To: BEP Recipients and Program Partners  
From: IHCDAA Asset Preservation Department  
Date: September 23, 2016  
Re: Blight Elimination Program (“BEP”) – Administrative & Operational Protocols

IHCDAA recognizes that the standards necessary to meet the rigorous audit requirements of federal oversight bodies of the Blight Elimination Program can be complex in nature. In an effort to assist BEP Recipients in meeting program standards, IHCDAA is issuing this detailed summary of BEP Administrative and Operational Protocols. Please read this notice, in full, and find the attached Acknowledgement on page three (3). Recipients should print, sign, and return the Acknowledgment to IHCDAA via mail within ten (10) business days (October 7, 2016). You should keep the first two (2) pages for your reference. Please note that failure to sign and return this notice to IHCDAA by October 7, 2016, will result in the closure of the Recipient’s respective claims portal until such time as IHCDAA receives the Acknowledgement.

1) MEETINGS: A representative from IHCDAA is required to attend all Public Hearings and may elect to attend any and/or all Pre-Bid Meetings, Pre-Demolition Meetings, and Sample Demolitions. When scheduling any of the above meetings please contact IHCDAA at least two weeks prior to the anticipated date of the meeting to schedule the meeting in conjunction with IHCDAA.

2) ORIGINAL DOCUMENTS: IHCDAA maintains an original, hard copy on file of all documentation including but not limited to: Waiver Forms, Program Partner Agreements, Narratives, Letters of Intent, and Extension Request Letters. Emailed, faxed, and photocopied documents do not constitute original and will not be accepted. A document must meet the following conditions to be considered an original:
   a) Signed in ink, preferably blue;  
   b) By an official representative of the Award Recipient; and  
   c) Delivered via mail or other carrier.

3) MONTHLY REPORTING: The BEP Monthly Progress Report Form has the due dates listed directly on the form. Please review the form, mark your calendars, and plan accordingly so as not to miss a deadline should you be out of the office on a due date. Every Recipient is obligated to report each month by the due date regardless of whether any change has occurred from the prior month. Additionally, Recipients that have had their Milestones extended are required to send in Quarterly Reports for the remaining Program period.

4) WAIVERS: All necessary documentation needed for the review and approval of a waiver request is listed in the instructions on the Waiver Form itself. Waivers are processed in the order they are received by IHCDAA. IHCDAA will no longer accept electronic copies of waivers prior to the receipt of the original waiver. Failure to submit an original signed Waiver Form and/or include all documentation requested on the Waiver Form will result in processing delays or denial of the request.
   a) PROPERTY ADDITIONS: Properties that are denied for lack of sufficient information may be resubmitted two (2) additional times. A property that has been denied three (3) times for lack of sufficient information will not be reconsidered.
   b) PROPERTY REMOVALS: Please carefully consider whether you wish to remove an approved property from the BEP Program before submitting a Waiver Form to do so. Adding a “removed” property back into the Program will require the submission of a Waiver Form and resubmission of all required documentation.
5) **GREENING FORMS:** Timely filing of Greening Forms is an essential part of the reimbursement process for the Blight Elimination Program; therefore, it is crucial that Recipients not have a difference of more than five (5) Greening Forms at any given time. IHCDA reserves the right to close the Recipient’s claims portal for missing Greening Forms if the difference between the number of claims submitted for demolished properties and greening forms submitted for said properties is greater than five (5).

6) **CLAIMS:** To ensure successful submission of reimbursement claims, please remember the following:
   a) Demolition and Greening costs must be on separate line items on the invoice – not one lump sum;
   b) No more than five (5) properties may be included per claim submission;
   c) Submit Greening Forms as soon as all greening activities are completed;
   d) Submit proper invoices and documentation with claims (check the BEP website for documentation requirements before submitting a claim);
   e) Make sure claims have actually been submitted by ensuring a Claims Receipt has been issued; and
   f) Make sure invoices contain a Property address and are submitted under the correct address.

7) **FAQ’s:** Please check [www.877.gethopeorg/blight](http://www.877.gethopeorg/blight) often to find frequently used documents and BEP Notices. This should be your first source to answer many frequently asked questions.

Please feel free to contact Blight Elimination Program staff for clarification of any notices, any questions, or any other practices for which further clarification or understanding is needed.

**Questions concerning BEP Practices and Procedures:**
Rayanna A. Binder – Program Director
RBinder@ihcda.in.gov | 317.372.7885

**Questions concerning Property Waivers, Program Partner Waivers, or Tier Exceedance Requests:**
Timothy J. Parthun – Program Analyst
TParthun@ihcda.in.gov | 317.232.2021

**Questions concerning Monthly/Quarterly Reporting, Mortgage Releases, or Closeout Forms:**
Kevin Reeves – Program Analyst
KReeves1@ihcda.in.gov | 317.234.7147

**Questions concerning Milestone Extensions or Program Partner Waivers:**
Amber Abrams – Program Administrative Assistant
A Abrams@ihcda.in.gov | 317.233.4611
ACKNOWLEDGMENT OF BEP NOTICE 16-67: BEP ADMINISTRATIVE & OPERATIONAL PROTOCOLS

I, ____________________________, a representative for the ________________________________ (Recipient) do hereby acknowledge that I have read this notice in full and agree to follow the guidance set out in the BEP Administrative & Operational Protocols Notice. I further acknowledge that failure to follow the abovementioned practices may result in the Recipient’s access to the IHCDA Online claims portal being restricted until compliance with these practices is met.

____________________________________________________
Printed Name

____________________________________________________
Title

____________________________________________________
Signature

____________________________________________________
Date