

## Before Starting the Project Application

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 CoC Program NOFO and the FY 2022 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2022 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/28/2022

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name:** Elizabeth/Union County CoC
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 22-6002481
- c. Unique Entity Identifier:** VHTGDARWN6Y7

### d. Address

**Street 1:** 10 Elizabethtown Plaza  
**Street 2:** 4th Floor  
**City:** Elizabeth  
**County:** Union  
**State:** New Jersey  
**Country:** United States  
**Zip / Postal Code:** 07207

### e. Organizational Unit (optional)

**Department Name:** Department of Human Services  
**Division Name:** Division of Individual & Family Support Services

### f. Name and contact information of person to be contacted on matters involving this application

**Prefix:** Ms.  
**First Name:** Christina  
**Middle Name:** M  
**Last Name:** Topolosky  
**Suffix:**  
**Title:** Director, Division of Individual & Family Support Services  
**Organizational Affiliation:** Elizabeth/Union County CoC  
**Telephone Number:** (908) 527-4839

**Extension:**  
**Fax Number:** (908) 558-2562  
**Email:** ctopolosky@ucnj.org

## 1C. SF-424 Application Details

**9. Type of Applicant:** B. County Government

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program  
**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6600-N-25  
**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**  
**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (state(s) only):** New Jersey  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** BWY/EHA 18U-2022

**16. Congressional District(s):**

**16a. Applicant:** NJ-007, NJ-008, NJ-010, NJ-012

**16b. Project:** NJ-008  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 07/01/2023

**b. End Date:** 06/30/2024

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

## 1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

### 21. Authorized Representative

Prefix: Mr.

First Name: Edward

Middle Name:

Last Name: Oatman

Suffix:

Title: County Manager

Telephone Number: (908) 527-4200  
(Format: 123-456-7890)

Fax Number: (908) 558-2562  
(Format: 123-456-7890)

Email: eoatman@ucnj.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/28/2022



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Elizabeth/Union County CoC  
**Prefix:** Mr.  
**First Name:** Edward  
**Middle Name:**  
**Last Name:** Oatman  
**Suffix:**  
**Title:** County Manager  
**Organizational Affiliation:** Elizabeth/Union County CoC  
**Telephone Number:** (908) 527-4200  
**Extension:**  
**Email:** eoatman@ucnj.org  
**City:** Elizabeth  
**County:** Union  
**State:** New Jersey  
**Country:** United States  
**Zip/Postal Code:** 07207

**2. Employer ID Number (EIN):** 22-6002481

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received**

**4a. Total Amount Requested for this project:** \$304,359.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity?** Yes  
 (For further information, see 24 CFR Sec. 4.3).

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** Yes

**Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Private contributions, Corporate funding, Foundation funding/grant, individual donation & volunteers/General Funds/County Funds	Other	\$357,844.00	Funds will be used to provide match and fund provision of services.
New Jersey Division of Mental Health & Addiction Services	Grant funds	\$492,128.00	Funds will be used to provide match and fund provision of services.
NJ Division of Family Development/ UC Division of Social Services	Emergency Assistance	\$39,940.00	Funds will be used to provide match and fund provision of services.
Service Match (space, case management, supportive services, enrichment activities, & gifts)	Other	\$127,805.00	Funds will be used to provide match and fund provision of services.
Union County Division of Individual and Family Services		\$35,555.00	Funds will be used to provide match and fund provision of services.

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

**Part III Interested Parties**

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
N/A		N/A	\$0.00	0%

**Note: If there are no other people included, write NA in the boxes.**

**Certification**

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

**Name / Title of Authorized Official:** Edward Oatman, County Manager

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/28/2022

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Elizabeth/Union County CoC  
**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>b. Establishing an on-going drug-free awareness program to inform employees —                  (1) The dangers of drug abuse in the workplace                  (2) The Applicant's policy of maintaining a drug-free workplace;                  (3) Any available drug counseling, rehabilitation, and employee assistance programs; and                  (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p>	<p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted —                  (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or                  (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p>
<p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —                  (1) Abide by the terms of the statement; and                  (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p>	

### 2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X
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WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Edward

**Middle Name**

**Last Name:** Oatman

**Suffix:**

**Title:** County Manager

**Telephone Number:** (908) 527-4200  
**(Format: 123-456-7890)**

**Fax Number:** (908) 558-2562  
**(Format: 123-456-7890)**

**Email:** eoatman@ucnj.org

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/28/2022

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

**Applicant's Organization:** Elizabeth/Union County CoC

**Name / Title of Authorized Official:** Edward Oatman, County Manager

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/28/2022

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** Elizabeth/Union County CoC

**Street 1:** 10 Elizabethtown Plaza

**Street 2:** 4th Floor

**City:** Elizabeth

**County:** Union

**State:** New Jersey

**Country:** United States

**Zip / Postal Code:** 07207

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.



**Authorized Representative**

**Prefix:** Mr.

**First Name:** Edward

**Middle Name:**

**Last Name:** Oatman

**Suffix:**

**Title:** County Manager

**Telephone Number:** (908) 527-4200  
**(Format: 123-456-7890)**

**Fax Number:** (908) 558-2562  
**(Format: 123-456-7890)**

**Email:** eoatman@ucnj.org

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/28/2022

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2022**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.  |

- |     |  |
|-----|--|
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

As the duly authorized representative of the applicant, I certify:

**Authorized Representative for:** Elizabeth/Union County CoC  
**Prefix:** Mr.  
**First Name:** Edward

**Middle Name:**

**Last Name:** Oatman

**Suffix:**

**Title:** County Manager

**Signature of Authorized Certifying Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/28/2022

## 1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" to move to the next screen.

## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

**Total Expected Sub-Awards: \$298,263**

Organization	Type	Sub-Award Amount
Bridgeway/Elizabeth Housing Authority	La. Public Housing Authority	\$298,263

## 2A. Project Subrecipients Detail

**a. Organization Name:** Bridgeway/Elizabeth Housing Authority

**b. Organization Type:** La. Public Housing Authority  
If "Other" specify:

**c. Employer or Tax Identification Number:** 22-6001781

**d. Unique Entity Identifier:** TNR7G96YGXX5

**e. Physical Address**

**Street 1:** 688 Maple Ave.

**Street 2:**

**City:** Elizabeth

**State:** New Jersey

**Zip Code:** 07202

**f. Congressional District(s):** NJ-008  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** No

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$298,263

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Catherine  
**Middle Name:**  
**Last Name:** Hart  
**Suffix:**  
**Title:** Deputy Director  
**E-mail Address:** cjhart@hacenj.com  
**Confirm E-mail Address:** cjhart@hacenj.com  
**Phone Number:** 908-965-2400  
**Extension:** 105  
**Fax Number:** 908-965-0026



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## **2B. Experience of Applicant, Subrecipient(s), and Other Partners**

**1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.**

The Housing Authority of the City of Elizabeth (HACE) is located in Union County, New Jersey. HACE's portfolio consists of 1353 public housing units of both Family & Elderly public housing and 1133 Section 8 Rental Assistance Vouchers. Our primary mission is to provide safe, decent, & affordable housing opportunities, through public & private partnerships while offering all residents support & respect. We achieve our mission by providing educational opportunities & supportive services with partnering agencies in conjunction with local services. In keeping with the mission of HACE, the Re-development Department is dedicated to the ongoing re-development of our neighborhoods & the creation of new, healthy, decent, energy efficient & affordable residential units. Since 1997, HACE has undertaken major development projects including the implementation & completion of the HOPE VI; Elizabethport Neighborhood Redevelopment Program. This project included the demolition of 655 public housing units & the construction of 557 new residential units & a Community Center for the residents. This neighborhood redevelopment plan succeeded in reducing the density & concentration of poverty while spearheading major private investment in real estate. The total investment in infrastructure improvements, geo-technical and environmental remediation, site acquisition & construction was over \$122,813,994.00. Simultaneously as part of the HOPE VI program, the staff developed & implemented the award winning Community Supportive Plan which included an investment of over 4 Million dollars in educational programs, youth services, case management and workforce development. In 2011, the J. Christian Bollwage E'port Commons senior housing project was completed. This project consists of a mixed used development with 30 units of affordable one-bedroom apartments for seniors and on the ground floor 3,760 SF of commercial space. The commercial space is owned and occupied by the Elizabeth Development Company. The project is certified as a LEED Gold building and the total development cost was \$10,817,266.00. HACE is presently an active partner in the redevelopment of the residential project known as Oakwood Plaza. HACE contributed 3 Million dollars of Replacement Housing Factor funds (RHF) for the re-development of the Westminster Heights, an 84 unit family rental project located at 380 Irvington Avenue. The total project development cost was \$20,988,257.00. HACE development strategies has always consisted in the strategic investment on the creation and preservation of affordable housing units and establishing partnerships with developers, social service agencies and public entities. The staff at Housing Authority of City of Elizabeth has over 60 years combined experience of successfully administering housing programs. We are committed to providing low-income, very-low-income individuals, families, and elderly residents with affordable housing. We act as an advocate for our residents. Our services provide the resources needed to expand their education, gain employment, achieve economic self-sufficiency, and move from subsidized housing and achieve homeownership. We also allow our elderly to live independently and age-in place. Our team is comprised of outstanding and committed individuals that strive to make a difference in both the lives of our residents and the community. Our staff has recent, relevant, and successful experience managing previous funding.

**2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

Leveraged funding or in-kind funding for listed past projects: Housing Authority of the City of Elizabeth (HACE) and the City of Elizabeth were awarded the HOPE VI grant from the U.S. Department of Housing and Urban Development in 1997 to implement the Elizabethport Neighborhood Revitalization Plan. This plan, to combine new housing developments, was to increase economic opportunities and improve the quality of life for the public housing residents. This comprehensive urban design approach included the elimination of major visible barriers to spur the creation of a true mixed income neighborhood. The development of mixed housing units was also designed to contribute to income diversity within Elizabethport. In the process of redevelopment, HACE managed over \$6M, which was invested in infrastructure improvements, and \$5M in geotechnical and environmental remediation. Simultaneously with the physical transformation of the neighborhood, a comprehensive holistic Community Supportive Services Plan was implemented providing services to the public housing residents. These services were provided through the partnerships with social service providers and workforce development agencies, including the Union County Government and the Elizabeth Development Company (EDC). HACE invested \$4.3M in building human capital by sponsoring various programs and services, including adult high school education, workforce training development, child care, case management, after-school and arts program; financial and homeownership training; transportation, and Health Clinic. The HOPE VI program close out was in 2006. The total HOPE VI grant expenditure was \$28.9M, and it leveraged \$93.0M, for a total neighborhood investment of \$122M of public and private funds. Other multi-collaborative, multi-funded, multi-year projects include the projects below Other HACE-Managed Projects, was the J. Christian Bollwage E'port Commons \$11.0M with the City of Elizabeth, Elizabeth Development Company, and Community Investment Strategies. If awarded, the Housing Authority will issue Vouchers to those individuals who meet the criteria outlined in the program, setting aside 25% of those issued to Homeless Veterans. HACE will partner with Bridgeway insuring that the recipients of the rental assistance will not only secure decent and affordable housing but also receive the supportive services that they may need to live independently in the community. This model has effectively been implemented by the Housing Authority in prior awards with County, State, and Federal initiatives. Thus, the proposed grant will build on and expand upon and expand a successful affordable and supportive housing initiative. The Housing Authority is requesting a maximum of 18 vouchers to enable individuals defined as meeting the HUD definition of "Chronically Homeless" to secure affordable permanent housing.

**3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.**

HACE has a proven track record of timely expenditure of our budget & has efficiently managed all monies received. HACE regularly draws down monies to fund programs & has been on track in meeting financial & program goals. The Executive Director & Director of Finance will monitor the drawdown of the program funds to ensure that draw downs are being made only for eligible expenses & are executed in an efficient manner. The Director of Finance will provide financial oversight. HACE has been ranked under HUD's Evaluation Survey for Housing Agencies Report reflecting the status of a HIGH PERFORMER. Composite scores demonstrate its ability to oversee & manage grants and programs. Executive Director, William Jones has been with HACE since 1996. He is responsible for the day to day operations of HACE & is responsible for the HOPE VI grant. He manages a staff of over 60 employees & manages an annual budget of over \$20 million dollars. The budget includes the Public Housing Program, the Section 8 Program, and the Capital Fund Program. Deputy Director Catherine Hart has 31 years experience with HACE. She has extensive knowledge of HUD regulations for Public Housing. She manages capital improvements projects to ensure that work & reports are completed within HUD guidelines. Ms. Hart oversees the management of 8 Public Housing sites, consisting of 1 Public Housing family; 3 Public Housing senior/disabled properties; 2 mixed-finance family sites & 2 senior mixed finance developments totaling 1353 units. She manages Tenant Selection/Section 8 program that is comprised of 1133 vouchers. Section 8 consists of certificates, vouchers, rehabs & portables, community relations, & social service programs. Ms. Hart has experience overseeing operations & management for many large grants. These include the HOPE IV-1.4 million-28.9 million, Youth Build Grant-\$400,000, and S+C from \$213,000-\$270,000. HACE has consecutively been awarded the S+C Grants since 2003. The HOPE VI award continued for a term of 10 years until completion & new housing was built with families successfully relocated. Director of Finance, Barbara Johnson has dedicated 18 years to HACE. Her duties include managing finance & accounting functions for HACE. She provides fiscal management & disposition controls for operations in accordance with federal regulations. She oversees operations & the integrity of processed documentation. Ms. Johnson ensures monthly finance & statistical reports for the Executive Director and Board of Commissioners, including the monthly draw-downs for all grants & programs. Ms. Johnson supervises HACE budgetary preparation process & monitors agency expenditures. She ensures development & implementation of policies & procedures & application of accounting principles. Ms. Johnson reviews all aspects of new development proposals & supervises analysis & evaluation of the projects. She oversees preparation of various reports, including all transactions & grant expenditures.

**4. Are there any unresolved HUD monitoring or  
OIG audit findings for any HUD grants (including  
ESG) under your organization?** No

### 3A. Project Detail

1. CoC Number and Name: NJ-515 - Elizabeth/Union County CoC

2. CoC Collaborative Applicant Name: County of Union New Jersey

3. Project Name: BWY/EHA 18U-2022

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

9. Will this project include replacement reserves in the Operating budget? No

### 3B. Project Description

**1. Provide a description that addresses the entire scope of the proposed project.**

HACE is applying for a 1 year PSH Bonus request to create 18 scattered site TRA units of housing for CH individuals with high vulnerability & need in UC. HACE is partnering with Bridgeway (BWY) to provide supportive housing services. PL's mission is to foster healthy, sustainable communities by empowering people through education, collaboration & by serving as the linkage to resources. PL focuses on identifying & enhancing existing strengths within the individual, family, school, & work setting to serve as the first & most valuable resource. BW's will provide homeless outreach services. The PATH street outreach worker is the lead person for developing trusting relationships with service recipients. The worker will assess & outreach multiple times per week to build rapport & engage the individual. Once services are agreed to, the worker creates a recovery plan to assess immediate needs & service linkages. The worker will provide an array of services to attend to needs such as food, clothing, shelter, medications, etc. Upon linkage to services, the worker will provide follow-up services to ensure stability & link to a PATH Case Manager for ongoing support. HACE & its partners have followed a Housing First model working with individuals to help them quickly navigate the housing application process & rapidly secure permanent housing. HACE has relationships with local landlords enabling applicants to secure apartments quickly. There are no preconditions regarding sobriety or minimum income. Housing tenure is based on lease compliance. Referrals will only be received through the UC Coordinated Assessment System (CAS); all individuals in shelter & those engaged through street outreach teams will be in CAS. HACE staff will serve the CH according to the order of priority established in CPD NoticeCPD-14-012: (1) CH individuals with longest history of homelessness & with the most severe service needs; (2) CH individuals with the longest history of homelessness; (3) CH individuals with the most severe service needs; & (4) all other CH individuals. Through the use of CAS, data collected at intake & administrative records from the UC Jail & local hospitals, HACE & its partners will be able to determine which clients have been homeless the longest & have the most severe needs. Once individuals are housed, BWY staff will provide intensive case management services to ensure their housing stability. Individuals with acute physical & behavioral health care needs will be rapidly linked to CoC providers such as Trinitas Regional Medical Center, Family & Children Services, & Proceed. The overall goal of the project is to rapidly house CH individuals and assist them to maintain housing for the long term. HACE will aim to house 18 clients in 4 months. Further, 93% of the clients will remain permanently housed for at least a year & 85% will maintain housing.

**2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	80			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	120			
Leased or rental assistance units or structure, and supportive services near 100% capacity	200			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

**2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.**

n/a

**3. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

**(Select ALL that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

**5. Housing First**

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers?  
 Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5d. Will the project follow a "Housing First" approach? Yes  
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No



**7. Will more than 16 persons live in a single structure? No**

**100% Dedicated or DedicatedPLUS**

**A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.**

**A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:**

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

**8. Is this project 100% Dedicated or DedicatedPLUS  
DedicatedPLUS?**

### 3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible No  
renewal project?

## 4A. Supportive Services for Participants

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

Services to be offered to assist participants to obtain and remain in housing include: housing search & leasing; neighborhood orientation; independent living skills; income supports and benefits, public transportation; case management and crisis prevention services and respite services. Bridgeway will provide CSS Medicaid services including: Comprehensive Rehabilitation Needs Assessment (CRNA); Services Contributing to the Development, Implementation and Monitoring and Updating of Rehabilitation Plan; Therapeutic rehabilitative Skill Development; Crisis Intervention; and Coordinating and Managing Services. Participants will be linked to the FQHC to enroll in Medicaid and receive primary health care services and a 340 B Pharmacy Program. This is a Housing First project; all services are optional.

**2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

Each individual's Support Services Plan for Wellness and Recovery will include identification of economic self-sufficiency, education and employment goals and objectives. Staff will work with each tenant to develop a career profile which reviews their education, employment experiences, strengths and weaknesses and career goals and aspirations. The Center partners with local employment train programs such as: the Retail Skills Center at the Jersey Gardens Mall, America Works, and the Community Food Bank of New Jersey's Food Service Training Academy. Education resources are often key to career planning and pre-employment preparation. As needed, individuals will be linked to classes at the Union County Community College located at their Elizabeth Campus. CSPNJ has a savings and loan program which can assist individuals with fees for these opportunities.

**3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.**

Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	Monthly
Assistance with Moving Costs			
Case Management		Partner	Weekly
Child Care			
Education Services		Partner	As needed

Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Non-Partner	As needed
Partner	As needed
Non-Partner	As needed
Partner	As needed

**Identify whether the project will include the following activities:**

**4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** Yes

**6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?** Yes

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 18

Total Beds: 35

Total Dedicated CH Beds: 10

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	18	35	10

## 4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

2a. **Units:** 18

2b. **Beds:** 35

3. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 10

This includes both the “dedicated” and “prioritized” beds.

### 4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 688 Maple Ave.

**Street 2:**

**City:** Elizabeth

**State:** New Jersey

**ZIP Code:** 07202

**\*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

340798 Elizabeth, 349039 Union County, 343252 Union Township

## 5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	15	3		18

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	12	2		14
Persons ages 18-24	5	1		6
Accompanied Children under age 18	15			15
Unaccompanied Children under age 18				0
Total Persons	32	3	0	35

Click Save to automatically calculate totals

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	4		5			8				
Persons ages 18-24	3		2			4				
Children under age 18	7					8				
<b>Total Persons</b>	<b>14</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	0	0	2	0	0	0	0
Persons ages 18-24	1	0	0	0	0	0	0	0	0	0
<b>Total Persons</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2024? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

\* 5. Select the costs for which funding is requested:

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? No  
(13 to 18 months)

## 6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:			\$281,328
Total Units:			18
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NJ - Newark, NJ HUD Metro FMR Area (3...	18	\$281,328

## Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance: TRA**



**Metropolitan or non-metropolitan fair market rent area: NJ - Newark, NJ HUD Metro FMR Area (3401399999)**

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$763	x	12		=	\$0
0 Bedroom	3	x	\$1,017	x	12		=	\$36,612
1 Bedroom	7	x	\$1,223	x	12		=	\$102,732

2 Bedrooms	8	x	\$1,479	x	12	=	\$141,984
3 Bedrooms		x	\$1,887	x	12	=	\$0
4 Bedrooms		x	\$2,249	x	12	=	\$0
5 Bedrooms		x	\$2,586	x	12	=	\$0
6 Bedrooms		x	\$2,924	x	12	=	\$0
7 Bedrooms		x	\$3,261	x	12	=	\$0
8 Bedrooms		x	\$3,598	x	12	=	\$0
9 Bedrooms		x	\$3,936	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	18						\$281,328
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$281,328

Click the 'Save' button to automatically calculate totals.

## 6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

### Summary for Match

Total Amount of Cash Commitments:	\$76,090
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$76,090

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Government	To be determined	\$76,090

## Sources of Match Detail

1. **Type of Match commitment:** Cash
2. **Source:** Government
3. **Name of Source:** To be determined  
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$76,090

## 6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$281,328	1 Year	\$281,328
4. Supportive Services	\$0	1 Year	\$0
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$281,328
8. Admin (Up to 10%)			\$23,031
9. Total Assistance Plus Admin Requested			\$304,359
10. Cash Match			\$76,090
11. In-Kind Match			\$0
12. Total Match			\$76,090
13. Total Budget			\$380,449

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	BWY Non-Profit	09/23/2022
2) Other Attachment(s)	No	Match	09/28/2022
3) Other Attachment(s)	No		



## **Attachment Details**

**Document Description:** BWY Non-Profit

## **Attachment Details**

**Document Description:** Match

## **Attachment Details**

**Document Description:**

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

**Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.**

**Name of Authorized Certifying Official:** Edward Oatman

**Date:** 09/28/2022

**Title:** County Manager

**Applicant Organization:** Elizabeth/Union County CoC

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

**Active SAM Status Requirement.**

**I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

## 8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/19/2022
New Project Application FY2022	Page 53
	09/28/2022

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/28/2022
1E. SF-424 Compliance	09/20/2022
1F. SF-424 Declaration	09/19/2022
1G. HUD 2880	09/19/2022
1H. HUD 50070	09/19/2022
1I. Cert. Lobbying	09/19/2022
1J. SF-LLL	09/19/2022
IK. SF-424B	09/19/2022
1L. SF-424D	09/19/2022
2A. Subrecipients	09/23/2022
2B. Experience	09/23/2022
3A. Project Detail	09/23/2022
3B. Description	09/28/2022
3C. Expansion	09/23/2022
4A. Services	09/28/2022
4B. Housing Type	09/23/2022
5A. Households	09/28/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/23/2022
6E. Rental Assistance	09/23/2022
6I. Match	09/23/2022
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/28/2022
7D. Certification	09/23/2022

Department of the Treasury  
Internal Revenue Service

DEN UT 84201-0046

In reply refer to: 0424060201  
July 31, 2003 LTR 252C  
22-2257891 200212 67 000  
03806  
BODC: TE

BRIDGEWAY REHABILITATION SERVICES  
INC  
615 N BROAD ST  
ELIZABETH NJ 07208-3409151

Taxpayer Identification Number: 22-2257891

Dear Taxpayer:

Thank you for the inquiry dated June 27, 2003.

We have changed your business name as requested. The number shown above is valid for use on all tax documents. For your convenience, we have ordered corrected Forms 8109, Federal Tax Deposit Coupons, for you to make your deposit. You should receive them in five to six weeks. REMINDER - Your new business name should also be used if you deposit electronically. You can make Electronic Funds Transfer (EFT) payments using the government's Electronic Federal Tax Payment System (EFTPS) through a financial agent designated to process tax payments.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Internal Revenue Service  
District Director

Department of the Treasury

Date:

DEC 9 1981

Our Letter Dated:

January 25, 1980

Person to Contact:

J. Liboff

Contact Telephone Number:

(201) 645-3266

Bridgeway House  
615 N. Broad Street  
Elizabeth, New Jersey 07208

Gentlemen:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

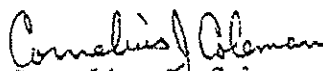
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) \*. Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) \* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) \* organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

  
Cornelius J. Coleman  
District Director

\* Reg. 170(b)(1)(A)(vi)



