



Entry Form 2018 Annual Awards for Program Excellence

Entry Deadline: Friday, June 15, 2018, Midnight ET

Each entry must include a completed entry form. Please complete a form for each entry your HFA is submitting. The completed entry form will become the first page of your entry.

This form is a fillable PDF. Type your information into the entry form and save it as a PDF. Please do not write on or scan the entry form. **Questions: Call 202-624-7710 or email awards@ncsha.org.**

Entry Title: Enter your entry's title exactly as you wish it to be published on the NCSHA website and in the awards program.

Category:

Subcategory:

Entry Summary: A 15-word (max) summary of the program, project, or practice you are entering.

HFA:

HFA Staff Contact:

Phone:

Email:

Visual Aids:

Are you mailing to NCSHA 10 copies of any visual aids that cannot be included in your entry PDF? Yes No

Payment:

My HFA is mailing a check to NCSHA.
My HFA is emailing the credit card authorization form to awards@ncsha.org.

Background

As is the case across the country, the State of Indiana has been heavily impacted by the opioid crisis. As a result, the State recently launched the [“Next Level Recovery” opioid awareness website](#) that provides the following data:

- Opioid prescription rates in Indiana were 84 per prescriptions per 100 population in 2016.
- 757 opioid deaths occurred in 2016 (11.7 deaths per 100,000 residents)

In 2017, IHCDCA made a conscious and strategic decision to become a part of the solution in Indiana. In the past year and half, the agency has launched three initiatives focused on opioid recovery: funding residential treatment facilities for pregnant women addicted to opioids, targeting supportive housing resources to persons experiencing homelessness with substance use disorders and launching the Indiana Housing First rapid rehousing program. These initiatives are described in detail below.

Special Initiatives

1. Residential Treatment Facilities for Pregnant Women

In late 2016, IHCDCA was made aware of a residential treatment facility model operated by Volunteers of America of Indiana (VOAIN) in Indianapolis. This program, known as “Fresh Start,” provides treatment opportunities for mothers who are addicted to opioids. According to VOAIN, “mothers enter the program while pregnant, giving babies an opportunity to be born free of illicit drugs, eliminating the need for the infant to spend extra time in the hospital to detox, which provides infant health and medical cost-savings benefits.” A VOAIN authored informational sheet describing the outcomes of the program is attached (Exhibit A). Exhibit A.

In the first quarter of 2017, IHCDCA awarded an \$815,000 loan from the Indiana Affordable Housing and Community Development Fund (a flexible state housing fund) for the creation of a 23 bed Fresh Start facility in Winchester, IN. In March 2018, IHCDCA released a Request for Proposals for the development of two additional facilities in the southern half of the state and in May 2018 made two additional loans of \$1,000,000 each to VOAIN to expand the Fresh Start program into Evansville and Columbus. VOAIN will use the funds to create a 22 bed facility in each of these communities. Through a total investment of \$2,815,000 IHCDCA has made possible the expansion of a proven treatment program from having one facility with 45 beds to four facilities with 112 total beds.

While the creation of an additional 67 treatment slots under the Fresh Start model is itself an important achievement, the most innovative aspect of IHCDCA’s approach is the structure of the Development Fund loans. IHCDCA has worked with VOAIN to establish set loan terms and a repayment schedule. However, instead of the loan repayments being made to IHCDCA, the money is deposited into a revolving fund that is overseen by a local foundation to reinvest in the community. The purpose of these funds is to invest in local activities that will benefit the quality of life for the next generation. Thus, IHCDCA has named these revolving funds Welcoming Indiana’s Next Generation (WINGS) funds.

2. Supportive Housing

In partnership with the Corporation for Supportive Housing (CSH), IHCDCA annually hosts an Indiana Supportive Housing Institute (“Institute”). Teams consisting of an affordable housing developer, property management company, and supportive service provider compete through an RFP process to be selected for participation in the Institute. Selected teams then go through an intensive four month training

program during which they learn supportive housing best practices and develop their individualized plan. This plan includes development and operating budgets, tenant selection plans, service delivery plans, etc. Upon completion of the Institute process, teams have special access to IHCDA funding including a set-aside in the Indiana Qualified Allocation Plan and exclusive access to request capital funding through the Housing Trust Fund and rental subsidy through project-based Section 8 vouchers.

Each year, IHCDA and CSH examine the state's homelessness data to determine the appropriate focus of the Institute. In the fall of 2017, IHCDA and CSH released an RFP (Exhibit B) for development teams that were interested in participating in the 2018 Institute. This RFP established one of the two target populations as persons experiencing homelessness with substance use disorders (SUD). Through the RFP process, seven total teams were selected, four of which were selected to develop supportive housing for persons experiencing homelessness with SUD.

These teams completed the 2018 Institute from February-May. All four teams focused on supportive housing for persons with SUD are moving forward to apply for capital and rental assistance funding from IHCDA in July 2018. While many of our active supportive housing units throughout the state are serving individuals with SUD, these four developments will be our first supportive housing exclusively focused on this population and intentionally designed with special services for persons with SUD.

3. Indiana Housing First Program

In 2017, the Indiana State Legislature authorized the creation of a state funded program called the Indiana Housing First Program. The purpose of this program is to provide rental assistance and supportive services to individuals and families with a serious, persistent mental illness, a chronic chemical addiction, or a serious and persistent mental illness with a co-occurring chronic chemical addiction who are also facing a housing crisis (e.g. experiencing or at risk of homelessness) or exiting a residential treatment program. IHCDA was tasked with overseeing these funds and creating a policy by the end of the year.

In January 2018, after allowing public input in late 2017, IHCDA issued a final policy (Exhibit C) and RFP for the Indiana Housing First Program. IHCDA designed the program based on a rapid rehousing model to provide up to 24 months of rental assistance and supportive services to eligible households. In March 2018, IHCDA awarded a total of \$1,950,000 in Housing First funding to seven non-profit organizations. These organizations have since attended a full day training on the program and received one-on-one technical assistance on their plans to identify eligible clients.

It is important to note that one of the seven recipients of the inaugural Housing First funding was Volunteers of American of Indiana. This award will allow VOAIN to utilize the funds for individuals exiting their Fresh Start residential treatment facilities (as described under Item #1 above), ensuring that mothers exiting their program do not exit into homelessness or unsafe housing situations. Previously, VOAIN did not have any resources to help their program participants secure housing after leaving the Fresh Start program. Through this partnership, IHCDA is able to tie together its various initiatives and provide a comprehensive and cohesive approach to serving the Fresh Start clients.

State Partnerships

While IHCDA has determined that it has a role in the State of Indiana's efforts to address the opioid crisis, we know that our expertise is in housing and that we cannot do this work alone. In order to increase our knowledge of the opioid crisis, as well as the nexus between housing and healthcare more broadly, IHCDA is now actively participating in a number of State taskforce initiatives. In addition to expanding our own knowledge, this also

allows us to educate our sister agencies who focus on healthcare and social services on the importance of housing and the housing resources that are available to our constituents.

IHCDA is participating in the following taskforces:

- Executive Director Jacob Sipe, Deputy Executive Director Matt Rayburn, and Chief Operating Office Kyleen Welling are members of the “Housing as Medicine” taskforce that includes representatives from the state’s health department and Medicaid office.
- Executive Director Jacob Sipe, Deputy Executive Director Matt Rayburn, and our new Community Services Health Manager Jesseca Chatman are members of the “Social Determinants of Health” task force. This taskforce includes representatives from the state’s health department and Medicaid office as well as a variety of other stakeholders. The group is currently reviewing and evaluating a spectrum of state programs and policies for alignment opportunities and to promote healthy outcomes.
- Deputy Executive Director Matt Rayburn is a member of the “Recovery Housing” task force led by the Governor’s office and the Division of Mental Health and Addiction. This group is reviewing best practices in recovery housing models to identify gaps and potential legislative proposals needed to better fund and operate recovery housing in the state.

Why Nominate for an NCSHA Award?

- **Innovative:** IHCDA is innovatively using its available resources to respond to a statewide crisis and is leading the way to show the role an HFA can play in addressing this important social / public health issue.
- **Replicable:** IHCDA’s programs and partnerships in response to the opioid crisis provide a road map that could be used by other HFAs in dealing with an issue that is a national hot topic.
- **Responds to an important state housing need:** The efforts described above are a direct response to a growing need for housing and supportive service options for persons with substance use disorders.
- **Effectively employ partnerships:** IHCDA has become more connected with the state’s health and social service agencies and is actively participating in a variety of state taskforces to tackle the opioid crisis from a variety of perspectives and programming.
- **Achieve strategic objectives:** IHCDA’s response to the opioid crisis ties in directly to the Governor’s agenda item of attacking the opioid crisis. In addition, the response is directly aligned to IHCDA’s 2017-2021 strategic plan priorities of “being responsive to changing trends and best practices,” “convening and engaging in discussion around housing...and other related issues,” and “strengthening and developing partnerships to advance IHCDA’s mission.”



To: Indiana Housing and Community Development Authority Board of Directors
From: Real Estate Department
Date: May 24, 2018
Re: Affordable Housing and Community Development Fund Loan
Evansville Fresh Start Program

Background

Volunteers of America of Indiana (“VOAIN”), is requesting an Indiana Affordable Housing and Community Development Fund (“Development Fund”) loan for the expansion of the VOAIN’s Fresh Start Recovery Program into Evansville (“Program”). The Program, which currently operates in Indianapolis, provides treatment opportunities for mothers who are addicted to opioids. According to VOAIN, “moms enter the program while pregnant, giving babies an opportunity to be free of illicit drugs, eliminating the need for the infant to spend extra time in the hospital to detox, which provides infant health and medical cost-savings benefits.”

The expansion of the Fresh Start program into Evansville will provide 22 beds which will serve the residents of Vanderburgh and surrounding counties.

Process

On March 2, 2018, IHCDA issued a Request for Proposals (“RFP”) for the development of two residential treatment facilities for the opioid addiction recovery pilot program for pregnant women and women with newborns. This RFP was issued in response to recent state legislation contained in Indiana Code 16-35-10, which supports the development of treatment facilities in Winchester, Indianapolis and southern Indiana. IHCDA previously awarded a Development Fund loan for the Winchester House, which is currently scheduled to open in June, 2018.

On March 23, 2018 IHCDA received two responses to the RFP. Both responses were from VOAIN, one for this facility in Evansville and a second application for a facility in Columbus.

If awarded, the Development Fund loan, not to exceed \$1,000,000, to VOAIN will be used to acquire and rehabilitate a vacant building and convert it into a 22 bed Program facility. The structure of the proposed loan will be the same as was approved by the Board for the Winchester House: a six year term at 0% interest. The first five annual payments would be no less than \$25,000 with the remaining principal amount due at maturity.

The annual payment from VOAIN would be made into a local WINGs (Welcoming Indiana’s Next Generation) fund administered by Vanderburgh Community Foundation Alliance and reinvested into the City of Evansville and surrounding areas to improve the quality of life for Vanderburgh County’s next generation. Payments made into the WINGs fund would be credited to the reduction of IHCDA’s outstanding principal. During the first five annual payments, IHCDA would agree to forgive an amount equal to each annual payment. At the end of the six year term, IHCDA would forgive up to an amount not to exceed \$400,000. Any remaining principal at the end of year six

Exhibit A

would need to be paid in full into the WINGs fund or refinanced. Payments made on behalf of VOAIN to the WINGs fund by the private sector would be considered a charitable contribution and eligible for a tax deduction.

The development of this facility ties into a State of Indiana initiative and fits into Governor Eric Holcomb's Next Level Agenda item to attack the drug epidemic in Indiana.

Recommendation

Staff recommends approval of a Development Fund loan to Volunteers of America of Indiana, in an amount not to exceed \$1,000,000, for expansion of the Fresh Start Program into Evansville.

Action Needed

Staff respectfully requests the Board approve the following resolution:

RESOLVED, that the Board approve a Development Fund loan to Volunteers of America of Indiana, in an amount not to exceed \$1,000,000, with payment terms as set forth above, for expansion of the Fresh Start Program, as recommended by staff.



Volunteers of America®
INDIANA

FRESH START RECOVERY CENTER Q1 2018

This unique residential addictions treatment program started in 2015 for mothers and pregnant women struggling with addiction. It allows mothers and children to remain together while mother receives residential substance abuse treatment.

Total clients served from 1/1/2018 - 3/31/2018

60 women



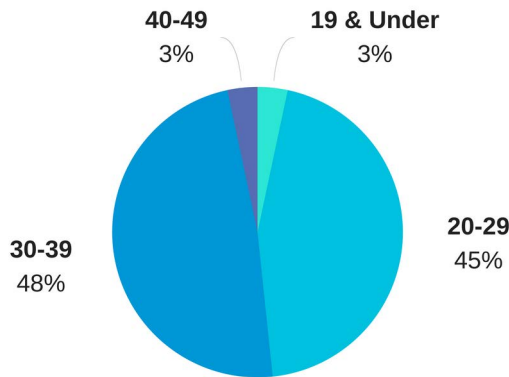
5 newborns



12 children

Age Breakdown (Q1 2018)

Updates



On April 1, 2018, we opened
15 new beds in Indianapolis,
for a total of **45 beds!**

Success since 2015 Opening

61%

successful discharge rate

94%

of the 17 babies who were
born while in the program did
not have illicit drugs in their
system



voain.org/recovery-center





To: Indiana Housing and Community Development Authority Board of Directors
From: Real Estate Department
Date: May 17, 2018
Re: Affordable Housing and Community Development Fund Loan
Columbus Fresh Start Program

Background

Volunteers of America of Indiana (“VOAIN”), is requesting an Indiana Affordable Housing and Community Development Fund (“Development Fund”) loan for the expansion of the VOAIN’s Fresh Start Recovery Program into Columbus (“Program”). The Program, which currently operates in Indianapolis, provides treatment opportunities for mothers who are addicted to opioids. According to VOAIN, “moms enter the program while pregnant, giving babies an opportunity to be born free of illicit drugs, eliminating the need for the infant to spend extra time in the hospital to detox, which provides infant health and medical cost-savings benefits.”

The expansion of the Fresh Start program into Columbus will provide 22 beds which will serve the residents of Bartholomew and surrounding counties.

Process

On March 2, 2018, IHCDA issued a Request for Proposals (“RFP”) for the development of two residential treatment facilities for the opioid addiction recovery pilot program for pregnant women and women with newborns. This RFP was issued in response to recent state legislation contained in Indiana Code 16-35-10, which supported the development of treatment facilities in Winchester, Indianapolis and southern Indiana. IHCDA previously awarded a Development Fund loan for the Winchester House, which is currently scheduled to open in June, 2018.

On March 23, 2018 IHCDA received two responses to the RFP. Both responses were from VOAIN, one for a facility in Evansville and the second application for this facility in Columbus.

If awarded, the Development Fund loan, not to exceed \$1,000,000, to VOAIN will be used to acquire and rehabilitate a vacant building and convert it into a 22 bed Program facility. The structure of the proposed loan will be the same as was approved by the Board for Winchester House: a six year term at 0% interest. The first five annual payments would be no less than \$50,000 with the remaining principal amount due at maturity.

The annual payment from VOAIN would be made into a local WINGs (Welcoming Indiana’s Next Generation) fund administered by Columbus Regional Health Foundation and reinvested into the City of Columbus and surrounding areas to improve the quality of life for Bartholomew County’s next generation. Payments made into the WINGs fund would be credited to the reduction of IHCDA’s outstanding principal. During the first five annual payments, IHCDA would agree to forgive an amount equal to each annual payment. At the end of the six year term, IHCDA would forgive up to an amount not to exceed \$500,000. Any remaining principal at the end of year six

Exhibit A

would need to be paid in full into the WINGs fund or refinanced. Payments made on behalf of VOAIN to the WINGs fund by the private sector would be considered a charitable contribution and eligible for a tax deduction.

The development of this facility ties into a State of Indiana initiative and fits into Governor Eric Holcomb's Next Level Agenda item to attack the drug epidemic in Indiana.

Recommendation

Staff recommends approval of a Development Fund loan to Volunteers of America of Indiana, in an amount not to exceed \$1,000,000, for expansion of the Fresh Start Program into Columbus.

Action Needed

Staff respectfully requests the Board approve the following resolution:

RESOLVED, that the Board approve a Development Fund loan to Volunteers of America of Indiana, in an amount not to exceed \$1,000,000, with payment terms set forth above, for expansion of the Fresh Start Program, as recommended by staff.



Volunteers of America®
INDIANA

FRESH START RECOVERY CENTER Q1 2018

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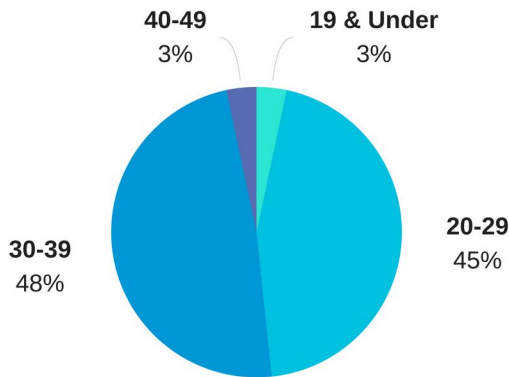
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On April 1, 2018, we opened **15 new beds** in Indianapolis, for a total of **45 beds!**

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voain.org/recovery-center





2018 Indiana Supportive Housing Institute Request for Proposals (RFP)

CSH: The Source for Housing Solutions is excited to announce its ninth Indiana Supportive Housing Institute (“The Institute”). The 2018 Institute will address issues of homelessness with a focus on serving persons experiencing homelessness with substance use disorders and youth experiencing homelessness, as further defined within this RFP. The Institute will help supportive housing partners learn how to navigate the complex process of developing housing with supportive services to prevent and end homelessness. The Institute process is expected to reduce the time it takes to obtain funding for supportive housing by improving the planning and development process. Consideration will be given to both integrated supportive housing (with no more than 25% of the housing set aside for supportive housing) and 100% supportive housing developments.

The Institute has graduated eight classes of teams that have over 1400 supportive housing units underway across the state of Indiana. The 2018 Institute will provide targeted training, technical assistance, and the opportunity to apply for pre-development financing for both new and experienced development teams. Teams will receive over 80 hours of training including individualized technical assistance and resources to assist in completing their project. In addition, industry experts, including staff from the Indiana Housing and Community Development Authority (IHCDA), will provide insight on property management, financing, and building design.

**The 2018 Institute is made possible by the Indiana Housing and Community Development Authority
(IHCDA)**

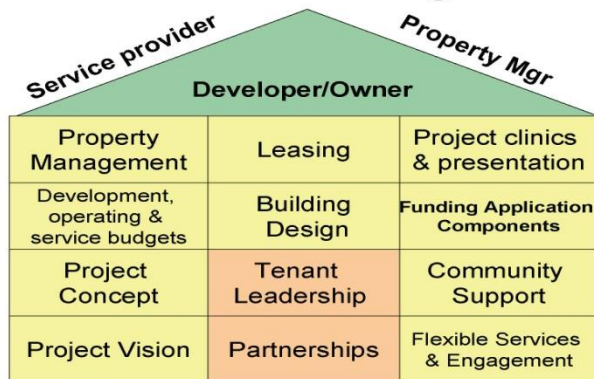


CSH: Who We Are

CSH: The Source for Housing Solutions is a national nonprofit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness. Founded in 1991, CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. For more information on CSH, visit our website at www.csh.org.

Institute Overview

The Institute Building Blocks



I: Institute Benefits

Upon completion, participants in the Institute will have:

- A detailed, individualized supportive housing plan that includes supportive service and delivery strategies that can be used to apply for funding from multiple sources;
- The opportunity to apply for early pre-development financing through CSH Project Initiation Loans to use on supportive housing projects planned through the Institute;
- Improved skills to operate existing supportive housing and develop new projects serving people who experience multiple barriers to housing;
- A strong, effective development, property management and service team that leverages the strengths of each team member and has clearly defined roles and responsibilities;
- A powerful network of peers and experts to assist in project development and to trouble-shoot problems;
- Post-Institute technical assistance from CSH to be defined through a shared Memorandum of Understanding; and
- Access to capital funding from IHCDA.

II: Institute Deliverables

In the course of the Institute, teams will work to develop individual supportive housing project plans. The expected team deliverables include:

- Approved project concept, including site selection and minimum development design characteristics;
- Memorandum of Understanding among members of the supportive housing development team, outlining the roles and responsibilities of each partner;
- A shared Institute mission statement, as well as individual team vision and mission statements;
- Identified key performance indicators/metrics that will be used by each team to measure and track outcomes;
- Community support plan;
- Detailed service delivery plan for specific target populations;
- Outreach and Engagement plans;
- Tenant Selection plan;
- Tenant Leadership plan;
- Management plan;
- Operating policies and protocols between services provider and property manager; and
- Preliminary project proposal and budgets.

Eligibility & Selection

I: Eligible Teams

Eligible teams must include, at a minimum, a designated team leader, a housing developer/owner partner with affordable housing experience, a supportive service provider partner, and a property management partner. The designated team leader may be the developer/owner, service provider, or property management partner. Teams are invited to bring five to seven members to each Institute session. Additional team members may include, but are not limited to, consultants and/or award administrators, local city development staff, local housing authority staff, or CoC representatives.

An entity may only be identified as the housing developer/owner on one RFP submission. If an entity is listed as the developer/owner on multiple proposals, all such proposals will be disqualified. Management and supportive service provider entities may be listed on multiple proposals. However, a separate dedicated staff member of equivalent position within the organization must be listed as the lead for each separate proposal.

To be eligible for the Institute, teams (all members) must be able to commit to attending ALL training sessions offered and commit to taking the project concept from idea to completion with the goal of having supportive housing units placed in service. It is critical to the success of each team that key senior management staff members (i.e. staff in roles that allow them to engage in team decision making) consistently participate in all sessions. Training sessions will consist of approximately 80 hours in two and a half day sessions per month over four months.

Proposals will be disqualified if any team member is suspended or debarred from participation in IHCDCA programs.

Teams proposing to create supportive housing in Indianapolis, will only be accepted for Target Population #2 (youth) as defined in Part III below. CSH and IHCDCA are working with the City of Indianapolis on a separate effort for supportive housing in Indianapolis through the Indianapolis Integrated Supportive Initiative.

II: Eligible Supportive Housing Projects

- Teams completing the 2018 Institute will be eligible to request Rental Housing Tax Credits through IHCDCA's Qualified Allocation Plan (QAP). Projects should be designed to be eligible for tax credits and to meet the threshold requirements of the QAP.
 - Teams developing 100% supportive housing may utilize the "Housing First" set-aside of the QAP.
 - Teams developing integrated supportive housing may qualify for points under the integrated supportive housing scoring category of the QAP. To be eligible for points under the QAP, no more than 25% of the units, but no less than 7 units, must be designated as supportive housing. The remaining units can be affordable and/or market rate units.
- Teams wishing to develop smaller projects (under 12 units) that would not be a fit for Rental Housing Tax Credits are eligible to apply. If selected, IHCDCA will work with those teams to identify and make available appropriate IHCDCA capital funds.
- Housing is permanent and affordable where tenants hold leases and acceptance of services is not a condition of occupancy;
- Housing is based on the housing first model which includes eviction prevention and harm reduction strategies;

Exhibit B

- Comprehensive case management services are accessible by tenants where they live and in a manner designed to maximize tenant stability and self-sufficiency;

Proposals to develop emergency shelters, transitional housing, recovery houses, or shared housing such as group homes or shared apartments, will NOT be considered.

III: Target Populations

In the RFP response, each team must select one of the two target populations identified below. Within the narrative, each team must explain how the target population was determined and provide supporting data to demonstrate the local need.

- Target Population #1: Persons experiencing homelessness with substance use disorders or substance use disorders with co-occurring mental illness. Tenants must be identified and selected through Coordinated Entry. ***NOTE: CSH/IHCDA will not accept applications targeting Target Population #1 in Indianapolis.**
- Target Population #2: Youth age 24 or younger who are experiencing homelessness and that meet one of the youth definitions listed below. Tenants must be identified and selected through Coordinated Entry. Preference will be given to teams targeting youth experiencing literal homelessness (see definition of literal homelessness in the glossary). The target population must meet Category 1, 2, or 4 [of HUD defined youth homelessness](#).
 - Homeless Unaccompanied Youth - persons age 24 and younger who are not part of a family with children and who are not accompanied by their parent or guardian during their episode of homelessness. This includes two or more youth age 24 or younger who are presenting together as a family without children.
 - Homeless Pregnant or Parenting Youth- persons age 24 and younger who are the parents or legal guardians of one or more children who are present with or sleeping in the same place as that youth parent, or who are pregnant.
 - Homeless Transition Age Youth – persons between 18 and 24 who are transitioning from childhood to adulthood, including but not limited to youth exiting foster care or the juvenile corrections system.

During the Institute process, CSH and IHCDA will work with each team to finalize their target population definition and tenant selection plans. Target populations must align with eligibility for available federal and state capital and operating sources and in the case of youth, align with laws regarding serving minors.

IV: Selection

In order for CSH and its partners to provide an appropriate level of technical assistance, the 2018 institute will be limited to up to 6 teams, with the goal of selecting 3 teams focused on each target population defined above. Less than 6 total teams or more than 3 teams focused on one target population may be selected at CSH's discretion depending upon the quantity and quality of responses received.

Consideration will be given to the following factors, based on responses provided within the RFP Application.

- Demonstrated local need for supportive housing for the selected target population, as supported by local data to be submitted as supplemental information along with the narrative. In addition, CSH & IHCDA will use their own available data sources when considering need and prioritizing projects. Special consideration will be given to areas of greatest need;

Exhibit B

- Target population selected and connection to local need, as supported by relevant data;
- Capacity and experience of the team members, including financial stability;
- Quality of the response to the application narrative questions;
- Alignment with the mission and goals of the Institute, including how well applicants align their projects with the strategies and goals outlined in [Opening Doors](#), the US Interagency Council on Ending Homelessness's plan to end homelessness; and
- Coordination with CoC housing inventory and priorities.

All teams will be required to either (1) demonstrate available cash reserves to work on the project during the Institute process or (2) apply for a Project Initiation Loan from CSH. This is a 0% interest predevelopment loan, not to exceed \$50,000.

Selection is a competitive process. Applicants must take care in responding to all requirements of the RFP. Please provide detailed information in the RFP response and do not assume that all reviewers will be familiar with your organizational capacity or project concept.

Selected teams will be required to submit a fee of \$2000 to CSH prior to the beginning of the 2018 Institute.

Supportive Housing Institute Curriculum and Timeline

Note: Order and topics may change based on final team selection and availability of trainers. Selected teams will be notified of the final agenda including dates and times.

February **Session 1: Tour of Supportive Housing Development; Overview of the Institute; Introduction to Supportive Housing; Housing First Fidelity; Target Populations; Team Member Roles; Service Delivery**

March **Session 2: Budgets; Development and Design; Site Selection; Community Support**

April **Session 3: Property Management; Coordinating Management and Services; Tenant Selection and Leasing; Eviction Prevention; Fair Housing; Tenant Engagement**

TBD **Site visits- Training Team conducts one-on-one visits with each Institute Team to see potential development sites**

May **Session 4, Day 1: Challenges, Expectations and Readiness**

Day 1 will conclude with an evening celebration event & dinner

Session 4, Day 2: Final Project Presentations Teams will present projects to peers and potential funders and will receive feedback regarding their concept, design and financing proposals.

APPLICATION INSTRUCTIONS

Teams interested in participating in the 2018 Institute must submit full RFP applications by the deadline below. The application must be completed in its entirety. Incomplete applications will not be considered.

Application Deadline: Monday, December 4, 2017 by 5:00 p.m. Eastern Time

Access the Application at [this link](#).

The Application Review Team (consisting of CSH and IHCD staff) will evaluate all proposals submitted and notify applicants of the selection decision by January 15, 2018. Submission of an application represents a commitment for the team to attend all Institute sessions.

Application Submission: Submit a PDF copy of the application and the required attachments to CSH by e-mail to:

Lori Phillips-Steele

Lori.phillips-steele@csh.org

QUESTIONS & TECHNICAL ASSISTANCE

CSH and IHCD staff will provide an Institute Orientation webinar for prospective respondents to this RFP on October 27, 2017 from 1:30-2:30 p.m. Eastern Time. No registration is required. At the time of the webinar, log-in using [this link](#). The meeting number (access code) is 858 110 197. Join by phone at 1-415-655-0002.

Questions: Please submit questions about this RFP in writing to:

Lori Phillips-Steele

Lori.phillips-steele@csh.org

Glossary

Continuum of Care: The Continuum of Care (CoC) Program is designed to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. Indiana has two CoCs: Indianapolis and the Balance of State.

Coordinated Entry: A centralized/coordinated process designed to facilitate program participant intake, assessment, and provision of referrals. A centralized or coordinated entry system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum's centralized or coordinated entry system. Coordinated entry is a system in which all programs within a CoC work together to assure that services are accessible and properly directed to the immediate needs of the client. It represents a national standard to help move programs such as shelter, transitional housing, rapid rehousing, and supportive housing, toward aligning eligibility criteria and services into a coherent and accessible system for people in crisis.

Chronic Homelessness: "Chronically Homeless" is defined in section 401 (2) of the McKinney-Vento Homeless Assistance ACT, 42 U.S.C. 11360, as an individual or family that is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless and residing in such a place for at least 1 year or on at least four separate occasions in the last 3 years. The statutory definition also requires that the individual or family has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

Data Sources: In describing community need, data sources should include, but are not limited to, CoC Point in Time Count, CoC Annual Homeless Assessment Report, Homeless Management Information System data and/or CoC Housing Inventory Chart.

Housing First: Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without pre-conditions and barriers to entry. It contrasts with previous linear approaches in which permanent housing was only offered after a person experiencing homelessness could demonstrate "readiness" for housing. The core features of housing first in the context of supportive housing models and as required by HUD are as follows: 1) Few to no programmatic prerequisites to permanent housing entry; 2) Rapid and streamlined entry into housing; 3) Full rights, responsibilities and legal protection for tenants; 4) Low barrier admission policies; 5) Voluntary supportive services that can and should be used to engage tenants to ensure housing stability; 6) Practices and policies to prevent lease violations and evictions; 7) Applicability in a variety of settings. There are national resources available to assist organizations in determining if they are providing supportive housing in a housing first model and what steps they need to take to achieve a high quality housing first model.

Integrated Supportive Housing: This model generally refers to market-rate or affordable rental developments that have a dedicated percentage of subsidized units that provide housing to formerly homeless families or individuals. Project-based vouchers are the primary source of subsidy used in integrated supportive housing. For the purpose of this RFP, integrated is defined as no more than 25% of the units set-aside for supportive housing.

Literal Homelessness: As defined by HUD, an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

Exhibit B

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering the institution.

Opening Doors: The US Interagency on the Homeless strategy to prevent and end homelessness. The Plan includes 10 objectives, 5 themes, and 66 strategies that guide the nation toward accomplishing all 4 goals of the Plan. *Opening Doors* serves as a roadmap for coordinated, joint action among the 19 USICH member agencies that make up the Council, along with local and state partners in the public and private sectors. The plan emphasizes shifting the homeless assistance system from managing to ending homelessness.

Supportive Housing: Supportive housing combines permanent, affordable housing with services that help people live more stable, productive lives. Supportive housing is developed by packaging together housing that is affordable to persons with very low or extremely low incomes with flexible supportive services that are designed to meet the special needs of an individual or family. When targeted effectively, supportive housing can be cost-effective for communities. Creating supportive housing involves partnerships and collaboration. Supportive housing is developed for people who but for housing could not access services and but for services could not maintain housing.

Team Leader: The person who commits to taking a lead role in managing the team from concept development through lease-up of the supportive housing units. This person should be detail oriented and have a strong commitment to this project. The team leader is responsible for ensuring that team members attend and participate in institute sessions and complete homework assignments. The team leader is also responsible for finalizing MOUs among team partners and taking information back to any key local partners.

January 2018

Indiana Housing First Program

Application Process & Compliance
Requirements Policy



Indiana Housing & Community Development Authority

30 South Meridian Street, Suite 1000

Indianapolis, Indiana 46204

317.232.7777(p) 317.232.7778(f)

Main site: www.ihcda.in.gov

Partner site: www.ihcda.in.gov/myihcda

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Section 1: Background

This is the Indiana Housing First Application Process and Compliance Requirements Policy (“Policy”) governs the Indiana Housing First Program (“the Program”). The Program was established in 2017 to provide rental assistance and supportive services to individuals and families with a serious, persistent mental illness, a chronic chemical addiction, or a serious and persistent mental illness with a co-occurring chronic chemical addiction, who are also facing a housing crisis, exiting a residential treatment program, or could exit a residential treatment program with access to affordable housing and supportive services. Program regulations may be found in [Indiana Code 5-20-9](#).

Section 2: Strategy

The Program provides rental assistance and supportive services to individuals and families with serious mental illness and/or chronic chemical addiction who are also facing a housing crisis (as defined in Section 4.1 below). The Program uses a housing first model, meaning that services provided are voluntarily selected by Program participants and are predicated on a harm reduction approach to addiction, rather than mandating abstinence. Rental assistance provided under this Program may not exceed 24 months, with the goal of increasing self-sufficiency and building support networks so assistance does not last longer than is necessary.

2.1 Housing First

Housing First is an approach to quickly and successfully connect individuals and families experiencing a housing crisis to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.¹

2.2 Critical Time Intervention

The Program follows a Critical Time Intervention (“CTI”) approach to providing assistance. CTI is an evidence-based practice that has been demonstrated to be effective at providing housing assistance to individuals with serious mental illness.² In addition, the approach is recognized by the Substance Abuse and Mental Health Services Administration (“SAMHSA”) in the National Registry of Evidence-based Programs and Practices.³

The goal of CTI is to build long-lasting stability and increase the impact of assistance provided by developing a community support network around the individual or household, and by providing support during the time of transition. The supports established are expected to last long after the

¹ <https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

² Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W., & Wyatt, R. (1997). Preventing recurrent homelessness among mentally ill men: A “critical time” intervention after discharge from a shelter. *American Journal of Public Health*, 87(2), 256–262.

³ <https://nrepp.samhsa.gov/ProgramProfile.aspx?id=1278>

financial assistance and relationship with the case manager are terminated. CTI is typically split into three phases (Table 1), with each phase typically expected to last two to three months. In practice, an individual may need a longer or shorter duration of assistance, and a case manager should discuss progress with a client to determine when it is appropriate to move to the next phase. CTI case managers typically have small caseloads of approximately 15 clients.

Transition	Try Out	Transfer of Care
1-3 Months	4-6 Months	7-9 Months
<ul style="list-style-type: none"> • Case manager provides special support to client • Case manager makes connections to community providers and services • Client meets with providers and starts to build a community support network • Case manager makes frequent home visits • Case manager accompanies client to appointments 	<ul style="list-style-type: none"> • Case manager evaluates operation of support network • Case manager makes adjustments and changes as necessary • Case manager still meets with client regularly, but less frequently 	<ul style="list-style-type: none"> • Case manager monitors connections to community support network • Case manager develops plan with client for long-term goals and begins to set that plan in motion • Project ends support once community support networks are safely in place

Table 1 CTI Phases⁴

2.3 Grant Amount

An eligible applicant (as defined in Section 3 below) may request up to \$300,000 in funding in the form of a grant from the Indiana Housing and Community Development Authority (“IHCD”) under the Program. Recipients will be selected through a competitive Request for Qualifications (“RFQ”) process. Recipients may only use grant funds for the eligible activities defined in Section 5 of this policy.

Section 3: Eligible Applicants

Eligible applicants include nonprofit corporations recognized as tax exempt under Section 501(c)(3) of the U.S. Internal Revenue Code. Each applicant that is awarded funding under the Program may award portion(s) of its awards to one or more sub-grantees to carry out eligible Program activities. The types of eligible sub-grantees are represented in the list below. If an applicant designates a sub-grantee responsible for any eligible Program activity, the applicant still holds responsibility for ensuring that those activities are carried out and comply with all relevant policies and laws. In order to deliver comprehensive services, and to build community support networks, applicants are encouraged to have formal and informal relationships with the following organizations:

⁴ Table adapted from “Critical Time Intervention: An Empirically Supported Model for Preventing Homelessness in High Risk Groups,” by Herman, D., Conover, S., Felix, A., Nakagawa, A., and Mills, D. (2007). *The Journal of Primary Prevention*, 28:295-312: 298.

- Nonprofit or faith based organizations providing services to individuals and families in the Program's target population.
- Units of local government.
- School corporations and schools.
- Businesses.
- Public housing agencies.
- Social service providers.
- Mental health providers.
- Hospitals.
- Affordable housing developers and providers.
- Law enforcement agencies and correctional facilities.
- Organizations serving homeless veterans.
- Organizations serving victims of domestic violence.
- Universities.
- Other public or private entities IHCDA considers appropriate to partner with to accomplish the purposes of the Program.

Priority will be given to applicants who have experience administering rental assistance programs.

Section 4: Participant Eligibility

4.1 Participant Eligibility

Eligible person means one of the following:

- An individual with: a serious mental illness, a chronic chemical addiction, or a serious and persistent mental illness with a co-occurring chronic chemical addiction, resulting in a housing crisis for the individual; OR
- An individual with: a serious mental illness, a chronic chemical addiction, or a serious and persistent mental illness with a co-occurring chronic chemical addiction, and is exiting a residential treatment program or is living in an institution or other restrictive setting; and could, with stable and affordable housing, along with community and home based supports, live independently in the community.

Households that contain at least one member with a serious mental illness and/or a chronic chemical addiction meet the eligibility requirements so long as all household members are experiencing a housing crisis.

For the purposes of this Program, **Housing Crisis** is defined as a situation in which an individual or a household does not have sufficient resources or support networks immediately available to maintain safe and affordable housing or to prevent the individual or household from requiring emergency housing. A household will be determined to be in a housing crisis if they meet one of the following conditions:

- They are residing on the street or a place not meant for human habitation;
- They are residing in temporary housing, including emergency shelter, transitional housing, or are currently staying with family or friends on a temporary basis and must

- imminently vacate;
- They are exiting a residential treatment program and do not have immediate access to permanent housing; or
- They are living in an institution or other restrictive setting; and could, with stable and affordable housing provided by this Program, along with community and home based supports, live independently in the community.

In addition to meeting the eligibility definitions above, recipients must prioritize serving eligible persons who are medically vulnerable and either immediately lacking housing resources or who must immediately exit a residential treatment program. As part of their request for funds, an applicant must define how it will prioritize medically vulnerable households. IHCD will work with award recipients to finalize and approve their process for identifying and selecting Program participants.

Section 5: Eligible and Ineligible Costs

Program may be used to pay for rental assistance and associated housing costs, and certain supportive services for eligible individuals. Administrative costs may also be available for administering services pursuant to the Program. Households are not required to receive rental assistance in order to receive supportive services. Rental assistance provided by the Program must be tenant-based, meaning the assistance must be tied to the client, and not to a specific unit or project. Recipients must assist the program participant/household in locating housing, but cannot require a household to live in a particular apartment complex, project, building, or unit. Households may choose to rent units owned by the recipient, so long as the recipient does not require households to do so and provides household with other available options.

Program participants receiving rental assistance must execute a lease with the property owner. Lease terms must not be overly burdensome on the program participant. Initial lease terms must be for no less than 12 months, and leases must be renewable.

Supportive services must be offered to assisted households, but participation in those services cannot be required. If a household chooses not to engage in any supportive services at the time of enrollment, the recipient must offer services at least monthly throughout the duration of the time that the individual/household receives assistance. Projects must operate on a harm reduction approach to addiction, rather than abstinence, while supporting a Program participant's commitment to recovery. Regardless of service participation, Program participants must meet with a case manager at least monthly. Supportive services cannot exceed 20% of the total grant.

5.1 Rental Assistance

At least 70% of the overall grant amount must be used for rental payments and other eligible housing costs as defined below:

Rental Payments

- Rent payments and other housing costs must be paid by the recipient directly to a third-party

on behalf of the household. Rent payments are the lesser of the rent charged by the owner in a comparable unit in the same rental development and HUD Fair Market Rent for the area, plus utility allowance as determined by IHADA, if applicable (the recipient may not pay utilities if the Program participant is receiving utility assistance from another source). Rental payments must be paid one month at a time. Prorated rents and rental arrears payments may be included with the first month's rent.

- Rental payments are limited to 24 months per household per episode of housing crisis. Any household receiving more than 12 months of assistance must be recertified as eligible to receive additional assistance. See Sections 8.3 and 8.4 below for additional information.
- The amount of rent paid by the household is determined using the methodology described in Section 8.5 below.
- Monthly rental payments and first and last months' rent if required by owner.
- Security deposits of up to the value of two months of rent.
- Up to three months of rental arrears and associated late fees may be paid if this payment is necessary for the household to obtain or maintain permanent housing.
- If the arrears are paid, the amount of the arrearage must be taken into account when determining the total number of months of rental assistance that the household is eligible to receive.
- Utilities which are included in the rent.

Other Eligible Housing Costs

- Up to three months of utility arrears, if this payment is necessary for the household to obtain or maintain utilities in a unit for which they are receiving rental assistance. If the arrears are paid, the amount of the arrearage must be taken into account when determining the total number of months of rental assistance that the household is eligible to receive.
- Utility deposits for households receiving rental assistance.
- Application fees or background checks required by the property owner to obtain housing.
- One-time moving fees.

5.2 Supportive Services

Supportive services funds may not exceed 20% of the overall grant amount.

- Employment assistance and job training.
- Substance abuse and addiction treatment.
- Educational assistance.
- Life skills assistance.
- Treatment for, and the management of, mental and physical health problems.
- Developing individualized housing and service plans.
- Transportation assistance.
- Assessment of service needs.
- Legal services.
- Child care assistance.
- Provide housing stability case management services.
- Developing plans, making referrals, or connecting to the types of services listed above.

5.3 Administrative Costs

Up to 10% of the total grant amount may be used for administrative costs.

- Processing claims.
- Supervision of Program staff.
- Reporting, including HMIS costs (see section 8.1).
- Conducting Housing Quality Standards (HQS) assessment.
- Housing search.
- Mediation with property owners and/or landlords.
- Determining participant eligibility.

5.4 Ineligible Costs

- Mortgage assistance, utility payments for homeowners, other costs related to homeownership.
- Lot rent for mobile home or RV.
- Rent or utility assistance for households receiving other housing subsidy.
- Hotel/motel payments.
- Phone, cable, satellite, or internet deposits or services.
- Monthly utility payments for households not receiving rental assistance.
- Any other costs not listed in this document without specific written permission from IHCDA.

Section 6: Application Process

After this policy has been finalized and published, IHCDA will release a competitive RFQ to select award recipients. The RFQ will describe the application and selection process, including relevant timelines and required documentation.

Section 7: Claims Process

The Recipient's shall be reimbursed for eligible expenses in arrears in conformance with State fiscal policies and procedures. All claims will be made through IHCDA Online. Additional information regarding the claims process will be provided to the recipients.

Section 8: Compliance and Reporting

8.1 Homeless Management Information System

Data regarding all homeless individuals assisted with the Program's grant funds must be entered into either the Indiana Balance of State or the Indianapolis Homeless Management Information System (HMIS). IHCDA will determine the HMIS that the recipient must use based on the geographic location of the project.

8.2 Housing Quality Standards (HQS)

IHCDA will adopt the Housing Choice Voucher (“HCV”) program quality standards for the Program. HCV regulations at 24 CFR Part 982 set forth basic housing quality standards (“HQS”) which all units must meet before assistance can be paid on behalf of a family and at least annually throughout the term of the assisted tenancy. HQS define "standard housing" and establish the minimum criteria for the health and safety of Program participants. Current HQS regulations consist of 13 key aspects of housing quality, performance requirements, and acceptability criteria to meet each performance requirement. HQS includes requirements for all housing types, including single and multi-family dwelling units, as well as specific requirements for special housing types such as manufactured homes, congregate housing, single room occupancy, shared housing, and group residences.

All recipients will be required to conduct an HQS inspection of the unit before allowing the beneficiary to move-in. IHCDA will provide additional guidance to recipients on how to conduct an HQS inspection. Recipients may not perform HQS inspections on units they own, or any unit for which the recipient has a financial interest. If a participant chooses to rent a unit owned by the recipient, the recipient should contact IHCDA for further guidance.

8.3 Income Limits

Participants do not have to income qualify at initial enrollment. Rather, initial Program eligibility is based solely on meeting the definition of “eligible person” and “housing crisis” as described in Section 4.1 above. However, income must still be calculated in order to determine the participant’s rent contribution.

In addition, to receive rental assistance for more than 12 months, the participant household’s income must be certified (in accordance with 24 CFR 5.609 and 24 CFR 5.611(a)) as having an annual income at or below 30% of the area median income (AMI) as published annually by HUD. This income certification must be conducted no more than 120 days prior to the end of the first year of assistance to determine eligibility for a second year of assistance. Under no circumstances shall the rental assistance for a household extend beyond 24 months.

Recipients may not establish a minimum income requirement for the Program, and must accept households with little or no income.

8.4 Recertification

Recipients must document recertification of Program participant eligibility at least once annually if the assisted household is going to receive more than 12 months of rental assistance. The recertification must establish that:

- The Program participant’s annual income does not exceed 30% of the AMI as published by HUD, using the Section 8 methodology of calculating and verifying income.
- The Program participant does not have sufficient resources or support networks immediately available to maintain safe and affordable housing or to prevent the individual or household from requiring emergency housing.
- The Program participant household has at least one member with a serious and persistent mental illness and/or a chronic chemical addiction.

If households are determined ineligible at recertification, they may continue to receive rental

assistance for one month, and may continue to receive case management for an additional three months following the date of determination of ineligibility to support the household's transition to long-term stability.

8.5 Participant Rent Contribution

Recipients must evaluate a Program participant's income at initial enrollment, at recertification, and anytime there is an increase or decrease in household income. The participant's rent contribution must be at least 30% of the household's monthly adjusted income (adjustment factors include the number of people in the family, the age of family members, medical expenses, and child-care expenses). Income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). Income should be recalculated whenever there is a change in the household's status (family size, employment, etc.) that would lead to an increase or decrease in income.

While Program participants must pay a portion of their income as rent, the nature of this Program allows for flexibility in calculating the amount the participant will pay. It may be unrealistic for a household to make the necessary increases in income before assistance ends for the household to pay their full monthly rent with only 30% of their income. Therefore, recipients may require the participant to pay an amount above 30% of their income, so long as that amount:

- Is based on a percentage of the household's income, not a specific dollar amount.
- Is reasonable for the household to pay and still meet basic needs.
- Is conducive to the recovery and long-term stability of the household.
- Takes into consideration any utilities, medical costs, education costs, childcare costs, or other reasonable reoccurring fees that the household pays.

Participant rent contribution may change as income changes, or over time as the participant moves through the Program. Changes in rent contributions should be reasonable and take into account all of the factors listed above. Additionally, if a participant's income decreases, the participant's rent contribution should decrease to reflect this change in status, as long as the decrease does not go below 30% of the participant's monthly income. The method used to calculate the participant rent may vary by household. **IHCDA requires the recipient to document the determined structure for each household and document when the standard is deviated from.** In addition, if certain exceptions to the determined structure are made for one household, the same exceptions must be considered for all households in similar circumstances.

Rental subsidy examples

IHCDA encourages recipients to work with individual households to identify the financial resources needed to assist in returning to housing as quickly as possible. Recipients should be transparent and realistic when working with households to identify what financial assistance is available. Examples of subsidy models include gradually decreasing the amount of subsidy the household receives over the course of rental assistance or requiring the household to pay an increasing percentage of income the longer they receive the subsidy. It is recommended that recipients establish an initial period of assistance and revisit the potential for extension based on household needs as the subsidy limit is reached.

Subsidy Model Examples: *Below are common models used to establish subsidy guidelines. Recipients can adjust model amounts or percentages based on the individual needs of households.*

Decreased subsidy approach: This model is focused on decreasing the amount of subsidy the recipient provides. The recipient establishes a percentage of rent that will be subsidized for the household for a determined period of time. The recipient communicates with the household how the subsidy provided will decrease over time to support the household in preparing to take over the full rent amount when the subsidy ends.

Example: Recipient pays 50% of the rent for months 1-3. The ongoing subsidy need is reviewed at the end of month two and determined that the household is not yet ready to take on the full amount of rent. The recipient agrees to subsidize months 4-6 by paying 35% of the rent. In month five the Recipient revisits the need for ongoing assistance and it is determined that the household can take over the full rent amount after month 7. The recipient agrees to pay 20% of the rent in month 7. The household pays 100% of their rent in month 8.

Increased tenant income approach: This model focuses on increasing the percentage of income the household contributes to their rent over the period of time assistance is provided. The recipient will work with the household to determine what percentage of their income will be dedicated to the total rent amount once the subsidy ends and gradually increases the percentage of income the household pays toward their monthly rent with the goal of preparing the household to take over the full rent amount at the end of the subsidy period.

Example: Prior to moving in, it is determined that the rent of the selected unit is the equivalent of 65% of the household's adjusted monthly income. The household contributes 50% of their adjusted income to their rent in months 1-3 and the recipient subsidizes the remaining portion of the rent. Ongoing subsidy need is reviewed at the end of month two and determined that the household is not yet ready to take on the full amount of rent. The recipient agrees to subsidize months 4-6 and the household contribution is increased to 55% of their adjusted income. In month five the recipient revisits the need for ongoing assistance and it is determined that the household can take over the full rent amount after month 7. The household contributes 60% of their monthly income to rent in month 7. The household pays 100% of their rent which is the equivalent to 65% of their monthly income in month 8.

Budget-based approach: This approach involves creating a budget with the household before their unit is selected/rented to establish what their rent contribution will be. Recipients will work with households to identify their current household budget and select an amount of rent they household will contribute.

Setting Limits/Thresholds for Assistance: Recipients are required to set a threshold for assistance, for example, if a household's rent is less than an equivalent of 50% of its income it is recommended that ongoing monthly assistance is not provided but that move in-assistance is provided to support the household in obtaining permanent housing.

Assistance thresholds should be documented in the recipient's program manual and communicated to potential and enrolled households seeking assistance.

The tenant's portion of the rent is paid directly to the landlord and is subject to the same timeliness requirements as the overall rent. In other words, failure to pay the tenant portion of the rent for an assisted unit can be a reason for eviction.

8.6 Terminating Assistance

If a Program participant violates Program agreements, the recipient may terminate the assistance. The recipient must have a formal process for terminating assistance and that process must be conveyed to the participant prior to terminating assistance. This process must consist of:

- Written notice to the Program participant clearly explaining the reason for termination.
- A review of the decision, in which the Program participant has at least 10 days to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision.

Termination does not bar a participant from receiving assistance at a later date from any recipient of this Program, including the recipient who terminated assistance

The recipient must carefully consider the reason for termination and all extenuating circumstances so that termination only occurs in the most severe cases.

8.7 Timely Expenditure of Funds

Recipients of Program funds are expected to expend funds in a timely manner. Recipients must submit a monthly report to IHCDA identifying all households served and funds expended. A reporting format will be provided to recipients with their Award Agreement documents. Target benchmarks for expenditures will be defined within the Award Agreement.

Any recipient that fails to expend Program funds in a timely manner may have those funds deobligated by IHCDA. IHCDA reserves the right to reallocate unused funds from one recipient to another recipient. Reallocations will be awarded to organizations that have demonstrated timely and effective utilization of funds and that can demonstrate a need for additional funds to serve more households as evidenced by a list of eligible participants.

Section 9: Future Allocations

IHCDA may receive future allocations of Program funding through the State of Indiana. If additional funds are received, IHCDA reserves the right to award those funds in one of the following manners, dependent upon factors including but not limited to the amount of additional funds made available and the success of existing programs:

- IHCDA may release a new RFQ in which the application and selection process may be changed from the original RFQ.
- IHCDA may award funds to existing recipients so that they can serve more households. IHCDA will prioritize organizations that have met expenditure benchmarks and have a demonstrated need for additional funds, as evidenced by a list of eligible participants.