizes that this budget is likely to change over the course of project implementation. Please fill out the table below to the best of your ability based on your anticipated program budget for the time period between award date and September 30, 2022.

This budget should include all costs that will be charged to the COVID-19 Impact Grant. Please note in Assumptions/Notes if all or a portion of a line item will be provided to/through a partner agency.

Any item below that is followed by (if applicable) may be changed out for a more appropriate line item. The Applicant may add lines if necessary, but please follow the formatting of the template when doing so.

	<b>Total Program Budget</b>	<b>Grant Budget</b>	<b>Assumptions/Notes (if needed)</b>
<b>Administrative</b> (capped at 20% of grant funds)			
Administrative staff salary & benefits (program and organization management, may be cost allocated. please list by position type below)			
Executive Director (if applicable)			
Program Manager			
Fiscal Staff (if applicable)			
Administrative facility costs (rent, utilities, maintenance)			

Administrative office costs (equipment, data collection, supplies, payroll services, postage, etc)			
Other administrative costs (please list by category below)			
<b>Program</b>			
Direct service staff salary & benefits (direct service provision only, please list by position type below)			
Program Manager (if doing direct service)			
Case Workers (if applicable)			
Trainers (if applicable)			
Direct service facility costs (rent, utilities, maintenance)			
Direct service office costs (equipment, data collection, payroll services, postage, etc.)			
Program-specific staff training costs (trainings/consultants/conferences. Please list by type below)			
Program travel (between program sites, meetings, etc...)			
Benefits provided directly to clients/participants (list by type below)			
Program supplies/materials (list by type below)			
Curriculum/workbooks (if applicable)			

Refreshments for meetings (if applicable)			
Fliers/brochures (if applicable)			
Other program costs (list by type below)			
<b>TOTAL BUDGET: (admin + program)</b>			