FY2026 Indiana BoS CoC Funding New Project Application Guide

Please note that renewal project applications will be submitted through a SEPARATE JotForm Link. Please double check you are in the correct JotForm prior to completing the application fields.

Jotform will be used as the application submission tool for the FY2026 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 **July 17, 2026 at 5pm EST.** If you need to make changes to your submitted application due to a discrepancy or misunderstanding, IHCDA will allow for changes up to the due date. Late applications will not be accepted.

Organization Information [Maximum 4 points]

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		
Is the Primary Contact, listed above, authorized to sign on behalf of the agency?		
If No	**Organization Signatory's Name**	
	Organization Signatory's Professional Title	
	Organization Signatory'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) [Required upload of verification]		
Is the agency registration current with the Indiana Secretary of State? [Required upload of verification]		
Did your organization participate in the most recent Point-IN-Time Count and/or Housing Inventory Count held in January 2026? [Participation can include functioning as a count location, completing preparation activities, supporting the count through staff time, submitting required PIT reports for housing and shelter projects, reviewing and updating program enrollments in HMIS, or other key tasks]		+1 point
Did your agency participate in a Regional Planning Council in the past year?		+2 points
Do you have at least one board member who has a current or former experience of homelessness?		Threshold Requirement, Unscored
If Yes	**Do you have more than one board member who has experienced homelessness?**	+1 point if "Yes"
If No	**If no, do your bylaws require an individual who has experienced homelessness?**	Unscored
If Yes	**When will this seat be filled?**	Unscored
If this project is funded, will you be willing to participated in the Homeless Management Information System (HMIS) operated by the IN BoS CoC's HMIS Lead? [All CoC-funded projects are required to use HMIS. DV Providers may use DV ClientTrack or another comparable system.]		Threshold

Project Information – New Projects [Maximum 40 points]

Please confirm which option best describes how you are applying for THIS PROJECT in this competition:		*Unscored, but impacts which of the two applications is rescinded*
If Transition Grant	**Please confirm which option best describes how you are applying for THIS PROJECT in this competition:**	
If applying as both Transition and Renewal	**Since you are applying for THIS PROJECT as both a Renewal and a Transition Grant, please acknowledge the following condition:**	
Project Type - Select One		*Unscored*
Supportive Services Only – Street Outreach		
Supportive Services Only – Standalone		
Transitional Housing		

Is the project's address different from the Organization's Primary Address? [If the project provides Scattered Site housing, please use the Organization's Primary Address]	
If yes | **Project's Address**	
Please provide a description of this project. Be sure to include: Intended Outcomes, Potential Partnerships, Metric Tracking, and Strategies for Employment/Income Increases, Prevention of Returns to Homelessness, and Service Participation Requirements (2000 characters max)	
Please select the subpopulations the project will serve.	*Unscored*
(Bonus Question) Are you willing to operate this project as a sub-recipient of IHCDA?	*+ 1 Bonus point*
If IHCDA Sub, This project commits to submitting claims monthly.	*+5 points***
If HUD Direct, This project commits to submitting claims quarterly.	*+5 points***
***Applicants can only receive up to 5 points for this section*	
Project Start Date	*Unscored*
Has your organization ever received a federal grant, either directly from a federal agency or through a state/local agency?	*+5 points*
If yes to the above, has your organization ever had a federal grant revoked due to noncompliance?	*-5 points*
Does the project serve school-age children?	*Unscored*
Do you have an education liaison who will ensure that all school-aged children are connected to McKinney-Vento services?	*Unscored*
Do you agree this project will follow all Written Standards set forth by the IN BoS CoC Board; including using Coordinated Entry for all referrals to openings in the programs?	*Threshold Requirement*
Do you currently serve clients from the CoC coordinated entry system? [Serving clients may be done as either a CE access site and/or a program that receives housing project referrals from CE]	*+ 2 points*
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 in regular opportunities to provide input into project policies and operations.	*+ 5 points*
I acknowledge person-centered planning as a guiding principle for this project, which focuses on the individual, what they would like to accomplish in terms of relationships, community participation, achieving	*+ 5 points*

control over their lives, and developing the skills and resources needed to accomplish goals.	
I acknowledge required services from staff (including sub-contractors or healthcare providers as described in this application) will be trained in clinical and non-clinical strategies to support participant engagement including motivational interviewing and trauma-informed approaches.	*+ 5 points*
Will your project plan to offer on-site substance use services if awarded?	+ 5 points
Will your project provide opportunities for employment services such as job search assistance, career counseling, job training, etc.?	+ 5 points
As a part of this project, will your organization track whether participants increase TOTAL income in HMIS?	+ 2 points
As a part of this project, will your organization track whether participants increase EMPLOYMENT income in HMIS?	+1 point

Organizational Financial Capacity [Maximum 11 points]

Does your organization have the financial capacity to administer this project on a reimbursement basis for up to SIX months?	+5 points
Does your organization have the financial capacity to administer this project on a reimbursement basis for up to THREE months?	+3 points
Does your organization have an accounting system that clearly meets federal standards as described at 2 CFR 200.302?	Threshold Requirement
Does your organization have a CFO, controller or similar executive financial officer in addition to the Executive Director or CEO?	+3 points
Please select the option that best describes your organization's accounting or financial department:	+3 points if an accounting or finance department
We have an accounting or finance department that is separate from program staff and the executive team	
Program Staff (Department managers) or Executives (ED, CEO, etc) handle all fund management	
Other	
Prior to project implementation, would you be able to provide written commitments (cash or in-kind) of at least 25% of the overall dollar amount requested as match?	Threshold Requirement
If No | **Please Explain:**	
For in-kind match, do you acknowledge fully executed Memoranda of Understanding must be in place prior to the project start date?	Threshold Requirement
For cash match, do you acknowledge proof of the match amount and proof of sources must be provided prior to the project start date?	Threshold Requirement

Does the organization have unresolved HUD or IHCDA monitoring findings?		Threshold Requirement
If Yes	**Please Explain:**	
Does the organization have outstanding obligations to HUD in arrears?		Threshold Requirement
If Yes	**Please Explain:**	
Per the grant agreement, if a subrecipient expends $1,000,000 or more in federal awards during the subrecipient's fiscal year, it must 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?		Threshold Requirement
Does the organization have unresolved or adverse Financial Audit findings?		Threshold Requirement
If Yes	**Please Explain:**	
Has your organization returned grant funds to HUD or IHCDA in the last 2 years?		-2 Points
If Yes	**Please Explain:**	

Partnerships & Collaboration [Maximum 16 points]

Will this project be able to demonstrate a partnership with a local public housing authority (PHA)?	+ 2 points
Will this project be able to demonstrate a partnership with local first responders and law enforcement?	+ 4 points
Will this project be able to demonstrate a healthcare partnership through service agreements, an MoU, or similar prior to project start?	+ 2 points
Will this project be able to demonstrate a partnership with local workforce development boards, employment training, or WorkOne?	+ 2 points
Will your project provide (through either external partnerships or internally) childcare for working parents experiencing homelessness?	+ 2 points
Will this project be able to demonstrate a partnership with substance use disorder treatment services (e.g. outpatient treatment partnership, partners with peer recovery support, other recovery supports)?	+ 2 points
Will this project be able to demonstrate a partnership with mental health treatment providers?	+ 2 points

Narrative Questions Regarding Plans for Performance [Maximum 45 points]

Please describe a realistic plan for exit pathways for participants including how you will use existing relationships with housing and other partners to facilitate exits to permanent housing destinations. (2000 characters max).	Up to 10 points
Please describe a realistic plan for supporting individuals exiting this project into a permanent housing destination that do not result in Returns to Homelessness (2000 characters max).	Up to 10 points
Please describe your project's plan(s) for increasing client income between project start and project exit. Applicants are encouraged to highlight any differences between the plan(s) for individuals who are employment-ready, need employment skill building, and those who may be unable to work. (2000 characters max)	Up to 10 points
Please describe your experience operating this project or another similar project and how your organization has measured success of the project. (2000 characters max)	Up to 5 points
Please attach your proposed budget using the provided excel form	Up to 5 points
Is your organization also applying for a renewal or transition grant?	Unscored
If Yes, we will review the data quality portion of those submissions and assign points based upon current data quality performance. Please upload APR Report	Up to 5 points**
If no, does your organization currently use a different database to track clients that can export Data Quality reports? Upload a comparable data quality report if so.	
If no to both questions, please describe how your organization collects and tracks data used to track the clients you serve and their outcomes. Please describe what your organization currently does to ensure that data is collected accurately and in a timely manner. (2000 characters max)	
***Applicants can score up to 5 points TOTAL on either of the questions above*	

HUD Priorities [Unscored]

HUD 2026 Policy Certifications

Do you certify that your organization will review and comply with all items listed under Section VII. POST-AWARD REQUIREMENTS AND ADMINISTRATION?	Threshold Requirement
Do you acknowledge that HUD may conduct a risk review of program performance in accordance with Section V Part C of CPD-2600-DC-0025 (page 86 - 87 of FY26 NOFO)?	Threshold Requirement
Do you certify that your organization will not operate drug injection sites or "safe consumption sites," knowingly 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"?	Threshold Requirement

HUD Policy Initiatives

Will this project require participation in supportive services? [All new projects receiving FY26 Continuum of Care funding must require participation in supportive services, with the exception of DV Projects.]		Threshold Requirement
Do you certify that your project commits to cooperating, assisting, and not interfering or impeding with law enforcement or co-response to connect violators of public camping or drug use laws with services?		Unscored
Do you or a partner you work with have housing or shelter projects with the purpose of 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?		Unscored
If Yes	**Please describe (agency name and any information regarding number of beds/units)**	

Bonus

Do you currently participate in HMIS?	+1 Bonus
Will at least 50% of this project's activities be provided in an Opportunity Zone? **https://www.hud.gov/opportunity-zones**	+1 Bonus

Will this project be willing to participate in a mentorship with an existing grantee?	+1 Bonus
Will this project consent to data, policies, and practices reviews (completed by Collaborative Applicant staff) at the direction of the IN BoS CoC Board during the first quarter of operation?	+1 Bonus