

Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHDP Renewal; and
- YHDP Replacement and Reallocation.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- New and Renewal Project Listings – all CoC project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved and are not ranked per the FY 2024 - FY 2025 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHDP Renewal Project Listing (All Rounds); and
- YHDP Replacement and Reallocation Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD’s website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

Collaborative Applicant Name: Indiana Housing and Community Development Authority

2. Reallocation

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2025 into one or more new projects? Yes

Alert:

As stated in the FY 2024 - FY 2025 CoC Program Competition NOFO:

- CoCs may reallocate YHDPs project from any Round to create new YHDP projects, so long as the project eliminated or reduced has renewed during the CoC Program Competition at least once.

Reallocated YHDP funding can ONLY be used to create new YHDP projects.

- If a CoC reallocates funding from a renewal project that was previously awarded DV Bonus funding, any new project created with such funding must be 100 percent dedicated to serving individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking who qualify under the definition of homeless at 24 CFR 578.3 or section 103(b) of the McKinney-Vento Homeless Assistance Act.

3. Reallocation - Grant(s) Eliminated

CoCs reallocating eligible CoC, DV Renewal or YHDP renewal project funds to create new project application(s) – as detailed in the FY 2024 - FY 2025 CoC Program Competition NOFO – may do so by eliminating one or more expiring eligible projects.

CoCs that are eliminating eligible CoC, YHDP and DV Renewal projects must identify the funding source for those projects on this form.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Projects: (Sum of All Eliminated CoC Renewal Projects)				
\$80,273				
Amount Available for New YHDP Projects: (Sum of All Eliminated YHDP Restricted Projects)				
\$0				
Amount Available for New DV Projects: (Sum of All Eliminated DV Restricted Projects)				
\$0				
Eliminated Project Name	Grant Number Eliminated	Component Type	Funding Type	Annual Renewal Amount
Centerstone Stepp...	IN0053L5H022316	TH	CoC Renewal	\$80,273

3. Reallocation - Grant(s) Eliminated Details

Instructions:

For guidance on completing this form, please reference the FY 2024 CoC Priority Listing Detailed Instructions and FY 2024 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

3-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process. Refer to the FY 2024 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name: Centerstone Stepping Stones, Inc. FY2023
Grant Number of Eliminated Project: IN0053L5H022316
Eliminated Project Component Type: TH
Funding Type: CoC Renewal
Eliminated Project Annual Renewal Amount: \$80,273

3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

The Stepping Stones project has not operated in the IN-BoS CoC for more than 24 months. The project discontinued operations after a change in property ownership prevented them from continuing to lease units for their TH program. The CoC supported several attempts to transition the project, but ultimately no resolution was found. The project did not participate in the annual renewal application and expended \$0 of its previous award, which made it officially eligible for reallocation in FY2024.

4. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible CoC Renewal, DV Renewal and YHDP Renewal project funds to create new project applications – as detailed in the FY 2024 - FY 2025 CoC Program Competition NOFO – may do so by reducing one or more expiring eligible renewal projects. CoCs reducing eligible renewal projects must identify the funding source for those projects on this form.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Project(s): (Sum of All Reduced CoC Projects)							
\$103,216							
Amount available for New YHDP Project(s): (Sum of All Reduced YHDP Projects)							
\$0							
Amount available for New DV Project(s): (Sum of All Reduced DV Projects)							
\$75,000							
Reduced Project Name	Reduced Grant Number	Funding Type	Annual Renewal Amount	Amount Retained	Amount available for YHDP Project	Amount available for DV Project	Amount available for New Project
IHCDA Statewide D...	IN0216D5H02 2305	DV Renewal	\$1,622,312	\$1,547,312	\$0	\$75,000	\$0
LTHC UPA PSH Rene...	IN0203L5H02 2306	CoC Renewal	\$503,160	\$463,160	\$0	\$0	\$40,000
Kosciusko County ...	IN0168L5H02 2310	CoC Renewal	\$97,419	\$90,419	\$0	\$0	\$7,000
Garvin Lofts	IN0195L5H02 2307	CoC Renewal	\$392,961	\$357,961	\$0	\$0	\$35,000
Supportive Housin...	IN0012L5H02 2316	CoC Renewal	\$470,804	\$449,588	\$0	\$0	\$21,216

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2024 CoC Priority Listing Detailed Instructions and FY 2024 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2024 reallocation process. Refer to the FY 2024 Grant Inventory Worksheet to ensure all information, including the funding source entered is accurate.

Reduced Project Name: IHCD Statewide DV RRRH FY2023 Renewal
Grant Number of Reduced Project: IN0216D5H022305
Funding Type: DV Renewal
Reduced Project Current Annual Renewal Amount: \$1,622,312
Amount Retained for Project: \$1,547,312
Amount available for YHDP Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)
Amount available for New DV Project(s): \$75,000
(This amount will auto-calculate by selecting "Save" button)
Amount available for New Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

The DVRRH project had unspent funds in their previous award period and one subrecipient chose to discontinue their grant because they could not spend their funding. Voluntary reallocation is encouraged by the CoC Board. Reallocation was approved 9/19/24 and the project was notified the same day.

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2024 CoC Priority Listing Detailed Instructions and FY 2024 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2024 reallocation process. Refer to the FY 2024 Grant Inventory Worksheet to ensure all information, including the funding source entered is accurate.

Reduced Project Name: LTHC UPA PSH Renewal FY23
Grant Number of Reduced Project: IN0203L5H022306
Funding Type: CoC Renewal
Reduced Project Current Annual Renewal Amount: \$503,160
Amount Retained for Project: \$463,160
Amount available for YHDP Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)
Amount available for New DV Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)
Amount available for New Project(s): \$40,000
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

The LTHC PSH project had unspent funds in their previous award period and notified the CoC through the renewal process that they wanted to reallocate a portion of the grant. Voluntary reallocation is encouraged by the CoC Board. Reallocation was approved 9/19/24 and the project was notified the same day.

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2024 CoC Priority Listing Detailed Instructions and FY 2024 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2024 reallocation process. Refer to the FY 2024 Grant Inventory Worksheet to ensure all information, including the funding source entered is accurate.

Reduced Project Name: Kosciusko County RRH FY2023 Renewal
Grant Number of Reduced Project: IN0168L5H022310
Funding Type: CoC Renewal
Reduced Project Current Annual Renewal Amount: \$97,419
Amount Retained for Project: \$90,419
Amount available for YHDP Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)
Amount available for New DV Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)
Amount available for New Project(s): \$7,000
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

The RRH project had unspent funds in their previous award period and chose to voluntarily reallocate their funding. Voluntary reallocation is encouraged by the CoC Board. Reallocation was approved 9/19/24 and the project was notified the same day.

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2024 CoC Priority Listing Detailed Instructions and FY 2024 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2024 reallocation process. Refer to the FY 2024 Grant Inventory Worksheet to ensure all information, including the funding source entered is accurate.

Reduced Project Name: Garvin Lofts
Grant Number of Reduced Project: IN0195L5H022307
Funding Type: CoC Renewal
Reduced Project Current Annual Renewal Amount: \$392,961
Amount Retained for Project: \$357,961
Amount available for YHDP Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)
Amount available for New DV Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)
Amount available for New Project(s): \$35,000
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

The ECHO Housing Corp Garvin Lofs project had unspent funds in their previous award period and CA staff met with the ECHO team to discuss. ECHO determined they were able to voluntarily reallocate a portion of the grant. Voluntary reallocation is encouraged by the CoC Board. Reallocation was approved 9/19/24 and the project was notified the same day.

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2024 CoC Priority Listing Detailed Instructions and FY 2024 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2024 reallocation process. Refer to the FY 2024 Grant Inventory Worksheet to ensure all information, including the funding source entered is accurate.

Reduced Project Name: Supportive Housing Rental Assistance Renewal FY2024

Grant Number of Reduced Project: IN0012L5H022316

Funding Type: CoC Renewal

Reduced Project Current Annual Renewal Amount: \$470,804

Amount Retained for Project: \$449,588

Amount available for YHDP Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)

Amount available for New DV Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)

Amount available for New Project(s): \$21,216
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

The Oaklawn Rental Assistance project had unspent funds in their previous award period and CA staff met with the Oaklawn team to discuss. Oaklawn determined they were able to voluntarily reallocate a portion of the grant. Voluntary reallocation is encouraged by the CoC Board. Reallocation was approved 9/19/24 and the project was notified the same day.

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD’s website.

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC’s Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	PH/Realloc	Rank	PSH/RRH	Expansion
Motels4Now Permanent...	2024-09-26 14:46:...	PH	Indiana Housing a...	\$347,446	1 Year	CoC Bonus	63	PSH	
Brightpoint LTTP ...	2024-09-26 14:45:...	PH	Indiana Housing a...	\$379,567	1 Year	CoC Bonus	61	PSH	
Sheltering Wings ...	2024-09-26 15:01:...	PH	Indiana Housing a...	\$151,807	1 Year	CoC Bonus	62	PSH	

Promise Home FY24	2024-10-11 12:25:...	PH	ECHO Housing Corp...	\$191,600	1 Year	Reallocati on + Co...	60	PSH	
TH to RRH and Sup...	2024-10-28 11:49:...	Joint TH & PH-RRH	Indiana Housing a...	\$75,000	1 Year	Reallocati on	E65		Yes
TH to RRH and Sup...	2024-10-28 11:51:...	Joint TH & PH-RRH	Indiana Housing a...	\$210,807	1 Year	DV Bonus	DE66		Yes
Coordinat ed Entry...	2024-10-28 13:29:...	SSO	Indiana Housing a...	\$2,970,000	1 Year	CoC Bonus	E64		Yes

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.	<input checked="" type="checkbox"/>
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	<input checked="" type="checkbox"/>
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	<input type="checkbox"/>

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
Lawrenc eburg Cons...	2024-09-06 16:27:...	1 Year	Communi ty Mental ...	\$919,352	31	PSH	PH		
Center for the Ho...	2024-09-10 15:25:...	1 Year	Center for the Ho...	\$357,572	37	PSH	PH		
Creekvie w Renewal. ..	2024-09-12 10:43:...	1 Year	Housing Opportun i...	\$425,786	3	PSH	PH		
Perm 5 Renewal FY...	2024-09-12 10:46:...	1 Year	Housing Opportun i...	\$286,908	14	PSH	PH		
PSH AMAA 2024	2024-09-10 14:16:...	1 Year	AIDS Ministrie s/A...	\$142,529	52	PSH	PH		
LTHC Rapid Re- Hou...	2024-08-29 14:10:...	1 Year	Lafayette Transit...	\$246,492	15	RRH	PH		
LTHC SSO CE Renew...	2024-08-29 13:59:...	1 Year	Lafayette Transit...	\$169,950	47		SSO		
LTHC UPA PSH Rene...	2024-08-29 14:28:...	1 Year	Lafayette Transit...	\$463,160	8	PSH	PH		
FY2024 Housing Links	2024-09-10 09:25:...	1 Year	Indiana Universit. ..	\$276,223	9	PSH	PH		
Centerst one Caldw...	2024-09-15 15:37:...	1 Year	Centerst one Indiana	\$51,839	58	PSH	PH		
Centerst one Limes...	2024-09-15 15:52:...	1 Year	Centerst one Indiana	\$140,002	22	PSH	PH		
Continuu m of Care...	2024-09-13 14:58:...	1 Year	Aspire Indiana, Inc.	\$473,764	23	PSH	PH		

Centerst one SCCMH. ..	2024-09- 15 15:09:...	1 Year	Centerst one Indiana	\$68,089	59	PSH	PH		
FSAHC RRH Renewal. ..	2024-09- 13 12:17:...	1 Year	Family Service As...	\$96,676	12	RRH	PH		
Vision 1505 PSH R...	2024-09- 13 14:11:...	1 Year	Aurora, Inc.	\$487,135	6	PSH	PH		
Supporti ve Housin...	2024-09- 15 14:55:...	1 Year	Oaklawn Psychiatr ...	\$128,476	43	PSH	PH		
Supporti ve Housin...	2024-09- 15 14:52:...	1 Year	Oaklawn Psychiatr ...	\$450,396	38	PSH	PH		
LifeSprin g PSH Re...	2024-09- 13 18:25:...	1 Year	LifeSprin g, Inc.	\$249,170	44	PSH	PH		
YWCA CIN TH to RR...	2024-09- 13 10:25:...	1 Year	YWCA North Centra...	\$236,126	40		Joint TH & PH- RRH		
Centerst one Marti...	2024-09- 15 15:24:...	1 Year	Centerst one Indiana	\$46,568	5	PSH	PH		
Chapma n West- Linc...	2024-09- 17 08:36:...	1 Year	Indiana Housing a...	\$216,628	C50	PSH	PH	Individua l	
Marion Veterans P...	2024-09- 17 09:18:...	1 Year	Indiana Housing a...	\$166,752	42	PSH	PH		
Gary Pathway FY2024	2024-09- 16 12:22:...	1 Year	Indiana Housing a...	\$550,502	C17	PSH	PH	Individua l	
IHCDA Supporti ve ...	2024-09- 16 13:59:...	1 Year	Indiana Housing a...	\$483,992	C29	PSH	PH	Survivor	
Integrate d Perman...	2024-09- 17 09:10:...	1 Year	Indiana Housing a...	\$389,416	C26	PSH	PH	Individua l	
Beacon Blooming F...	2024-09- 16 15:11:...	1 Year	Beacon, Inc.	\$361,635	45	RRH	PH		
Beacon Crawford H...	2024-09- 16 15:10:...	1 Year	Beacon, Inc.	\$1,386,0 04	33	PSH	PH		
Commun ity Younity...	2024-09- 16 10:59:...	1 Year	Mental Health Ame...	\$82,998	1	PSH	PH		
CMHC Lawrenc eburg...	2024-09- 16 11:30:...	1 Year	Indiana Housing a...	\$257,768	54	PSH	PH		

Aspire Mainstre am...	2024-09-18 08:02:...	1 Year	Indiana Housing a...	\$182,771	C11	PSH	PH	Individua	
RMHC Scatter Site...	2024-09-17 11:45:...	1 Year	Indiana Housing a...	\$136,942	16	PSH	PH		
Jumpstart Combo R...	2024-09-19 14:51:...	1 Year	A Better Way Serv...	\$401,573	30	RRH	PH		
ABW Joint PH RRH ...	2024-09-19 14:55:...	1 Year	A Better Way Serv...	\$482,409	19		Joint TH & PH-RRH		
Centerstone Dunn ...	2024-09-17 09:23:...	1 Year	Indiana Housing a...	\$115,819	24	PSH	PH		
New Start Scatter...	2024-09-18 10:01:...	1 Year	ECHO Housing Corp...	\$300,701	18	PSH	PH		
Beaman Home DV RR...	2024-09-17 11:43:...	1 Year	Indiana Housing a...	\$90,419	7	RRH	PH		
IHCDA CoC II FY2024	2024-09-18 08:00:...	1 Year	Indiana Housing a...	\$721,577	C27	PSH	PH	Individua	
Housing Opps McCo...	2024-09-17 09:33:...	1 Year	Indiana Housing a...	\$71,037	34	RRH	PH		
NWI Veterans Vill...	2024-09-17 12:38:...	1 Year	Indiana Housing a...	\$343,499	57	PSH	PH		
Porter Starke PSH...	2024-09-17 09:32:...	1 Year	Indiana Housing a...	\$257,444	13	PSH	PH		
Aurora Evansvill e...	2024-09-18 10:42:...	1 Year	Indiana Housing a...	\$230,424	41	PSH	PH		
FSAHC Jackson Str...	2024-09-17 09:37:...	1 Year	Indiana Housing a...	\$216,681	36	PSH	PH		
HMIS BoS FY2024 R...	2024-09-30 15:40:...	1 Year	Indiana Housing a...	\$683,912	48		HMIS		
IHCDA DV Coordina ...	2024-09-30 13:11:...	1 Year	Indiana Housing a...	\$275,000	51		SSO		
IHCDA Statewid e D...	2024-10-01 10:38:...	1 Year	Indiana Housing a...	\$1,547,312	32	RRH	PH		
Sojourner Truth H...	2024-10-01 10:51:...	1 Year	Indiana Housing a...	\$357,249	C39	PSH	PH	Survivor	

Brightpoint PSH F...	2024-10-01 11:40:...	1 Year	Indiana Housing a...	\$1,122,117	C20	PSH	PH	Individual	
Brightpoint Conso...	2024-10-01 11:39:...	1 Year	Indiana Housing a...	\$98,404	C28	PSH	PH	Survivor	
Park Center PSH R...	2024-10-01 16:25:...	1 Year	Indiana Housing a...	\$359,482	56	PSH	PH		
LTC Rental Assist...	2024-10-01 23:13:...	1 Year	Life Treatment Ce...	\$192,845	53	PSH	PH		
Edgewater Scatter...	2024-10-01 13:23:...	1 Year	Indiana Housing a...	\$230,714	55	PSH	PH		
Phoenix Apartment...	2024-10-08 21:02:...	1 Year	Edgewater Systems..	\$148,737	21	PSH	PH		
ECHO LP2/Ren 16 Re...	2024-10-09 11:27:...	1 Year	Indiana Housing a...	\$298,411	35	PSH	PH		
MHA West Central ...	2024-10-15 08:20:...	1 Year	Indiana Housing a...	\$299,924	10	PSH	PH		
Garvin Lofts FY24	2024-10-11 12:22:...	1 Year	ECHO Housing Corp...	\$392,961	25	PSH	PH		
Lucas Place FY24	2024-10-11 12:24:...	1 Year	ECHO Housing Corp...	\$121,174	2	PSH	PH		
Coordinated Entry...	2024-10-28 11:19:...	1 Year	Indiana Housing a...	\$480,000	E49		SSO		Expansion
Family Promise He...	2024-10-28 11:26:...	1 Year	Indiana Housing a...	\$280,824	46	PSH	PH		
IHCDA Statewide D...	2024-10-28 11:35:...	1 Year	Indiana Housing a...	\$609,881	E4		Joint TH & PH-RRH		Expansion

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
IN-502 2024 CoC P...	2024-10-01 10:14:...	1 Year	Indiana Housing a...	\$1,500,000	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. .

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal and YHDP Replacement applications must not be ranked.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?	PSH/RRH	Consolidation Type
This list contains no items								

Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

Instructions:

Prior to starting the YHDP Replacement and YHDP Reallocation Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal, YHDP Reallocation and YHDP Replacement applications must not be ranked.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Funding Type	Accepted?
This list contains no items							

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
CoC Renewal Amount	\$20,662,151
New CoC Bonus and CoC Reallocation Amount	\$4,115,420
New DV Bonus Amount	\$210,807
New DV Reallocation Amount	\$0
CoC Planning Amount	\$1,500,000
YHDP Renewal and Replacement Amount	\$0
YHDP Reallocation Amount	
Rejected Amount	\$0
TOTAL CoC REQUEST	\$26,488,378

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	Certification of ...	10/28/2024
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan (HUD-2991)

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.

As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.

WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.

As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	08/15/2024
2. Reallocation	09/18/2024
3. Grant(s) Eliminated	09/20/2024
4. Grant(s) Reduced	09/20/2024
5A. CoC New Project Listing	10/28/2024

5B. CoC Renewal Project Listing	10/28/2024
5D. CoC Planning Project Listing	10/24/2024
5E. YHDP Renewal Project Listing	No Input Required
5F. YHDP Replacement and YHDP Reallocation Project Listing	No Input Required
Funding Summary	No Input Required
Attachments	10/28/2024
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Housing Opportunities, Inc., IHCD, Centerstone of Indiana, Inc., Aspire Indiana Inc, Community Mental Health Center, Inc

Project Name: Please see below:

Location of the Project: Statewide

Name of the Federal Program to which the applicant is applying:


Continuum of Care Program Competition (FR-6800-N-25)

Name of Certifying Jurisdiction: Statewide

Certifying Official of the Jurisdiction

Name: J. Jacob Sipe

Title: Executive Director

Signature:  (Oct 24, 2024 14:18 EDT)

Date: October 24, 2024

Creekview FY2024
IHCD Statewide DV THRRH FY2024
Martinsville Plaza Apartments FY2024
Beaman Home RRH FY2024 Renewal
Porter Starke Supportive Housing FY2024
Perm 5 FY2024
Limestone PSH FY2024
Continuum of Care Renewal FY2024 (HUD CoC)
Centerstone Dunn Supportive Housing FY2024
Integrated PSH FY2024
Lawrenceburg Consolidated FY2024
IHCD Statewide DV RRH FY2024 Renewal
Housing Opps McCord Rapid Rehousing FY2024
Marion Veterans Program renewal FY2024
Family Promise Hendricks County Permanent Supportive Housing FY2024 Renewal
HMIS BoS FY2024 Renewal
Coordinated Entry SSO FY2024 Renewal
IHCD DV Coordinated Entry FY2024 Renewal
CMHC Lawrenceburg II renewal FY2024
Centerstone Caldwell House PSH FY2024
Sheltering Wings PSH
IHCD Statewide CE Expansion
TH to RRH and Supportive Services for Victims of DV Expansion-Reallocation
TH to RRH and Supportive Services for Victims of DV Expansion- DV Bonus

form HUD-2991






Unsigned Certification of Consistency_2991_IH CDA

Final Audit Report

2024-10-24

Created:	2024-10-24
By:	JoRita Rwizi HCD (jrwiki@ihcda.in.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAAnQv4xUzD-eiZMAdx7E0Z8DrKAT5mycmZ

"Unsigned Certification of Consistency_2991_IHCDA" History

-  Document created by JoRita Rwizi HCD (jrwiki@ihcda.in.gov)
2024-10-24 - 5:42:18 PM GMT- IP address: 108.59.60.228
-  Document emailed to Jacob Sipe HCD (jsipe@ihcda.in.gov) for signature
2024-10-24 - 5:42:40 PM GMT
-  Email viewed by Jacob Sipe HCD (jsipe@ihcda.in.gov)
2024-10-24 - 6:17:47 PM GMT- IP address: 108.59.60.253
-  Document e-signed by Jacob Sipe HCD (jsipe@ihcda.in.gov)
Signature Date: 2024-10-24 - 6:18:54 PM GMT - Time Source: server- IP address: 108.59.60.253
-  Agreement completed.
2024-10-24 - 6:18:54 PM GMT

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: IHEDA

Project Name: Aspire Mainstream II Renewal FY2024, IHEDA CoC II FY2024, IHEDA Consolidated Supportive Housing FY2024

Location of the Project: Anderson

Name of the Federal Program to which the applicant is applying:

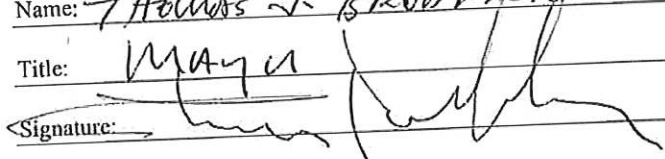
Continuum of Care Program Competition (FR-6800-N-25)

Name of Certifying Jurisdiction:

Certifying Official of the Jurisdiction

Name: THOMAS J. BRODRICK JR

Title: Mayor

Signature: 

Date: 10/22/2024

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Indiana University Health Bloomington, Beacon, Inc., Centerstone of Indiana, Inc.

Project Name: Please see below:

Location of the Project: Bloomington

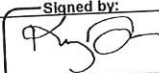
Name of the Federal Program to which the applicant is applying:

Continuum of Care Program Competition (FR-6800-N-25)

Name of Certifying Jurisdiction: Bloomington

Certifying Official of the Jurisdiction Name: Kerry Thomson

Title: Mayor of Bloomington

Signature: 

Date: 10/25/2024

Project Name

FY2024 Housing Links
Beacon Crawford Homes Renewal Project Application FY2024
Beacon Blooming Families Renewal Project Application FY 2024
CenterstoneSCCMHC FY2024

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: IHCD, Oaklawn Psychiatric Center, YWCA North Central Indiana

Project Name: IHCD Consolidated Supportive Housing FY 2024, Supportive Housing Rental Assistance Renewal FY2024, YWCA NCIN TH to RRH for DV renewal FY2024

Location of the Project: Elkhart, Indiana

Name of the Federal Program to which the applicant is applying:

Continuum of Care Program Competition (FR-6800-N-25)

Name of Certifying Jurisdiction: The City of Elkhart, Indiana

Certifying Official of the Jurisdiction

Name: Mary Kaczka

Title: Assistant Director, Community Development, City of Elkhart, IN

Signature: 
MARY K (OCT 7, 2024) (A EDT)

Date: October 4, 2024











Certification of Consistency with the Consolidated Plan

Final Audit Report

2024-10-04

Created:	2024-09-19
By:	JoRita Rwizi HCD (jrwiki@ihcda.in.gov)
Status:	Filled
Transaction ID:	CBJCHBCAABAAMeUAeBE6Dkflje_4wU8IBEV5yA1ko9

"Certification of Consistency with the Consolidated Plan" History

-  Document created by JoRita Rwizi HCD (jrwiki@ihcda.in.gov)
2024-09-19 - 7:54:49 PM GMT- IP address: 108.59.60.240
-  Document emailed to danielle.neal@coei.org for delegation
2024-09-19 - 7:54:54 PM GMT
-  Email viewed by danielle.neal@coei.org
2024-09-19 - 7:56:14 PM GMT- IP address: 3.232.50.116
-  Email viewed by danielle.neal@coei.org
2024-09-27 - 6:14:09 AM GMT- IP address: 52.202.236.132
-  Email viewed by danielle.neal@coei.org
2024-10-04 - 2:43:41 AM GMT- IP address: 3.232.50.116
-  Form filling delegated to mary.kaczka@coei.org by danielle.neal@coei.org
2024-10-04 - 2:51:49 PM GMT- IP address: 72.2.146.20
-  Document emailed to mary.kaczka@coei.org for filling
2024-10-04 - 2:51:50 PM GMT
-  Email viewed by mary.kaczka@coei.org
2024-10-04 - 2:52:14 PM GMT- IP address: 52.202.236.132
-  Signer mary.kaczka@coei.org entered name at signing as Mary K
2024-10-04 - 3:01:44 PM GMT- IP address: 72.2.146.20
-  Form filled by Mary K (mary.kaczka@coei.org)
Form filling Date: 2024-10-04 - 3:01:47 PM GMT - Time Source: server- IP address: 72.2.146.20

✔ Agreement completed.
2024-10-04 - 3:01:47 PM GMT

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate.
Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Indiana Housing and Community Development Authority

Project Name: see attached list

Location of the Project: Evansville, Indiana; BoS

Name of the Federal Program to which the applicant is applying:

Continuum of Care Program Competition (FR-6800-N-25)

Name of Certifying Jurisdiction: Evansville, Indiana

Certifying Official of the Jurisdiction
Name: Stephanie Terry

Title: Mayor, City of Evansville

Signature: 
Stephanie Terry (Sep 30, 2024 16:21 CDT)

Date: 09/30/24

Signature:

Email: ajoest@evansville.in.gov

Signature:

Email: jatkinson@evansville.in.gov

Project Name	Applicant	Jurisdiction
Lucas Place FY2024	ECHO Housing Corporation	Evansville
Vision 1505 PSH Renewal FY2024	Aurora Inc	Evansville
New Start Scattered Site Housing FY2024	ECHO Housing	Evansville
Garvin Lofts FY2024	ECHO Housing Corporation	Evansville
ECHO LP2/Ren16 renewal FY2024	IHCDA	Evansville
Aurora Evansville Beacon PSH renewal FY2024	IHCDA	Evansville
Promise Home PSH	ECHO Housing Corporation	Evansville

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: IHCDA

Project Name: Brightpoint PSH FY2024, Cedars Hope I MHANI FY2024, Park Center PSH renewal FY2024, LTTP Supportive Housing

Location of the Project: Ft Wayne, IN

Name of the Federal Program to which the applicant is applying:

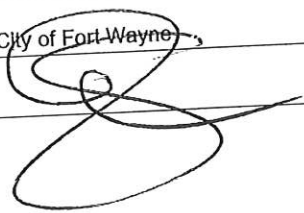
Continuum of Care Program Competition (FR-6800-N-25)

Name of Certifying Jurisdiction: City of Fort Wayne

Certifying Official of the Jurisdiction
Name: Sharon Tucker

Title: Mayor, City of Fort Wayne

Signature:



Date:

10-7-24

Urban Development

Consolidated Plan

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: IHCD, Edgewater Health

Project Name: Please see Below

Location of the Project: Gary

Name of the Federal Program to which the applicant is applying:

Continuum of Care Program Competition (FR-6800-N-25)

Name of Certifying Jurisdiction:

Certifying Official of the Jurisdiction Name:

Eddie Melton

Title:

Mayor

Signature:

Eddie Melton

Date:

10/23/24

Project Name

- RMHC Scattered Site PSH Renewal FY2024
- Gary Pathway FY2024
- Phoenix Apartments FY2024
- Sojourner Truth House Consolidated FY2024
- Edgewater Scattered Site PSH Renewal FY2024
- NWI Veterans Village Homes for Heros renewal FY2024

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: See attached exhibit

Project Name: See attached exhibit

Location of the Project: See attached exhibit

Name of the Federal Program to which the applicant is applying:

Continuum of Care Program Competition (FR-6800-N-25)

Name of Certifying Jurisdiction: City of Kokomo

Certifying Official of the Jurisdiction
Name: Tyler Moore

Title: Mayor

Signature: Tyler Moore
Tyler Moore (Oct 1, 2024 11:33 EDT)

Date:

Signature:

Email: angelac@fsahc.org

Project Name
FSAHC RRH FY2024
FSAHC Jackson Street Commons renewal FY2024

Applicant
Family Service Association of Howard Co., Inc.
IHCDA

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Lafayette Transitional Housing Center, IHCD, A

Project Name: LTHC UPA PSH Renewal FY2024, LTHC Rapid Re-Housing Renewal FY2024, IHCD Consolidated Supportive Housing FY2024, LTHC SSO CE Renewal FY24

Location of the Project: Lafayette

Name of the Federal Program to which the applicant is applying:

Continuum of Care Program Competition (FR-6800-N-25)

Name of Certifying Jurisdiction: City of West Lafayette

Certifying Official of the Jurisdiction
Name: Erin R. Easter

Title: Mayor of West Lafayette

Signature: *Erin R. Easter* Date: 10.22.24

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate.
Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: A Better Way Services, IHCD

Project Name: ABW Joint PH RRH Th FY2024, IHCD CoC II FY2024, IHCD Consolidated Supportive Housing FY2024, Jumpstart Combo RRH FY2024

Location of the Project: Muncie

Name of the Federal Program to which the applicant is applying:

Continuum of Care Program Competition (FR-6800-N-25)

Name of Certifying Jurisdiction: Muncie

Certifying Official of the Jurisdiction

Name: Dan Ridenour

Title: Muncie Mayor

Signature: *[Handwritten Signature]*

Date: 10/11/24

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: IHCD, Center for the Homeless, AIDS Ministries, Life Treatment Centers, YWCA NC Indiana

Project Name: Please see below:

Location of the Project: South Bend / St. Joseph County

Name of the Federal Program to which the applicant is applying:

Continuum of Care Program Competition (FR-6800-N-25)

Name of Certifying Jurisdiction: South Bend

Certifying Official of the Jurisdiction
Name: James Mueller

Title: Mayor, City of South Bend

Signature: 

Date: 10/23/2024

Project Name

Center for the Homeless PSH FY2024
PSH AMAA FY2024
LTC Rental Assistance II PSH FY2024
Motels4Now PSH
YWCANCIN TH to RRH for DV renewal FY2024

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Mental Health America of West Central Indiana, Inc.; IHADA

Project Name: Community Younity Renewal FY2024; MHA West Central IN YOUNity Village/Terre Firma renewal FY2024

Location of the Project: Terre Haute

Name of the Federal Program to which the applicant is applying:

Continuum of Care Program Competition (FR-6800-N-25)

Name of Certifying Jurisdiction:

Certifying Official of the Jurisdiction

Name: Brandon Sakbun

Title: Mayor

Signature: [Handwritten Signature]

Date: 10/23/24



Certificate of Consistency Request to New Albany Jurisdiction
A request was sent to New Albany several times requesting submission of the Certificate of Consistency. Below is the email chain that began again on 10/23 after several requests to staff were made. The IN-BoS CoC requests HUD consider the process of Appeal in the case of the LifeSpring project. Thank you. We are happy to provide a copy of all communication if requested by HUD.

From: [Cheryl Cotner](#)
To: [Sample, Rachael](#)
Subject: Read: RE: City of Consistency From 2991
Date: Friday, October 25, 2024 1:36:33 PM
Attachments: [Read RE City of Consistency From 2991.msg](#)
Importance: High

EXTERNAL EMAIL: This email was sent from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.

From: [Sample, Rachael](#)
To: [Rwizi, JoRita](#); [Cheryl Cotner](#)
Cc: [Garvey, Kristin \(IHCDA\)](#)
Subject: RE: City of Consistency From 2991
Date: Friday, October 25, 2024 1:02:26 PM
Importance: High

Hi Cheryl-

Thanks for reaching out to us. I'm responding to this message to provide a documentation of our next steps as it relates to the New Albany Certificate of Consistency.

The HUD FY2024 CoC NOFO requires we receive a 2991 for every jurisdiction that includes a project that we are submitting under this application. The 2991 is intended to document projects that are currently operating and will operate in the future in the jurisdiction. As we review this requirement, we believe that New Albany can sign under its current Consolidated Plan even if a new one will be under implementation when the project begins in 2025.

If New Albany does not provide a Certificate of Consistency, then we will utilize the NOFO process to Appeal this decision to HUD. We will provide documentation of our request and the email responses below as a part of that Appeal documentation. Since this is a renewal grant that the CoC Board has approved for funding, we anticipate that it will be selected by HUD. HUD will reach out the CoC and the City later to request more information.

We hope that New Albany will reconsider its decision not to provide a 2991, but if not we'll move forward with the process.

If you do decide to send a form please return no later than 2 PM on Monday October 28, 2024.

Thank you!

Rachael

From: Rwizi, JoRita <JRwizi@ihcda.IN.gov>
Sent: Wednesday, October 23, 2024 4:31 PM
To: Cheryl Cotner <ccotner@cityofnewalbany.com>
Cc: Sample, Rachael <RSample@ihcda.IN.gov>; Garvey, Kristin (IHCDA) <KriGarvey@ihcda.IN.gov>
Subject: RE: City of Consistency From 2991

Thank you for your response to the consideration of certifying a project housed in New Albany.

The city of New Albany has agreed and signed the Certification of Consistency in previous years which the consolidated plans extend 5 years.

This project has been housed in New Albany for years and is the same renewal project.

HUD requires that each applicant be certified in the city/area the project resides in by a local official.

Has New Albany's consolidated plan changed in recent years?

Any feedback is welcomed.

Best,

JoRita Rwizi

From: Cheryl Cotner <ccotner@cityofnewalbany.com>
Sent: Wednesday, October 23, 2024 4:09 PM
To: Rwizi, JoRita <JRwizi@ihcda.IN.gov>
Subject: RE: City of Consistency From 2991

EXTERNAL EMAIL: This email was sent from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.

After careful review of your request for a Certification of Consistency with the Consolidated Plan for your FY2024 renewal application, the City is unable to sign the certification at this time.

The current Consolidated Plan (2020-2024), submitted in April 2020, accounts for 17 apartments or 35 beds in permanent supportive housing. The upcoming Consolidated Plan (2025-2029) has not yet been submitted to HUD, as it is not due until May 2025. This future plan has not yet incorporated or accounted for any permanent supportive housing components, nor has it received HUD approval.

Regarding FY2024 activities, if this application seeks to maintain the currently approved 17 apartments/35 beds, this would extend beyond the scope of our current Consolidated Plan. Similarly, if this application is for additional units or beds, these are not accounted for in our current Consolidated Plan. The timing of FY2024 activities would fall under the upcoming 2025-2029 Consolidated Plan, which has not yet been developed or approved.

Therefore, the City cannot certify that this application is consistent with our Consolidated Plan at this time, as there is no current or approved plan covering these activities for the relevant time period.

From: Rwizi, JoRita <JRwizi@ihcda.IN.gov>
Sent: Wednesday, October 23, 2024 1:53 PM
To: Cheryl Cotner <ccotner@cityofnewalbany.com>
Subject: RE: City of Consistency From 2991

Its an agreement from IHCDA to Lifespring.

IHCDA is applying for the grant and then we disperse the funds to partners such as Lifespring.

Hope this helps.

JoRita

From: Cheryl Cotner <ccotner@cityofnewalbany.com>
Sent: Wednesday, October 23, 2024 1:27 PM
To: Rwizi, JoRita <JRwizi@ihcda.IN.gov>
Subject: RE: City of Consistency From 2991

EXTERNAL EMAIL: This email was sent from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.

Thank you. Are you able to share a copy of the application that LifeSpring submitted for this?

From: Rwizi, JoRita <JRwizi@ihcda.IN.gov>
Sent: Wednesday, October 23, 2024 11:59 AM
To: Cheryl Cotner <ccotner@cityofnewalbany.com>
Subject: RE: City of Consistency From 2991

Sure. Below is the complete version of grant and also the shortened version.

https://www.hud.gov/sites/dfiles/CPD/documents/FY2024_FY2025_CoC_and_YHDP_NOFO_FR-6800-N-25.pdf - Complete version

https://www.hud.gov/program_offices/cfo/gmomgmt/grantsinfo/fundingopps/FY24FY25_CoC_YHDP
- Short version

Let me know if you need anything else.

JoRita

From: Cheryl Cotner <ccotner@cityofnewalbany.com>
Sent: Wednesday, October 23, 2024 11:56 AM
To: Rwizi, JoRita <JRwizi@ihcda.IN.gov>
Subject: RE: City of Consistency From 2991

EXTERNAL EMAIL: This email was sent from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.

Can you provide a copy of the Continuum of Care Program Competition (FR-6800-N-25)?

From: Rwizi, JoRita <JRwizi@ihcda.IN.gov>
Sent: Wednesday, October 23, 2024 11:51 AM
To: Cheryl Cotner <ccotner@cityofnewalbany.com>; Mayor Gahan <mayorgahan@cityofnewalbany.com>
Subject: City of Consistency From 2991

Good morning,

I am resending the from 2991 City of Consistency that is due today.

If you have any questions, please do not hesitate to respond.

Best,

JoRita Rwizi