

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.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to 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.
- 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) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 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 2023 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: 09/28/2023

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-6700-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: Family Promise PH-PSH 8U-2023

16. Congressional District(s):

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

16b. Project: NJ-007, NJ-008, NJ-010, NJ-012
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2024

b. End Date: 09/30/2025

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: T.

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: 09/28/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Elizabeth/Union County CoC
Prefix: Mr.
First Name: Edward
Middle Name: T.
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: \$273,133.00

(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

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X

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

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

Date Signed: 09/28/2023

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

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: T.

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: 09/28/2023

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: 09/28/2023

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: T.

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: 09/28/2023

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: T.

Last Name: Oatman

Suffix:

Title: County Manager

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

Date Signed: 09/28/2023

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: \$269,567

Organization	Type	Sub-Award Amount
Family Promise	M. Nonprofit with 501C3 IRS Status	\$269,567

2A. Project Subrecipients Detail

a. Organization Name: Family Promise

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 52-1591461

d. Unique Entity Identifier: E6FSLAHGGAR8

e. Physical Address

Street 1: 402 Union Ave.

Street 2:

City: Elizabeth

State: New Jersey

Zip Code: 07208

f. Congressional District(s): NJ-007, NJ-008, NJ-010, NJ-012
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$269,567

j. Contact Person

Prefix: Mrs.

First Name: Geleen
Middle Name: G.
Last Name: Donovan
Suffix:
Title: Executive Director
E-mail Address: gdonovan@familypromise.org
Confirm E-mail Address: gdonovan@familypromise.org
Phone Number: 908-289-7300
Extension: 11
Fax Number:

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.

Subrecipient has not received Federal Funds.

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

FPUC has secured funding:

- 1) State of New Jersey- Eviction Diversion 2022, \$375,000
- 2) Union County- Community Development Block Grant 2021-2022, \$450,000 (Prevention, Arrears Rent)
- 3) Union County- CDBG Covid, 2023, \$137,000, Emergency Shelter
- 4) Union County Commissioners- Shelter Diversion funding, \$150,000, multiple years
- 5) Union County Department of Human Services:
 - a. CSBG- \$32,265, emergency shelter, multiple years
 - b. SSH- \$17,500, security deposits, multiple years
 - c. HES (Hearth Emergency Solutions Grant)- \$47,243, multiple years (Prevention, Arrears Rent)
 - d. HES Cares Act- \$337,719, 2020-2023 (Prevention, Arrears/Rapid Re-Housing)
 - e. Homeless Trust Fund- \$100,000, multiple years (Prevention, Arrears Rent)

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

Project administration, fiscal management, and agency capacity are fully in place to steward grants. We have a team of staff who oversee grant administration, finance management, and program staff to write, support, manage, collect data and report on grant requirements. We have a solid fiscal accounting structure- our accounting program is Quick Books for nonprofits. Data is stored and backed up with cloud-based technology. There are checks and balances in place which are communicated through trainings, and regular cross team meetings to ensure consistency. The financial oversight team includes: Chief Financial Officer, Board Treasurer, Board Finance Committee, CEO- Family Promise, Executive Director Family Promise Union County, Chief of Operations, Bookkeeper. We also subscribe to general accounting principles (GAP), supported by a yearly independent "Yellow Book" audit which ensures compliance with regulations for nonprofits. To date, we have consistently earned a "no findings" audit report. Auditors from the County also perform yearly checks for fiscal and program compliance. We have earned the highest Charity Navigator Score for the past nine years. These ratings are based on an organization's IRS tax status, revenue, length of operations, location, public support, fundraising expenses, and administrative expenses.

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

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: Family Promise PH-PSH 8U-2023
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
10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

Family Promise Union County, is a private non-profit social service agency, which provides emergency shelter and services to families experiencing homelessness or at risk of homelessness. We are requesting funding to lease and maintain 8 permanent housing units for families experiencing homelessness. We will utilize a trauma-informed approach with individual/client-centered case management services. The overarching goal is to provide safe, stable, affordable and accessible permanent housing, for a 2-year period, while developing a housing stability plan for longer-term permanent housing placement. Based on the Social Determinants of Health, we will connect participants to community resources to ensure housing stability, independence, and wellness.

FPUC will lease 8 scattered site apartments throughout the Union County area, all 2- bedroom apartments, that can accommodate up to 32 adults and children (8 adult head of household and 24 children under the age of 18). Referrals will be received from emergency shelter providers, 211 Hotline, McKinney Vento school liaisons, Union County Action Line, Union County Social Services, and other nonprofit social service organizations. Program screening will be conducted by the Homeless to Housing Case Manager and other Emergency Shelter Staff to determine entrance to the "Homelessness to Housing" supportive housing program. We strive to be a low-barrier program, with proof of homelessness being the main criteria for admission, along with a willingness to participate in a supportive housing program. Upon entry to the supportive housing program, each head of household will meet with the case manager to identify goals, strengths, and strategies to form an action plan. Vocational training referrals, job preparation, job placement, financial budgeting, credit asset-building, education, saving for permanent housing, tenant education, housing search for permanent housing placement are the primary goals. The case manager will assist participants in accessing and receiving integrated program services and entitlements, such as linkage to mainstream health and social service programs, and community support systems. Access to mainstream resources is a key strategy that focuses on partnerships, collaborations, and advocacy for connection, linkage and enrollment to programs and entitlements. We work together with many other agencies/organizations to not only provide comprehensive services to our participants, but to reduce duplication of services. Our program will include access to psychological counseling, dietetic counseling, psychosocial educational workshops to include a curriculum we developed called "Living with Loss, Healing from Homelessness." We will foster community by hosting shared events for the program participants, to include field trips for the families to places such as the Liberty Science Center, Turtleback Zoo, local free performances, and barbecues in a local park. Our organization has a robust volunteer network, who will provide donations to the families- food, transportation, households items, furniture, etc. A housing stability plan will be developed together with the case manager and the participant. We will provide continued support as needed to all clients who move into their independent permanent housing, to ensure their self-sufficiency. Follow-up will be given to each client to provide emotional support and information/referral services when necessary.

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			
	A	B	C	D
Begin hiring staff or expending funds	30	60		
Begin program participant enrollment			90	
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				180
Leased or rental assistance units or structure, and supportive services near 100% capacity				365
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.

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 checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input 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 type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input type="checkbox"/>
None of the above	<input checked="" type="checkbox"/>

5d. Will the project follow a "Housing First" approach? No
 (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 renewal project? No

4A. Supportive Services for Participants

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

Once the participant has been admitted to the program, the case manager will assess the strengths of the participant, as well as obstacles to permanent housing. A service plan will be developed with the case manager and client together, as self-determination is crucial to successful program outcomes. Together, they will work on the goals set to obtain livable-wage employment, financial management acuity, knowledge of good tenancy, and linkage to mainstream resources and entitlements. Using the social determinants of health, the case plan will not only include economic and housing stability, but will ensure access to quality healthcare, education, job-training/advancement and community support. Clients can access our online self-paced training, “Keys to Good Tenancy,” and “New Beginnings Financial Literacy.” We partner with “Open Table,” a national nonprofit agency that connects disenfranchised people with volunteers to leverage their social contacts/capital to advance the goals of the participant. We will link each participant with a “Core Table,” if they wish to have additional support. The “Core Table” consists of the participant and 6-8 community volunteers, who receive comprehensive training from Open Table and Family Promise Staff. They commit to working together for one year, meeting once a week, to work on the participants self-determined goals/life plan. We feel this infusion of community support contributes greatly to economic and housing stability.

Once the participant is ready to move into their own permanent housing, they will meet with our Housing Specialist. The Housing Specialist will assess housing needs, identifies housing resources, and conducts housing search with the participant. The Housing Specialist also understands the needs and concerns of landlords and acts as an advocate and mediator for both the tenant and the landlord. The HS works with the case manager and the participant to create a Housing Stability Plan, which includes an assessment of strengths and barriers securing and retaining housing. This includes linkage to other community resources and mainstream benefits. Once housing is secure, we will provide assistance for moving and acquiring household furniture and items. Our vast volunteer network often provides donations and manpower for moving families into their own home. Once in their home, the Housing Specialist and the Case Manager will make home visits to ensure stability and review any emergent needs, that will be addressed immediately, to prevent any risk of return to homelessness. The participants will be part of the ongoing Family Promise Community, by receiving email updates about upcoming workshops, health fairs, employment opportunities, holiday events, food giveaways, back-to-school donations, etc. We invite People with Lived Experience and Expertise to join us in serving the community-volunteering, offering peer support, and engaging in focus groups. Our participants are part of the Family Promise family.

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.

We partner with all government and nonprofit social service organizations in Union County. When the client first enters the program, part of the assessment determines if they are eligible for entitlements/benefits:

- a. Referral to Union County Social Services for SNAP, Medicaid, TANF (basic needs benefits)
- b. SOAR (SSI/SSDI Outreach, Access & Recovery) for clients requiring access to these benefits. (2 Staff currently undergoing SOAR training, will be completed by 10/1/2024).
- c. Referrals to 4C (Community Coordinated Child Care) for subsidized NJ Child care assistance
- d. Referrals to child care centers and Head Start Program (The Leaguers, Elizabeth & Newark)
- e. Coordinate with Board of Education, Transportation, McKinny-Vento Liaison at area/local schools for children’s registration and bus transportation
- f. Assist parent with contact to NJ PerformCare (NJ Children’s System of Care) for resources for children for behavioral health, intellectual/developmental disability services, substance abuse treatment
- g. Partner/referral to YWCA of Eastern Union County for Domestic Violence Services- Counseling, PALS (Peace, a Learned Solution) for children
- h. Refer to Union County Family Justice Center, for Domestic Violence-related counseling, case management court advocacy, legal assistance
- i. Refer to Victims of Crime Compensation (VCCO) office in Elizabeth, NJ for compensation for crime-related losses.
- j. Refer for Addiction/Recovery Support: Prevention Links, Trinitas Hospital, Bridgeway Behavioral Services
- k. Advocate and Referrals to all Housing Authorities in Union County: City of Elizabeth, City of Plainfield, Union County, Rahway, Linden, & Summit to secure Section 8 Housing Choice vouchers.
- l. Referrals to Union County/State agencies which provide rental and utility assistance: Elizabeth Coalition to House the Homeless, PROCEED, Urban League, Catholic Charities, Jewish Family Services, Salvation Army, Community Access Unlimited, Plainfield Action Services, United Way of Greater Union County, NJ Department of Community Affairs.
(Examples of rental assistance: Homeless Prevention/Rapid Re-Housing, Security Deposit Assistance)
(Examples of utility assistance: LIHEAP (Low Income Home Energy Assistance), NJ SNAP Utility Program, NJ SHARES
- m. Referrals to Central Jersey Legal Services for housing legal issues.
- n. Referrals for primary care physician/pediatrician.
- o. Referrals to Bridgeway Behavioral Services for mental health support and housing, NJ Mental Health Care Helpline
- p. We are a registered member of “Unite Us,” hosted by Atlantic Health System, which is a referral platform service to access healthcare providers, social service agencies. Print-outs of all relevant providers can be supplied in many languages.
- q. List of all food pantries in local area, with referrals.
- r. Referrals to furniture donations: The Warehouse NJ, Furniture Assist, Family Promise Volunteer Network
- s. Referrals to Workforce Development:
 - i. Center for Economic & Workforce Development (Union County College)- GED classes, vocational training
 - ii. Jobs Connection- Union County College- weekly newsletter
 - iii. PROCEED- Job fairs/employment counseling
 - iv. Division of Vocational Rehabilitation Services (DVRS)

v.Union County Workforce Development Board, One-Stop Career Center
 t.Referrals to Office of Veteran’s Services, Union County, NJ
 u.Assistance with Transportation plan, refer to Car Donation Programs:
 Recycled Rides, Charity Care

**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	Weekly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Subrecipient	Weekly
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Partner	As needed
Life Skills Training	Subrecipient	Weekly
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	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. No

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: 8

Total Beds: 32

Total Dedicated CH Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	8	32	0

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.**

a. **Units:** 8

b. **Beds:** 32

3. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 0

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: 402 Union Ave.

Street 2:

City: Elizabeth

State: New Jersey

ZIP Code: 07208

***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)**

349039 Union County

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	8			8
Characteristics				
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	8			8
Persons ages 18-24				0
Accompanied Children under age 18	24			24
Unaccompanied Children under age 18				0
Total Persons	32	0	0	32

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										8
Persons ages 18-24										
Children under age 18										24
Total Persons	0	0	0	0	0	0	0	0	0	32

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										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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										
Total Persons	0			0	0	0	0	0	0	0

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

Persons are families with children, which can include veteran, person with substance abuse, person with mental health issues, HIV, DV, or physical/developmental disability. Each household's needs will be assessed on a case-by-case basis.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? 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 checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

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

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	\$141,984
Grant Term:	1 Year
Total Request for Grant Term:	\$141,984
Total Units:	8

The number of beds for which funding has been requested in the Leased Units budget is 16.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
NJ - Newark, NJ H...	8	\$141,984	\$141,984

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

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

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$763		x	12	=	\$0
0 Bedroom		x	\$1,017		x	12	=	\$0
1 Bedroom		x	\$1,223		x	12	=	\$0
2 Bedroom	8	x	\$1,479	\$1,479	x	12	=	\$141,984
3 Bedroom		x	\$1,887		x	12	=	\$0
4 Bedroom		x	\$2,249		x	12	=	\$0
5 Bedroom		x	\$2,586		x	12	=	\$0
6 Bedroom		x	\$2,924		x	12	=	\$0
7 Bedroom		x	\$3,261		x	12	=	\$0
8 Bedroom		x	\$3,598		x	12	=	\$0
9 Bedroom		x	\$3,936		x	12	=	\$0
Total units and annual assistance requested:	8							\$141,984
Grant term:								1 Year
Total request for grant term:								\$141,984

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	Licensed Social Worker @100%+Fringe	\$69,016
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services	Clinical per diem counseling services @ \$150 per hour	\$13,000
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$82,016
Grant Term		1 Year
Total Request for Grant Term		\$82,016

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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 amount requested for each eligible cost 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>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Repair/maintenance for 8 units & Property management	\$37,000
2. Property Taxes and Insurance	Renters insurance for 8 units	\$1,000
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Utilities (\$500 x 8)	\$4,000
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$42,000
Grant Term		1 Year
Total Request for Grant Term		\$42,000

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$0
Estimated budget amount for VAWA Confidentiality Requirements:	\$0

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

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:	\$32,787
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$32,787

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	Private	Private Donors	\$32,787

Sources of Match Detail

1. **Type of Match commitment:** Cash
2. **Source:** Private
3. **Name of Source:** Private Donors
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$32,787

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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$141,984	1 Year	\$141,984
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$82,016	1 Year	\$82,016
5. Operating (Screen 6G)	\$42,000	1 Year	\$42,000
6. HMIS (Screen 6H)	\$0	1 Year	\$0
 7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$266,000
10. Admin (Up to 10% of Sub-total in #9)			\$7,133
11. HUD funded Sub-total + Admin. Requested			\$273,133
12. Cash Match (From Screen 6I)			\$32,787
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$32,787
15. Total Project Budget for this grant, including Match			\$305,920

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Family Promise IRS	09/26/2023
2) Other Attachment(s)	No	Match	09/26/2023
3) Other Attachment(s)	No		

Attachment Details

Document Description: Family Promise IRS

Attachment Details

Document Description: Match

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Edward Oatman

Date: 09/28/2023

Title: County Manager

Applicant Organization: Elizabeth/Union County CoC

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **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, 1014; 31 U.S.C. §3729, 3802).**

X

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	09/20/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/20/2023
1E. SF-424 Compliance	09/20/2023
1F. SF-424 Declaration	09/20/2023
1G. HUD 2880	09/20/2023
1H. HUD 50070	09/20/2023
1I. Cert. Lobbying	09/20/2023
1J. SF-LLL	09/20/2023
IK. SF-424B	09/20/2023
1L. SF-424D	09/20/2023
2A. Subrecipients	09/26/2023
2B. Experience	09/25/2023
3A. Project Detail	09/20/2023
3B. Description	09/26/2023
3C. Expansion	09/20/2023
4A. Services	09/26/2023
4B. Housing Type	09/26/2023
5A. Households	09/26/2023
5B. Subpopulations	09/26/2023
6A. Funding Request	09/20/2023
6C. Leased Units	09/25/2023
6F. Supp Srvcs Budget	09/26/2023
6G. Operating	09/26/2023
VAWA Budget	No Input Required
6I. Match	09/26/2023
6J. Summary Budget	No Input Required

7A. Attachment(s)	09/26/2023
7D. Certification	09/20/2023



Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248225078
Aug. 24, 2010 LTR 4168C 0
52-1591461 000000 00
00015794
BODC: TE

FAMILY PROMISE INC
71 SUMMIT AVENUE
SUMMIT NJ 07901-3690



29165

Employer Identification Number: 52-1591461
Person to Contact: Sheila Schrom
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 13, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in November 1988.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: October 5, 2002

Family Promise, Inc.
71 Summit Ave.
Summit, NJ 07901

Person to Contact:
Andrea Switser 31-00972
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 8:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
52-1591461

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on June 27, 2002 changing the name from National Interfaith Hospitality Networks, Inc. to the name shown above. We have updated our records to reflect this change.

Our records indicate that a determination letter issued in November 1988 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Family Promise, Inc.
52-1591461

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

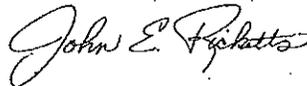
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services



Union County Department of Human Services/Division of Individual & Family Support Services
 Attn: CoC/Homeless Unit
 10 Elizabethtown Plaza - 4th Floor, Elizabeth, NJ 07207

RE: Match for FY2023 CoC SuperNOFO Application

<p>Project Name: <small>[Name, e.g., Elizabeth Housing Authority/Bridgeway - 4U 2023]</small></p> <p>Project Operating Year:</p> <p>Type of Commitment: <small>(check where applicable)</small></p> <p>Date of Commitment:</p>	<p>Family Promise "Homelessness to Housing"</p> <hr/> <p>October 1st, 2024- September 30, 2025</p> <hr/> <p><input checked="" type="checkbox"/> Cash <input type="checkbox"/> In-Kind</p> <hr/> <p>September 22, 2023</p> <hr/>
--	---

Match Source	Name of Source (Specify)	Match Amount
Federal		\$
State		\$
Local	Private Donors	\$ 32,787
Match Grand Total:		\$ 32,787

The above noted *[in kind/cash]* match funds are related to expenditures including: *[Please list what the match will be used for is used for and how it will be reported]*
 Match is used for salary for other Family Promise support staff.

- **Example:** The match will be used for salaries and employee benefits and will be supported with the following documentation
 - Payroll registers (salaries, benefits for support staff)
 - In-kind for donations of food, gift cards, household items, volunteer hours (receipts, volunteer documentation)

I, Geleen Donovan, Executive Director of Family Promise Union County certify the value of the match funds that have been committed for the above-mentioned project with the source(s) as detailed above.



 Signature

9/23/23

 Date