FY2025 Indiana BoS CoC Funding Renewal & Transitioning Application Guide

Jotform will be used as the application submission tool for FY2025's Internal Competition. In Jotform, you will be able to save your work and come back later, but you are unable to progress to the next screen until all current items have been entered. The questions below and their applicable point values have been pulled directly from the JotForm Application and should be reviewed prior to entering items into the JotForm.

JOTFORM APPLICATION LINK HERE

Due Dates

All applications (Renewal, Transition, and New) are due by **December 12, 2025 at 5pm EST.** If you need to make changes to your submitted application due to a discrepancy or misunderstanding, IHCDA will allow for changes between 12/12/25 and 12/15/25.

All ranking & scoring will be announced by IHCDA 12/30/25

Renewals & Transition Projects

Applicants for Renewals and Transition Projects will be asked to choose one of the following options. Please note that new project applications will be submitted through a SEPARATE JotForm Link.

- My Agency would like to apply for a **Renewal Grant** Renewing a current CoC-Funded Project for another grant year with the same components as prior.
- My agency would like to apply for a **Transition Grant** Changing the Components of a current CoC-Funded project for the next grant year.
- My agency is NOT INTERESTED in maintaining our current CoC-Funded Project, but would be willing to be voluntarily ranked at the bottom of the CoC ranking.

If, during ranking your PH project does not rank in the top 30% for the CoC, you will have the option to discuss transitioning the components to a different type. Please reference the first question under the "Project Info" section in Jotform.

Note on New Project Applications

Projects applying for new funding in FY2025 will complete a separate JotForm Application. Please double check you are in the correct JotForm prior to completing the application fields. ***Please

note due to HUD's funding priority changes, the IN BoS CoC will not be accepting new project applications for permanent housing.

Organization Info

Organization's Legal Name (As it appears with the Indiana Secretary of State)	Unscored
Primary Contact Name	
Primary Contact's Professional Title	
Primary Contact's Email	
Organization's Primary Address*	
Congressional District (Based on Organization's Primary Address)	
Phone Number*	
UEI*	
EIN*	
Is your agency's registration current in SAM (www.sam.gov	
Is the agency registration current with the Indiana Secretary of State?	
Did your organization participate in the most recent Point-IN-Time	+1 point if
Count held 01/29/25?	"Yes"
Did your agency participate in a Regional Planning Council in the past	+2 points if
year?	"Yes"
Do you have at least one board member who has a recent experience	Threshold
of homelessness (in the last 7 years)?	Requirement,
	Unscored
If yes to the above, Do you have more than one board member with a	+1 point if
recent experience of homelessness (in the last 7 years)?	"Yes"
Does your organization participate in HMIS? Or will you be willing to if	Threshold
selected for funding? [All CoC-funded projects are required to use	Requirement
HMIS. DV Providers may use DV ClientTrack or another comparable	
system.]	

Project Info – Renewals

If, during ranking your PH project does not rank in the top 30% of PH	+ 1 point
projects for the CoC, are you interested in having a conversation	
about transitioning the components to a different type?	
Please provide a description of this project. Please include the	Unscored
following prompts, if applicable: Intended Outcomes, Partnerships,	
Employment/Income Increases, Prevention of Returns to	
Homelessness, Service Participation Requirements and Tracking	
(2000 characters max)	

Please select the subpopulations the project will serve.	Unscored
Project Start Date	Unscored
Does the project serve school-age children?	Unscored
Will you ensure that all school-age children are connected with McKinney-Vento services?	Unscored
Does the project agree to follow all Written Standards set forth by the	Threshold
IN BoS CoC Board; including using Coordinated Entry for all referrals	Requirement
to openings in the program?	
Did 100% of new clients enrolled in the project from 10/1/2024-	+ 5 points
9/30/2025 come from a coordinated entry referral?	
Was this project an IHCDA Subrecipient or HUD-Direct	Unscored
Were claims submitted monthly in the last 2 years?	IHCDA-
	subrecipients
	only +5
	points
Were claims submitted quarterly in the last 2 years?	HUD-Direct
	Funded Only
	+5 points
Please acknowledge each of the following statements regarding timeliness:	
I acknowledge this project will submit signed agreements in a timely	Threshold
manner	Requirement
I acknowledge this project will submit all required documents in a timely	Threshold
manner	Requirement
I acknowledge this project will submit close-out reports by the deadline	Threshold
	Requirement
Please acknowledge each of the following statements regarding engaging individuals and minimizing trauma:	
I acknowledge the project will engage served individuals	Threshold
in regular opportunities to provide input into project policies and operations.	Requirement
I acknowledge person-centered planning as a guiding principle for this	Threshold
project, which focuses on the individual, what they would like to	Requirement
accomplish in terms of relationships, community participation, achieving	.,
control over their lives, and developing the skills and resources needed	
to accomplish goals.	
I acknowledge required services from staff (including sub-contractors or	Threshold
healthcare providers as described in this application) will be trained in	Requirement
clinical and non-clinical strategies to support participant engagement	
including motivational interviewing, trauma informed approaches.	

Does your organization currently have on-site substance use	+ 5 points
treatment services? OR Will your project plan to offer on-site	
substance use services if awarded	
Will your project provide opportunities for employment services	+ 5 points
such as job search assistance, career counseling, job training, etc.?	
As a part of this project, will your organization track whether	+ 2 points
participants increase TOTAL income in HMIS?	
As a part of this project, will your organization track whether	+1 point
participants increase EMPLOYMENT income in HMIS?	
Will at least 50% of this project's activities be provided in an	+ 1 point
Opportunity Zone?	
https://www.hud.gov/opportunity-zones	

Funding

Does your organization have the financial capacity to administer this	Threshold
project on a reimbursement basis?	Requirement
Prior to project implementation, would you be able to provide written	Threshold
commitments (cash or in-kind) of at least 25% of the overall dollar	Requirement
amount requested?	
For in-kind match, do you acknowledge fully executed Memoranda of	Threshold
Understanding must be in place prior to the project start date?	Requirement
For cash match, do you acknowledge proof of the match amount and	Threshold
proof of sources must be provided prior to the project start date?	Requirement
Does the project have unresolved HUD or IHCDA findings?	Threshold
	Requirement
Does the organization have outstanding obligations to HUD in	Threshold
arrears?	Requirement
Per the grant agreement, if a subrecipient expends \$1,000,000 or	Threshold
more in federal awards during the subrecipient's fiscal year, it must	Requirement
submit its single audit to IHCDA. If the subrecipient expends less	
than \$1,000,000 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?	
Does the organization have unresolved or adverse Financial Audit	Threshold
findings?	Requirement
Has your organization returned grant funds to HUD or IHCDA in the	Threshold
last 2 years?	Requirement

System Performance – Max 54 points, scored by IHCDA

Housing (PH) Destinations % of Returns in Less than 6 Months Up to 4 points Total % of Returns in 2 years Up to 2 points SPM Measure 4: Employment and Income Growth for Homeless Persons in CoC Program funded Projects SPM 4.1 - Percentage of Adults who increased earned income SPM 4.3 - Percentage of Adults who increased total income SPM 4.4 - Percentage of Adults who increased total income SPM 4.4 - Percentage of Adults who increased earned income SPM 4.5 - Percentage of Adults who increased total income SPM 4.6 - Percentage of Adults who increased total income SPM Measure 7: Change in PH exits to permanent housing destinations or retention of permanent housing % Successful Exits/Retention Up to 4 points For APR Metric: Exits to Unsubsidized Housing Number of people who exited to unsubsidized housing INCLUDING those staying with friends or family permanent tenure Number of people who exited to unsubsidized housing EXCLUDING those staying with friends or family permanent tenure APR Q6a - Data Quality: Personally Identifiable Information Overall Score Meets 2024 Benchmark Up to 1 point APR Q6b - Data Quality: Universal Data Elements Veteran Status (3.07) Up to 1 point APR Q6c - Data Quality: All CoC-funded Projects Data Quality: Income and Housing Data Quality Destination (3.12) Up to 4 points Income and Source (4.2) at Start Up to 2 points APR Q6e - Data Quality: Timeliness Recorded in 6 days or less Up to 2 points Recorded in more than 6 days Up to 2 points	SPM Measure 2: Returns to Homelessness	s for Persons who Exit to Permanent
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		Up to 2 points
	-	

Budget Utilization	
12 Month Utilization Projection %	Up to 13 points
If you have un-utilized funding, are you	Bonus Points to be determined by
willing to voluntarily reallocate it?	Collaborative Applicant
Collaborative Applicant staff will reach out	
after completing this section's scoring to	
discuss with you, if so.	

Partnerships & Collaboration

Will this project be able to	+ 3 points
demonstrate a partnership with a	
local public housing authority (PHA)?	
Will this project be able to demonstrate a partnership with local first	+ 5 points
responders and law enforcement?	
Will this project be able to demonstrate a healthcare partnership	+ 3 points
through service agreements, an MoU, or similar prior to project start?	
Will your project provide (through either external partnerships or	+ 3 points
internally) childcare for working parents experiencing homelessness?	

HUD Required Threshold Questions

Do you certify that your organization will undertake no activities to	Threshold
subsidize or facilitate racial preferences or other forms of illegal	Requirement
discrimination or activities that rely on or otherwise use a definition	
of "sex other than as binary in humans"?	
Do you acknowledge that HUD may conduct a risk review of program	Threshold
performance in accordance with Section V Part C of FR-6900-N-25	Requirement
(page 89 of 2025 NOFO)?	
Do you certify that your organization will not operate drug injection	Threshold
sites or "safe consumption sites," knowingly	Requirement
distribute drug paraphernalia on or off of property under their control,	
permit the use or distribution of illicit drugs on property under their	
control, or conduct any of these activities under the pretext of "harm	
reduction"?	

HUD Policy Initiatives

Will this project will require participation in supportive services? [New or Transition Grant Project must select yes to be considered for funding.]	+18
Do you certify that your project commits to cooperating, assisting,	Unscored

and not interfering or impeding with law enforcement or co-response	
to connect violators of public camping or drug use laws with services?	
Do you or a partner you work with have projects with the purpose of	Unscored
providing substance use treatment services for people experiencing	
homelessness in which program participants are required to take part	
in such services as a condition of continued program participation?	