INDIANA BALANCE OF STATE
continuum of care
Committed to Housing Every Hoosier

New Project Application Scoring Tool		
Section: Project Information		
Please describe your experience and plans for your new project by responding to the narrative and yes/no questions listed in the application.		
Question Type	**Scoring Criteria**	**Scoring Detail**
Project Details: PIT count involvement	Up to 5 points for participating in PIT count activities	Auto-score
Project Details: Transportation provided to clients	1 point for providing transportation	Auto-score
Project Details: SSI/SSDI (SOAR) utilization	1 point for offering connection to SOAR	Auto-score
Project Details: SOAR training and technical assistance	1 point for staff with training in SOAR in the last 24 months	Auto-score
Project Services: Listing of services the project could offer through their agency, partnership, or other	Up to 20 points (1 point per service selected) for services offered by the project	Auto-score
Section: Eligibility		
Please describe your background and types of engagement you have had with the homeless response system.		
Question Type	**Scoring Criteria**	**Scoring Detail**
Applicant federal funds	1 point for experience in utilizing federal funds	Auto-score
Regional Planning Council	1 point for participation	Auto-score
Lived Experience- engagement of recent experience	3 points	3 points selected if agency has 1 or more representatives with lived experience on board/staff who has had an experience in the last 7 years
Non-discrimination	1 point if steps are being taken to prevent	Auto-score
McKinney-Vento Services	1 point if they will connect families	Auto-score
Section: Project Funding and Financial Information		
Please describe your financial experience with federal funds, and the experiences of partners in the narrative and yes/no questions listed in the application.		
Question Type	**Scoring Criteria**	**Scoring Detail**
HUD/IHCDA funding	2 points for having received funding from HUD/IHCDA	Auto-score

	(-1) point for any project with history of returning funds to HUD or IHCDA	Auto-score
	1 point for having all 4 financial systems processes selected	Auto-score
Questions pertaining to the financial experiences and capacity of the organization	Up to 4 points for projects that have experience in utilizing funds to perform activities in the grant Up to 4 points for experience in leveraging other funds with federal resources	Up to 4 points for projects that (1 point) describe experience in operating rental assistance, (1 point) describe experience in serving the population served by the project (1 point) have assessed how to address barriers to accessing the project (1 point) describe experience serving those with severe service needs, using Housing First, or partnering with healthcare/Medicaid Up to 2 points for projects that have experience in using federal funds (or partners that have experience) effectively to perform housing and/or services Up to 2 points for projects that describe partnering different types of funding to improve impact or effectiveness of housing and/or services

Section: Project Type and Compliance
Please describe your project type, how it will increase units of permanent housing, and your agency's plans to comply with requirements in the narrative and yes/no questions listed in the application.

Question Type	Scoring Criteria	Scoring Detail
Information on how project will apply and the type of project	2 points for either an expansion project that adds units or a transition project that adds units	Auto-score
	4 points for any project type that adds permanent housing units	Auto-score
Project has experience with and agree to take referrals from coordinated entry and comply with standards	5 points awarded to projects that will accept referrals from CE and follow program written standards	Auto-score
Project commits to completing reports, agreements, and claims on-time	Up to 4 points for projects that will meet commitments of receiving funding	Auto-score
Project has completed the Indiana	7 points awarded to projects that completed the	Auto-score

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Permanent Supportive Housing Institute	Indiana Permanent Supportive Housing Institute	

Section: Project Set-up and Design
Please describe your project set-up, design for services, and coordination with other systems in the narrative and yes/no questions listed in the application.

Question Type	Scoring Criteria	Scoring Detail
Projects provide information on start-up timeline	2 points for completing the chart for the project	2 points if the chart has days listed for completing steps of the project. Not all projects will have the chart completed at the same level of detail.
Project description of services	Up to 6 points (listed as Construction Costs)	Provide a description that addresses the entire scope of the proposed project, (1 point) including identifying the community(ies) and/or county(ies) served, (1 point) how the project will address housing disparity issues (address housing needs of folks most likely to experience homelessness/target population), (1 point) a clear picture of the services provided to participants, (1 point) describes implementation of HMIS, projected outcome(s), (2 points) and any coordination with other source(s)/partner(s) especially healthcare (including mental health and substance abuse) and Medicaid.
Project describes how participants will be engaged to obtain and maintain permanent housing	Up to 6 points for projects that can 1) describe services designed to obtain and ensure housing retention especially connection to mainstream benefits 2) describe how services will be tailored to fit client needs, experience the applicant has with the Housing First model, and how projects connect to hard-to-serve clients from the moment of referral to support successful transition to permanent housing, and building strong relationships with landlords.	(1 point) for projects that describe services that are designed to obtain and ensure successful retention in housing, enhancing what was described in the project description. (1 point) for information on the specific plan to ensure program participants will be individually assisted in identifying and connecting to the benefits they may be entitled (Medicare/Medicaid, SSI, SNAP, workforce, education). Up to 2 points for agency's experience with the (1 point) Housing First model, serving populations with the highest needs to obtain and maintain housing. Describing services including (transportation, safety planning, case management) and by (1 point) having a plan and/or partnering with outreach or other service providers to connect to clients prior to housing and support a successful transition to permanent housing. Up to 2 points for describing how participants are (1 point)

		assisted in identifying housing and are supported in their transition to housing, including: assessing participants housing needs and preferences, (1 point) reducing barriers to attain/maintain housing including: helping them understand lease and tenancy obligations, helping obtain required documents for housing, providing transportation to units, and meeting with landlords.
Coordinate and integrate with health providers	Up to 2 points for demonstrating how the applicant will partner with healthcare and mental health services	Up to 2 points for projects that (1 point) describe partnership with healthcare and mental health services, and (1 point) have formal partnerships with agreements with these partners
Projects follow-up to ensure benefits are received/renewed	1 point if yes	Auto-score
Tracking enrollment to move-in	3 point if yes	Auto-score
Tracking income	3 point if yes	Auto-score
Results of income tracking	Up to 5 points for projects that observe improvements in income	Up to 5 points for projects that (1 point) explain that they can report data on income (1 point) provide actual agency/project data in their answer (3 points) the data they explain shows improvements in income
Tracking obtaining and maintaining housing	4 points if tracking	Auto-score
Results of obtaining and maintaining housing	Up to 5 points for projects that report improvements in attaining and maintaining housing	Up to 5 points for projects that (1 point) explain that they can report data on attaining/maintaining housing (1 point) provide actual agency/project data in their answer (3 point) the data they explain shows that their attain/retain housing outcomes are better than 70%
Client feedback	Up to 2 points for projects that engage clients in their program, especially specific examples of how that feedback is used	Up to 2 points for projects that (1 point) describe the intentional mechanism used to gather client feedback, and (1 point) describe how feedback is used in the projects
Housing stability for those with disparities in outcomes	Up to 3 points for projects that are evaluating their local community for eviction risks and taking appropriate measures to prepare and train staff to meet those needs and address barriers	Up to 3 points for projects that can (1 point) describe that they have evaluated their own data or have community-based (including statewide) data on who is at highest risk for losing housing/eviction, (1 point) a specific data is referenced in the answer, especially the population that is at highest-risk

		according to that data, (1 point) the project can describe how they are preparing through services and staffing/training to address the disparities/barriers
Housing First Compliance	Up to 6 points for projects that comply with Housing First	Auto-score
Housing First implementation	Up to 5 points for projects that implement policies and practices aligned with Housing First philosophy	Auto-score
Healthcare partnerships	Up to 5 points for projects that engage healthcare partners and can provide documentation of their partnership	Auto-score
Housing partnerships	Unscored, agency can provide a letter of unit or rental assistance commitment	Auto-score
Equity training	Up to 3 points if an agency has trained staff, leadership and board on issues of equity and inclusion	Up to 3 points for projects that have trained on areas of equity and inclusion for (1 point) staff (1 point) leadership (1 point) board.
Bonus Points		
Narrative and yes/no question on experiences in promoting and addressing issues of equity and inclusion in their agency, within their services, etc	Up to 9 points for projects that demonstrate that the agency has set policies to address disparities in outcomes for clients, that they are aware of the populations served by the project and are actively promoting a culture that is reflective of that population and inclusive of their needs	Auto-score 1 point on "yes" the agency board/leadership have increased in representation of the population served Up to 3 points for projects that (1 point) can describe the characteristics/demographics of the population served in their community, (1 point) the agency board (1 point) and staff reflects some/all of that population Up to 1 point for describing improvements made to policy/procedures to address equity/inclusion issues Up to 1 point for describing other *actions* the agency has taken to address equity/inclusion Auto-score 1 point on "yes" the agency has diversity/inclusion policies Up to 2 points for describing those policies
Narrative to describe how feedback is being used to change policy	Up to 1 point for the description of how client feedback is used to change a policy or address a program issues	Up to 1 point for projects that describe how client feedback was used to change a policy or address a program issue

Organization Information

Account Name **{{AccountName}}**   Organization Phone   **{{Phone}}**

EIN   **{{EIN__c}}**   UEI   **{{UEI}}**

Street   **{{BillingStreet}}**

City   **{{BillingCity}}**   Zip Code   **{{BillingPostalCode}}**

Congressional District   **{{Applicant_Congressional_District__c}}**

Org Type   **{{GM_Organization_Type__c}}** Org Sub-Type **{{GM_Organization_Subtype__c}}**

President/Executive Director   **{{Org_Pres_or_Exec_Dir__c}}**

Phone: **{{Org_Pres_Phone__c}}** Email: **{{Org_Pres_Email__c}}**

Is the agency registration current in SAM (www.sam.gov)?   **{{SAM.GOV__c}}**

Is the agency registration current with the Indiana Secretary of State?   **{{Secretary_of_State}}**

Project Information

Project Name   **{{Project_Name__c}}**

Description
{{Project_Description__c}}

Project's State   **Indiana**   Project's County   **{{Project_County}}**

Project Congressional District   **{{Projects_Congressional_District__c}}**

Project Details

Please select the subpopulation(s) the project will serve:

Serves all populations   **{{All_Populations}}**
Unsheltered Individuals   **{{Unsheltered_Individuals}}**
Youth and Young Adults   **{{Youth_and_Young_Adults}}**
Chronically Homeless   **{{Chronically_Homeless}}**
Veterans   **{{Veterans}}**

Pregnant and Parenting	**{{Pregnanting_and_Parenting}}**
HIV/AIDS	**{{HIV_AIDS}}**
Domestic Violence	**{{Domestic_Violence}}**
Substance Abuse	**{{Substance_Abuse}}**
Mental Health	**{{Mental_Health}}**
Others served	**{{Others_Served}}**

Did your organization participate in the most recent Point in Time Count held 1/25/23?

{{Point_in_Time}}
{{PointinTimeScore}}

Describe the percentage of your agency utilization of existing projects and units or households on January 26, 2023. Please include all units and households served in projects under each category. If your agency operates multiple program types, please include all:

Transitional, Emergency Shelter, Safe Haven Beds %
{{Transitional_Emergency_Safe_Haven_Beds}}
RRH Households %
{{RRH_Households}}
RRH Households in Joint TH-RRH Projects %
{{RRH_Households_in_Joint_TH_RRH}}
Other please describe.
{{Other_agency_utilization_description}}

Score Bed: {{Bed_Score}}
Score – PSH Units: {{PSH_Units_Score}}
Score – RRH Households: {{RRH_Households_Score}}
Score – RRH Households in Joint: {{RRH_Households_in_Joint_Score}}

Does the project provide transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?   **{{Transportation_Assistance}}**
{{TransportationScore}}

Do project participants have access to SSI/SSDI technical assistance (SOAR) provided by the applicant, or a partner agency?   **{{SSI_SSDI_Techinical_Assistance__c}}**
{{SSI_SSSDI_techinical_assistanceScore}}

Who provides the SOAR Assistance?   **{{Who_SOAR__c}}**

Has the staff person providing the technical assistance completed SOAR training in the past 24 months?
{{SOAR_Training__c}}
{{SOARScore}}

Project Info Total Score   **{{Project_Info_Total_Score__c}}**

Eligibility

Has the applicant ever received a federal grant, either directly from a fed agency or through a state/local agency?   **{{FederalStateorLocalGrant}}**
{{FederalStateorLocalGrantScore}}

Does your organization primarily serve survivors of domestic violence?
{{Serve_Domestic_Violence}}

Did your agency participate in a Regional Planning Council in the past year?
{{Regional_Planning_Council}}
{{RegionalPlanningCouncilScore}}

How many people are on your board or staff have a recent experience of homelessness? (in the last 7 years)
{{LivedExperienceBoard}}
{{LivedBoardScore}}

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, and treatment of service participation requirements.

Is your agency following this policy?   **{{Housing_First}}**

Projects receiving funding cannot discriminate against individuals that are a member of a protected class, including individuals with disabilities or based upon gender or sexual orientation.
This includes effective communication with persons with disabilities including, but not limited to, adopting procedures that will make available to interested persons information concerning the location of assistance, services, and facilities that are accessible to persons with disabilities.
Consistent with Title VI and Executive Order 13166, the Applicant is also required to take reasonable steps to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons.

Does the agency have appropriate steps to ensure discrimination does not occur?
{{NonDiscrimination}}
{{NonDiscriminationScore}}

If your program serves families, will you ensure that all school-age children are connected with McKinney-Vento services within their school(s) **{{McKinney_Vento}}**
{{McKinneyVentoScore}}

Total Eligibility Score   **{{Total_Eligibility_Score__c}}**

Project Funding

Does your organization plan to use these funds to serve individuals experiencing homelessness according to HUD's definition of homelessness (see HUD definition)?

{{Funds_for_Homelessness}}

Does your organization have the financial capacity to administer this project on a reimbursement basis?

{{Financial_Capacity}}

Does the project have written commitments (cash or in-kind) of at least *25%* of the overall dollar amount requested?

{{Written_Cash_Commitments}}

If no, please explain:
{{NoCashExplanation}}

Does the project have unresolved HUD or IHCDA findings?

{{Unresolved_Findings}}

If yes, please explain:
{{Yes_Unrsolved_Findings}}

Does the project have outstanding obligations to HUD in arrears?

{{HUD_Arrears}}

If yes, please explain:
{{Yes_Hud_Arrears}}

Per the grant agreement, if a sub-recipient expends $750,000 or more in federal awards during the sub-recipient's fiscal year, it must submit its single audit to IHCDA. If the sub-recipient expends less than $750,000 in federal awards, it must submit its audited financial statements or 990 (IRS Form 990, (Return of Organization Exempt from Income Tax). Does your agency have a system in place to ensure this requirement is met?

{{Grant_Agreement}}

Does your organization participate in HMIS? Or will you be willing to if selected for funding?

{{HMIS_Participation}}

Have you received HUD or IHCDA funding in the past?

{{HUD_Funding}}
{{HUD_IHCDA_Funding_Score}}

If yes, how many years?   **{{YesPriorHUDIHCDAFunding}}**
{{Funding_Years_Score}}

Have you returned grant funds to HUD or IHCDA in the last 2 years?

{{Returned_Grant_Funds}}
{{Returned_Grant_Funds_Score}}

In the Financial Accounting System are the following books of account used?

{{Financial_Software}}

{{Financial_Systems_Score}}

Describe the experience of the applicant and partners in effectively utilizing federal funds and performing the activities proposed on the application.

{{FederalFundDesc__c}}
{{FederalFundDescScore__c}}

Describe the experience of the applicant and partners in effectively leveraging other State, Local and private sector funds.

{{OtherFundDesc__c}}
{{OtherFundDescScore__c}}

Project Funding Total Score   **{{Project_Funding_Total_Score__c}}**

Project Type and Compliance

Is your project applying as a sub-recipient of IHCDA?
{{SubRecipient__c}}

Did the project this funding would support participate in the Indiana Supportive Housing Institute?
{{ParticipateinISHI__c}}
{{ParticipateISHI_Score}}

Is your project applying as:

{{Application_Type}}

Type of Project

{{TypeofProject__c}}
{{TypeofProjectScore__c}}

Does the project agree to follow all CoC Written Standards; including solely using Coordinated Entry for all referrals to openings in the program?   **{{CoCStds__c}}**
{{CoCStdsScore__c}}

Were claims submitted monthly in the last 2 years?
{{CoCClaims__Applicant}}
{{CocClaimsScore__c}}

Please explain why claims were not submitted monthly.

{{Nomonthlyclaim_Applicant}}

Were claims submitted quarterly or did they meet federal draw requirements in the last 2 years?

{{CoCclaimsHUD_Applicant}}

{{CoCClaimsHUDScore__c}}

Please explain why claims were not submitted quarterly.

{{Noquarterlyclaim_Applicant}}

Will you make a monthly draw by the 20th of each month in your last closed out project year?

{{Subdraw_Applicant}}

{{SubDrawScore__c}}

Will you make a draw at least quarterly in ELOCCS in your last closed-out project year? (2 years prior)

{{HUDDraw_Applicant}}

{{HudDrawScore__c}}

Will your project submit signed agreements in a timely manner?

{{Agreements__c}}

{{AgreementsScore__c}}

Will your project submit all required documentation in a timely manner?

{{Documents__c}}

{{DocumentsScore__c}}

Will your project submit close-out reports by the deadline?

{{Closeout__c}}

{{CloseoutScore__c}}

Does the organization currently operate a permanent housing or rental assistance program?

{{RentalAssistance__c}}

{{RentalAssistanceScore__c}

Project Milestones

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

Days from Execution of Grant Agreement

Project Milestones	A	B	C	D
New project staff hired, or other project expenses begin.	{{NewProjStaffANumber__c}}	{{NewProjStaffBNumber__c}}	{{NewProjStaffCNumber__c}}	{{NewProjStaffDNumber__c}}
Participant enrollment in project begins?	{{PartEnrollANumber__c}}	{{PartEnrollBNumber__c}}	{{PartEnrollCNumber__c}}	{{PartEnrollDNumber__c}}
Participants begin to occupy leased or rental assistance units and supportive services begin?	{{OccupyANumber__c}}	{{OccupyBNumber__c}}	{{OccupyCNumber__c}}	{{OccupyDNumber__c}}
Leased or rental assistance units or structure, and supportive services near 100% capacity?	{{CapacityANumber__c}}	{{CapacityBNumber__c}}	{{CapacityCNumber__c}}	{{CapacityDNumber__c}}
Closing on purchase of land, structure(s), or execution of structure lease?	{{ClosingANumber__c}}	{{ClosingBNumber__c}}	{{ClosingCNumber__c}}	{{ClosingDNumber__c}}
Rehabilitation started?	{{ConstructStartANumber__c}}	{{ConstructStartBNumber__c}}	{{ConstructStartCNumber__c}}	{{ConstructStartDNumber__c}}
Rehabilitation complete?	{{ConstructDoneANumber__c}}	{{ConstructDoneBNumber__c}}	{{ConstructDoneCNumber__c}}	{{ConstructDoneDNumber__c}}

Score – Milestone   **{{MilestoneScore__c}}**

Description and Assistance

Are you requesting CoC funds for construction costs in this application?

{{Construction__c}}

Please provide a description, address, and entire scope of the proposed project.

{{ConstructionText__c}}
{{ConstructTextScore__c}}

Are you planning to contract any funds in this project to a sub-recipient entity?

{{SubContract__c}}

Please list the name of the organization and provide the UEI and EIN number.

{{SubContractText__Applicant}}

Describe how program participants will be assisted to obtain and remain in permanent housing.

{{Participants__c}}
{{ParticipantsScore__c}}

Describe the specific plan to coordinate and integrate with other mainstream health (including mental health and substance abuse treatment or recovery), social services and employment programs for which program participants may be eligible.

*Note: if relationship exists with substance abuse treatment provider, applicant is encouraged to use that relationship to demonstrate healthcare partnership requirement. *

***To score maximum points, the applicant should demonstrate a relationship with other mainstream health providers.**

{{HealthcareAnswer__c}}
{{HealthcareScore__c}}

Does the project at least annually follow up with participants to ensure mainstream benefits are received and renewed?   **{{MainstreamRenewal__c}}**
                                                                        {{MainstreamRenewalScore__c}}

Does your organization track the length of time from enrollment into your services to permanent housing move-in?   **{{EnrollmentTime__c}}**
                                                                        {{EnrollmentTimeScore__c}}

Does your organization track whether participants increase income from employment, non-employment or benefit income sources?   **{{TrackIncome__c}}**
{{TrackIncomeScore__c}}

Have participants increased their income or benefits? Please provide data for your explanation.

{{TrackIncomeExplain_Applicant}}
{{TrackIncomeExplainScore__c}}

Do you have methods for determining whether the people or households you assisted are able to obtain and maintain permanent housing because of your assistance?
{{Methods__c}}
{{MethodsScore__c}}

Is the rate of people or households who obtain and maintain housing above 70%?

{{MethodsExplain_Applicant}}
{{MethodsExplainScore__c}}

Describe your agency's existing mechanism(s) for client involvement and specify how client feedback is used.

{{FeedbackText__c}}
{{FeedbackTextScore__c}}

Describe how the project will utilize services and train staff to support housing stability of subpopulations experiencing housing disparities and higher eviction rates in your region?

{{TrainstaffText__c}}
{{TrainStaffScore__c}}

Housing First Compliance

Housing First compliance is important to the CoC.
Please answer the following accurately based on the organization policies you submitted.
Does the project screen individuals out for:

Failure to pass a background check or background screening prior to entry.
{{BackgroundCheck__c}}
{{BackgroundCheckScore__c}}

Having a criminal record (except for state mandated restrictions)
{{CriminalRecord__c}}
{{CriminalRecordScore__c}}

Active or history of substance abuse, or sobriety prior to entry

{{SubstanceAbuse__c}}
{{SubstanceAbuseScore__c}}

Individual or family member sexual orientation, gender identity, family status, marital status, and will serve persons according to the gender in which they identify

{{MaritalStatus__c}}
{{MaritalStatusScore__c}}

Having little to no income

{{NoIncome__c}}
{{NoIncomeScore__c}}

History of victimization (e.g. domestic violence, sexual assault, childhood abuse)

{{Victimization__c}}
{{VictimizationScore__c}}

Total Score CoC Part 2   **{{Part_2_Total__c}}**

Housing First Terminate

Does the project terminate participants for:

Failure to participate in supportive services   **{{Support__c}}**
{{SupportScore__c}}

Solely for engaging in substance user   **{{Abuse__c}}**
{{AbuseScore__c}}

Failure to make progress on a service plan   **{{Progress__c}}**
{{ProgressScore__c}}

Loss of income or failure to improve income   **{{LossofIncome__c}}**
{{LossofIncomeScore__c}}

Domestic violence   **{{DomViolence__c}}**
{{DomViolenceScore__c}}

Engage Individuals

The project will engage individuals in:
Regular opportunities to provide input into project policies and operations

{{Policies__c}}
{{PoliciesScore__c}}

Person Centered Planning as a guiding principle, which focuses on the individual, what they would like to accomplish in terms of relationships, community participation, achieving control over their lives, and developing the skills and resources needed to accomplish goals

{{Planning__c}}

{{PlanningScore__c}}

Services from staff (including sub-contractors or healthcare providers as described in this application) trained in clinical and non-clinical strategies to support participant engagement including harm reduction, motivational interviewing, trauma informed approaches, and strengths based?

{{StaffServices__c}}

{{StaffServciesScore__c}}

Housing and Healthcare partnership

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

Please describe how you will implement this requirement:

{{Implement_Applicant}}

For projects greater than 16 units in one structure, provide the number of total units in one structure

{{Units__c}}

Is this project 100% Dedicated or DedicatedPLUS?

{{Dedicated__c}}

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

{{PHPartnership__c}}

Please list the applicable Public Housing Agencies for your project

{{PHPartnershiptext_Applicant}}

Our project will be able to demonstrate a healthcare partnership.

{{HCPartnership__c}}

Please list the likely healthcare partners for your project:

{{HCPartnershiptext_Applicant}}

Equity and Representation

Has your agency hosted or attended training on issues related to equity and inclusion (current competition year) to board, agency leadership, and direct service staff

{{HostedTraining__c}}

{{HostedTrainingScore}}

Does your organization track outcomes for households or individuals based on their demographics?
{{TrackOutcome__c}}

Bonus

**To score maximum points, please list/describe diversity and inclusion policies, anti-discrimination policies, anti-racism policies, etc.

Has your agency seen increasing representation of those you serve in your organization and its leadership/board in the past year?   **{{Representation__c}}**
                                                                          {{RepresentationScore__c}}

Please describe how your board, agency leadership and direct service staff is reflective of the population served?

{{Reflective__c}}
{{ReflectiveScore__c}}

What positive impact has your agency seen in the past year because of the policies, procedures and actions taken to address disparities and improve equity and inclusion?

{{ImpactText__c}}
{{ImpactTextScore__c}}

What actions has your agency taken in the past year to positively impact staff and clients in the areas of equity and inclusion?

{{Actions__c}}
{{ActionsScore__c}}

Does your organization have diversity and inclusion policies?
                                                      {{PoliciesDandI__c}}
                                                      {{PoliciesDandIScore}}

What policies does your organization have that support equity for staff and clients?

{{PoliciesDesc__c}}
{{PoliciesDescScore__c}}

Are you gathering feedback in the areas of equity and inclusion from clients and staff?
                                                      {{Feedback__c}}
                                                      {{FeedbackScore}}

What feedback are you gathering in the areas of equity and inclusion from clients and staff?

{{EquityFeedback__c}}
{{EquityFeedbackScore__c}}

What has the feedback told you about the areas of equity and inclusion within the organization or its programs?

{{Story__c}}
{{StoryScore__c}}

Bonus Total Score   {{Bonus_Section_total__c}}

Budget

Supportive Services

Enter the Quantity and total budget request for each supportive services cost.
The request entered should be equivalent to the cost of one year of the relevant supportive service.

When including staff costs, please include title, salary, and number of FTEs.

Eligible Costs	Quantity	Annual Assistance Requested	Description
Assessment of Service Needs	{{ServiceNeedsNumber__c}}	{{ServiceNeedsDollar__c}}	{{ServiceNeedsDesc__c}}
Assistance with Moving Costs	{{MovingNumber__c}}	{{MovingDollar__c}}	{{MovingDesc__c}}
Case Management	{{CaseNumber__c}}	{{CaseDollar__c}}	{{CaseDesc__c}}
Child Care	{{ChildCareNumber__c}}	{{ChildCareDollar__c}}	{{ChildCareDesc__c}}
Education Services	{{EduNumber__c}}	{{EduDollar__c}}	{{EduDesc__c}}
Employment Assistance	{{EmploymentNumber__c}}	{{EmpDollar__c}}	{{EmpDesc__c}}
Food	{{FoodNumber__c}}	{{FoodDollar__c}}	{{FoodDesc__c}}
Housing Search/Counseling	{{HousingSearchNumber__c}}	{{HousingSearchDollar__c}}	{{HousingSearchDesc__c}}
Services	{{ServicesNumber__c}}	{{ServicesDollar__c}}	{{ServicesDesc__c}}
Legal Services	{{LegalNumber__c}}	{{LegalDollar__c}}	{{LegalDesc__c}}
Life Skills	{{LifeNumber__c}}	{{LifeDollar__c}}	{{LifeDesc__c}}
Mental Health Services	{{MentalHealth__c}}	{{MentalDollar__c}}	{{MentalDesc__c}}
Outpatient Health Services	{{OutPatient__c}}	{{OutpatientDollar__c}}	{{OutpatientDesc__c}}
Outreach Services	{{Outreach__c}}	{{OutreachDollar__c}}	{{OutreachDesc__c}}
Substance Abuse Treatment	{{SubstanceAbuse__c}}	{{SubstanceAbuseDollar__c}}	{{SubstanceAbuseDesc__c}}
Transportation	{{Transportation__c}}	{{TransportationDollar__c}}	{{TransportationDesc__c}}
Utility Deposits	{{Utility__c}}	{{UtilityDollar__c}}	{{UtilityDesc__c}}
Operating Costs	{{OperatingNumber__c}}	{{OperatingDollar__c}}	{{OperatingDesc__c}}
Violence Against Women Act Costs	{{WomensActNumber__c}}	{{WomensActDollar__c}}	{{WomensActDesc__c}}
Rural Costs	{{RuralCostsNumber__c}}	{{RuralCostsDollar__c}}	{{RuralCostsDesc__c}}
Term	{{SSTerm__c}}		
Total Annual Assistance Requested	${{TotalDollar__c}}		

HMIS

Enter the Quantity and total budget request for each HMIS cost.

Eligible Costs	Quantity	Annual Assistance	Description
Equipment	{{EquipmentNumber__c}}	{{EquipmentDollar__c}}	{{EquipmentDesc__c}}
Software	{{SoftwareNumber__c}}	{{SoftwareDollar__c}}	{{SoftwareDesc__c}}
Services	{{HMISServicesNumber__c}}	{{HMISServicesDollar__c}}	{{HMISServicesDesc__c}}
Personnel	{{PersonnelNumber__c}}	{{PersonnelDollar__c}}	{{PersonnelDesc__c}}
Space and Operations	{{SpaceNumber__c}}	{{SpaceDollar__c}}	{{SpaceDesc__c}}

Total Annual
Assistance Requested   **${{TotalHMISDollar__c}}**

Match

A minimum of 25% of the project budget must be matched from the requesting agency. Proof of the match amount needs to be listed below. All documentation of match sources and amounts will be needed to be provided to the Indiana Housing and Community Development Authority.

Type of Match   **{{CashinKind1__c}}**
Source: **{{Source1__c}}**

Identify Funds As: **{{GovPrivate1__c}}**   Date: **{{Date1__c}}**   Amount: **{{Amount1__c}}**
_____
Type of Match   **{{CashinKind2__c}}**
Source: **{{Source2__c}}**

Identify Funds As: **{{GovPrivate2__c}}**   Date: **{{Date2__c}}**   Amount: **{{Amount2__c}}**
_____
Type of Match   **{{CashinKind3__c}}**
Source: **{{Source3__c}}**

Identify Funds As: **{{GovPrivate3__c}}**   Date: **{{Date3__c}}**   Amount: **{{Amount3__c}}**

Type of Match   **{{CashinKind14__c}}**
Source: **{{Source4__c}}**

Identify Funds As: **{{GovPrivate4__c}}**   Date: **{{Date4__c}}**   Amount: **{{Amount4__c}}**

Type of Match: **{{CashinKind5__c}}**
Source: **{{Source5__c}}**

Identify Funds As:　　**{{GovPrivate5__c}}**　　Date: **{{Date5__c}}**　　Amount: **{{Amount5__c}}**

Total CASH Match:　　　　　　　**${{TotalCashMatch__c}}**
Total In-Kind Match:　　　　　　**${{TotalinKindMatch__c}}**
Total Match:　　　　　　　　　　**${{TotalMatch__c}}**

Rental Assistance

Budget Detail:

Enter number of units by unit size. The formulas will calculate, using applicable Fair Market Rent (FMR).

Please use FMR from the applicable community data.

Total represents 12 months of assistance

Visit HUD's FMR website for more information. HTTPS://www.huduser.gov/portal/datasets/fmr.html

Bedrooms	County	# of Units	Total Request
{{RentalAssistance_GM_Bedrooms__c}}			**{{RentalAssistance_GM_County__c}}**
		{{RentalAssistance_GM_of_Units__c}}	
{{RentalAssistance_GM_Total_Request__c}}			

Leasing Assistance

Budget Detail:

Enter number of units by unit size. The formulas will calculate, using applicable Fair Market Rent (FMR).

Please use FMR from the applicable community data.

Total represents 12 months of assistance

Visit HUD's FMR website for more information. HTTPS://www.huduser.gov/portal/datasets/fmr.html

Bedrooms	County	# of Units	Total Request
{{Leasing_GM_Bedrooms__c}}	**{{Leasing_GM_County__c}}**		
	{{Leasing_GM_of_Units__c}}		**{{Leasing_GM_Total_Request__c}}**

Operating Costs

Eligible Costs	Quantity and Description	Annual Assistance Requested
Maintenance/Repair	{{Maint__c}}	{{Maint_Asst__c}}
Property Taxes and Insurance	{{Property_Tax__c}}	{{Property_Tax_Asst__c}}
Replacement Reserve	{{Replace__c}}	{{Replace_Asst__c}}
Building Security	{{Building__c}}	{{Building_Asst__c}}
Electricity, Gas and Water	{{Utilities__c}}	{{Utilities_Asst__c}}
Furniture	{{Furniture__c}}	{{Furniture_Asst__c}}
Equipment (lease, buy)	{{Equipment__c}}	{{Equipment_Asst__c}}

Total Annual Assistance Requested   **${{Annual_Oper_Asst__c}}**
Grant Term   **{{OperatingTerm__c}}**

Household

For the purpose of a HUD application, children are considered youth under the age of 18.

Households with:	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronically Homeless Non-Veterans	Chronic Substance Abuse	Domestic Abuse
Adults Only	{{AChronicNumber__c}}	{{ANonChronicNumber__c}}	{{ANonVeteranNumber__c}}	{{ASANumber__c}}	{{ADVNumber__c}}
Adults and Children	{{ACChronicNumber__c}}	{{ACNonChronicNumber__c}}	{{ACNonVeteranNumber__c}}	{{ACSANumber__c}}	{{ACDVNumber__c}}
Children Only	{{CChronicNumber__c}}	{{CNonChrnoicNumber__c}}	{{CNonVeteranNumber__c}}	{{CSANumber__c}}	{{CDVNumber__c}}
Totals	{{ChronicTotal__c}}	{{NonChronicTotal__c}}	{{NonVetTotal__c}}	{{SATotal__c}}	{{FDVTotal__c}}

Households with:	HIV/AIDS	Severely Mentally Ill	Developmental Disability	Physically Disabled	Person not in one of the identified subpopulations
Adults Only	{{AHIVNumber__c}}	{{AMentalIllNumber__c}}	{{ADevelopDisabledNumber__c}}	{{APhysicalDisabledNumber__c}}	{{ANotIdentifiedNumber__c}}
Adults and Children	{{ACHIVNumber__c}}	{{ACMentalIllNumber__c}}	{{ACDevelopDisabledNumber__c}}	{{ACPhysicalDisabledNumber__c}}	{{ACNotIdentifiedNumber__c}}
Children Only	{{CHIVNumber__c}}	{{CMentalIllNumber__c}}	{{CDevelopDisabledNumber__c}}	{{CPhysicalDisabledNumber__c}}	{{CNotIdentifiedNumber__c}}
Totals	**{{HIVTotal__c}}**	**{{MentalIllTotal__c}}**	**{{DevelopDisabledTotal__c}}**	**{{PhysicalDisabledTotal__c}}**	**{{NotIdentifiedTotal__c}}**

Projects

The Project Budget will self populate. Please review to ensure the amounts and terms are correct.

Eligible Costs	Annual Assistance Requested	Grant Term in years	Total Assistance
Rental Assistance	{{RATotal__c}}	{{RATerm__c}}	{{RATotalFinal__c}}
Supportive Services	{{TotalDollar__c}}	{{SSTerm__c}}	{{SSTotal__c}}
Operating	{{OperatingDollar__c}}	{{OperatingTerm__c}}	{{OperatingDollar__c}}
HMIS			${{TotalHMISDollar__c}}
Sub-Total Costs Requested			${{SubTotal__c}}
Administrative Costs (10% of requested budget)			${{AdminTotal__c}}
Total Assistance Requested plus Admin			${{CompiledTotal__c}}
Cash Match			${{TotalCashMatch__c}}
In-Kind Match			${{TotalinKindMatch__c}}

Total Match (must be a minimum of 25% of project budget):

Required Minimum Match ${{RequiredMatch__c}}   Your Match ${{YourMatch__c}}

Total Budget ${{Requested_Budget_Amount__c}}

Unit Types

This workbook is a summary of charts required by HUD in the CoC's application.

Housing Type   {{RentalAssistance_GM_Housing_Type__c}}Total Units   {{TotalUnit__c}}

Total Beds   {{TotalBeds__c}}Total Chronic Beds   {{TotalChronicBeds__c}}

**If you have scattered site units, use the site of the administration office.

Address of Units {{AddressofUnits__c}}

Administration Office   {{AdminOffice__c}}

Street   {{Admin_Street__c}}   City   {{Admin_City__c}}

State   {{Admin_State__c}}   Zip Code {{Admin_ZIP_Code__c}}