

## 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 2023 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) 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.
- 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.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/28/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: NJ0563

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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: ECHH-Gateway Joint PH-RRH-2023

16. Congressional District(s):

a. Applicant: NJ-007, NJ-008, NJ-010, NJ-012  
(for multiple selections hold CTRL key)

b. 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: \$294,499.00**

(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
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**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:	
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.	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;
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.	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;
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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
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;	

### 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:** 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 Official:** 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

## Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>

7B. Certification



**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

n/a

**You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
  
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
  
3. Do you draw funds quarterly for your current renewal project? Yes
  
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

## **Renewal Grant Consolidation or Renewal Grant Expansion**

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to consolidate or expand? No**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

## 2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: \$279,943**

Organization	Type	Sub-Award Amount
Elizabeth Coalition to House the Homeless	M. Nonprofit with 501C3 IRS Status	\$121,167
The Gateway Family YMCA	M. Nonprofit with 501C3 IRS Status	\$158,776

## 2A. Project Subrecipients Detail

**a. Organization Name:** Elizabeth Coalition to House the Homeless

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 22-2305176

**d. Unique Entity Identifier:** EVR5JUQ1JED8

**e. Physical Address**

**Street 1:** 188 Division St

**Street 2:**

**City:** Elizabeth

**State:** New Jersey

**Zip Code:** 07201

**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:** \$121,167

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Linda

**Middle Name:**  
**Last Name:** Flores-Tober  
**Suffix:**  
**Title:** Executive Director  
**E-mail Address:** Linda@theelizabethcoalition.org  
**Confirm E-mail Address:** Linda@theelizabethcoalition.org  
**Phone Number:** 908-355-2060  
**Extension:** 201  
**Fax Number:** 908-355-5094

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

- a. Organization Name:** The Gateway Family YMCA
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 22-1487381
- d. Unique Entity Identifier:** KD4ZCERKGTR6
- e. Physical Address**
- Street 1:** 144 Madison Ave.  
**Street 2:**  
**City:** Elizabeth  
**State:** New Jersey  
**Zip Code:** 07207

**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:** \$158,776

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Melynda

**Middle Name:**

**Last Name:** Disla

**Suffix:**

**Title:** Chief Executive Officer

**E-mail Address:** mdisla@tgfymca.org

**Confirm E-mail Address:** mdisla@tgfymca.org

**Phone Number:** 908-355-9622

**Extension:**

**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

### 3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** NJ0563  
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
- 2. CoC Number and Name:** NJ-515 - Elizabeth/Union County CoC
- 3. CoC Collaborative Applicant Name:** County of Union New Jersey
- 4. Project Name:** ECHH-Gateway Joint PH-RRH-2023
- 5. Project Status:** Standard
- 6. Component Type:** Joint TH & PH-RRH
- 7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
- 8. Does this project include Replacement Reserves as a CoC Operating Cost?** No  
(Attachment Requirement)

### 3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

The Joint TH and PH-RRH project will consist of two parts. The first will be Transitional Housing and will be operated by the Gateway YMCA. . The Rapid Re-Housing portion will be operated by the Elizabeth Coalition to House the Homeless and will include security, 3 months of rent and 6 months of case management services. Eligible households will have up to 3 to 6 months stay in transitional housing that will include wrap-around services such as case management, referrals, housing search, life skills, and employment assistance, etc. Upon admission to transitional housing, households will be assessed and a plan for permanent housing will be put in place with a rapid re-housing grant for security and 3 months of rental assistance. During their time in rapid re-housing they will receive case management and housing search assistance to further stabilize the family. The Rapid Re-housing case manager will continue to follow-up with the household for an additional 3 months providing any needed services during that time. Initial assessments for permanent housing will begin at the 3 month mark in the Transitional Housing in order to ensure that permanent housing will be secured by the end of the Transitional Housing term. This project will serve 15 households by the end of the contracted term of 12 months.

**2. 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 type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input checked="" type="checkbox"/>

Other: Working poor - both individuals and families

**3. Housing First**

3a. Does the project quickly move participants into permanent housing **Yes**

3b. Does 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"/>

3c. 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"/>

3d. Does the project follow a "Housing First" approach? **Yes**

## 4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. 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	Bi-monthly
Assistance with Moving Costs		
Case Management	Subrecipient	Weekly
Child Care	Non-Partner	As needed
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Subrecipient	Monthly
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Non-Partner	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

**4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency?** Yes

**4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Yes

## 4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

	TH	RRH	Total
<b>Total Units:</b>	10	15	25
<b>Total Beds:</b>	23	22	45

Housing Type	Housing Type (JOINT)	Units	Beds
---	Single Room Occup...	3	3
---	Clustered apartments	7	20
---	Scattered-site ap...	15	22

## 4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? Yes

2. Housing Type: Single Room Occupancy (SRO) units

3. What is the funding source for these units and beds? CoC  
(If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 3

b. Beds: 3

### 5. 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:** 135 Madison Ave.

**Street 2:**

**City:** Elizabeth

**State:** New Jersey

**ZIP Code:** 07207

**6. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

## **4B. Housing Type and Location Detail**

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

**1. Is this housing type for the TH or RRH portion of the project?** TH

**1a. Does this TH portion of the project have private rooms per household?** Yes

**2. Housing Type:** Clustered apartments

**3. What is the funding source for these units and beds?** CoC  
(If multiple sources, select "Mixed" from the dropdown menu)

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

**a. Units:** 7

**b. Beds:** 20

### **5. 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:** 135, 110 & 114 Madison Ave.

**Street 2:**

**City:** Elizabeth

**State:** New Jersey

**ZIP Code:** 07207

**6. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

## **4B. Housing Type and Location Detail**

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

**1. Is this housing type for the TH or RRH portion of the project?** RRH

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

**3. What is the funding source for these units and beds?** CoC  
(If multiple sources, select "Mixed" from the dropdown menu)

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

**a. Units:** 15

**b. Beds:** 22

**5. 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:** 135 Madison Ave.

**Street 2:**

**City:** Elizabeth

**State:** New Jersey

**ZIP Code:** 07207

**6. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

## 5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	6	4		10

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	4		12
Persons ages 18-24				0
Accompanied Children under age 18	16			16
Unaccompanied Children under age 18				0
<b>Total Persons</b>	<b>24</b>	<b>4</b>	<b>0</b>	<b>28</b>

**Click Save to automatically calculate totals**

## 5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

### 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				2		2	2	2		4
Persons ages 18-24										
Children under age 18										16
<b>Total Persons</b>	0	0	0	2	0	2	2	2	0	20

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				1		1			1	1
Persons ages 18-24										
<b>Total Persons</b>	0	0	0	1	0	1	0	0	1	1

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>	0			0	0	0	0	0	0	0

**Describe the unlisted subpopulations referred to above:**

Persons served in this Joint TH & PH-RRH will not necessarily have a documented disability. The target population is working poor individuals; individuals who are unemployed, under-employed and anyone ineligible for emergency assistance via mainstream services.

## 6A. Funding Request

### 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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

**1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO?** No

**2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO?** No

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

**4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:** 1 Year

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

Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" 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.**

## 6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:	\$111,948
Total Units:	7

The number of beds for which funding has been requested in the Rental Assistance budget is 10.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NJ - Newark, NJ HUD Metro FMR Area (3...	7	\$111,948

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months	Total Request (Applicant)
SRO		x	\$763	\$763	x	12 =	\$0
0 Bedroom		x	\$1,017	\$1,017	x	12 =	\$0
1 Bedroom	4	x	\$1,223	\$1,223	x	12 =	\$58,704
2 Bedrooms	3	x	\$1,479	\$1,479	x	12 =	\$53,244
3 Bedrooms		x	\$1,887	\$1,887	x	12 =	\$0
4 Bedrooms		x	\$2,249	\$2,249	x	12 =	\$0
5 Bedrooms		x	\$2,586	\$2,586	x	12 =	\$0
6 Bedrooms		x	\$2,924	\$2,924	x	12 =	\$0
7 Bedrooms		x	\$3,261	\$3,261	x	12 =	\$0
8 Bedrooms		x	\$3,598	\$3,598	x	12 =	\$0
9 Bedrooms		x	\$3,936	\$3,936	x	12 =	\$0
<b>Total Units and Annual Assistance Requested</b>							\$111,948
		7					
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$111,948

Click the 'Save' button to automatically calculate totals.

## 6D. 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 Value of Cash Commitments:	\$73,625
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$73,625

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

Type	Source	Contributor	Value of Commitments
Cash	Government	CSBG	\$20,989
Cash	Government	SSH	\$13,340
Cash	Government	EFSP	\$3,125
Cash	Private	YMCA Funds	\$3,338
Cash	Government	FEMA	\$5,000
Cash	Government	SSH	\$9,833
Cash	Private	ECHH Agency Gener...	\$18,000

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: CSBG  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$20,989

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: SSH  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$13,340

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: EFSP  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$3,125

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private

- 3. Name of Source:** YMCA Funds  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$3,338

### Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** FEMA  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$5,000

### Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** SSH  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$9,833

### Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** ECHH Agency General Funds  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$18,000

## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$111,948
3. Supportive Services (Enter)	\$65,000
4. Operating (Enter)	\$100,000
5. HMIS (Enter)	\$0
6. VAWA (Enter)	
7. Sub-total of CoC Program Costs Requested	\$276,948
8. Admin (Up to 10% of Sub-total in #7)	\$17,551
9. HUD funded Sub-total + Admin. Requested	\$294,499
10. Cash Match (From Screen 6D)	\$73,625
11. In-Kind Match (From Screen 6D)	\$0
12. Total Match (From Screen 6D)	\$73,625
13. Total Project Budget for this grant, including Match	\$368,124

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	GW IRS	08/21/2018
2) Other Attachment	No	ECHH IRS	08/21/2018
3) Other Attachment	No	Match Ltrs	09/25/2023

## **Attachment Details**

**Document Description:** GW IRS

## **Attachment Details**

**Document Description:** ECHH IRS

## **Attachment Details**

**Document Description:** Match Ltrs

## 7B. 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

Page	Last Updated
1A. SF-424 Application Type	09/20/2023
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
Renewal Project Application FY2023	Page 55
	09/28/2023

<b>1E. SF-424 Compliance</b>	09/20/2023
<b>1F. SF-424 Declaration</b>	09/20/2023
<b>1G. HUD 2880</b>	09/20/2023
<b>1H. HUD-50070</b>	09/20/2023
<b>1I. Cert. Lobbying</b>	09/20/2023
<b>1J. SF-LLL</b>	09/20/2023
<b>IK. SF-424B</b>	09/20/2023
<b>Submission Without Changes</b>	09/20/2023
<b>Recipient Performance</b>	09/20/2023
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	09/20/2023
<b>2A. Subrecipients</b>	09/20/2023
<b>3A. Project Detail</b>	09/20/2023
<b>3B. Description</b>	09/20/2023
<b>4A. Services</b>	09/20/2023
<b>4B. Housing Type</b>	09/20/2023
<b>5A. Households</b>	09/20/2023
<b>5B. Subpopulations</b>	09/20/2023
<b>6A. Funding Request</b>	09/20/2023
<b>6C. Rental Assistance</b>	09/20/2023
<b>6D. Match</b>	09/28/2023
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/25/2023
<b>7B. Certification</b>	09/20/2023

CERTIFICATE OF INCORPORATION

OF THE

YOUNG MEN'S CHRISTIAN ASSOCIATION OF ELIZABETH, N.J.,

THIS IS TO CERTIFY, That the undersigned do hereby associate themselves into a corporation under and by virtue of the provisions of an act of the Legislature of the State of New Jersey, entitled, "An act to incorporate associations not for pecuniary profit," approved April twenty first, eighteen hundred and ninety eight, and the several supplements thereto and acts amendatory thereof.

FIRST: The name of this corporation is

"YOUNG MEN'S CHRISTIAN ASSOCIATION OF ELIZABETH, N.J.."

SECOND: The purposes for which this corporation is formed are the promotion of religious and social intercourse and instruction among young men of the City of Elizabeth and vicinity; furnishing them with a library and reading room, and opportunities for attending upon lectures on scientific, historical and religious subjects, and giving them opportunities for physical exercise and development, and educational advantages in the arts and sciences; the purchase, lease and improvement of lands by buildings or otherwise for the benefit of the Association, and generally for making and using all of such legal operations and advantages as will advance and promote the mental, moral and physical wellbeing and improvement of all persons who may become members of the Association, or objects of its beneficence.

THIRD: The location of the principal office of this corporation is at number ninety two (92) Broad Street, in the City of Elizabeth. The name of the agent therein and in charge thereof upon whom process may be served is JOHN H. STRAWBRIDGE.

FOURTH: The number of Trustees of this corporation is fifteen (15), all of whom are residents of the City of Elizabeth, and no person except a resident of the City of Elizabeth, shall hereafter be eligible as a trustee in this corporation.

FIFTH: The names of the trustees selected for the first year are:

Edgar B. Moore,	Conover S. Harris,
Frank E. Binns,	Herbert P. Baker,
Robert Gentle,	William J. Corbet,
Sylvester Deming,	William Hopf,
Charles H. Haring,	William R. Ballantyne,
Archibald W. MacDonald,	Charles W. Crane,
Joseph G. Coleman,	Nicholas C. J. English.

IN WITNESS WHEREOF, we have hereunto set our hands and seals, this Thirteenth day of June in the year of our Lord, one thousand nine hundred and one.

Signed, sealed and delivered in the presence of,

As to Rob't.G.Bell,	:	Edgar B. Moore	(L.S.)
As to William Hopf	)		
Geo.Schmidt, Jr.	:	Frank E. Binns	(L.S.)
F.C. English as to	)	Robt. Gentle	(L.S.)
N.C.J.English	:	William Hopf	(L.S.)
		Sylvester Deming	(L.S.)
		Archibald W. MacDonald	(L.S.)
		Joseph G. Coleman	(L.S.)
		Conover S. Harris	(L.S.)
		Herbert P. Baker	(L.S.)
		William J. Corbet	(L.S.)
		William K. Ballantyne	(L.S.)
		Charles W. Crane	(L.S.)
		Chas. H. Haring	(L.S.)
		J. H. Strawbridge	(L.S.)
		N. C. J. English	(L.S.)

State of New Jersey

County of Union

BE IT REMEMBERED, that on this thirteenth day of June in the year one thousand nine hundred and one, before me, a Master in Chancery of the State of New Jersey, personally appeared Edgar B. Moore, Frank E. Binns, Robert Gentle, Sylvester Deming, Archibald W. MacDonald, Joseph G. Coleman, Conover S. Harris, Herbert P. Baker, William J. Corbet, William K. Ballantyne and Charles W. Crane, to me known to be eleven of the persons named in and who executed the within certificate of incorporation; and I having first made known to them the contents thereof, they did each acknowledge that they signed, sealed and delivered the same, as and for their and each of their voluntary act and deed for the uses and purposes therein expressed.

Robt. G. Bell,

Master in Chancery of New Jersey.

State of New Jersey

SS:

County of Union

BE IT REMEMBERED, that on this Eighteenth day of June in the year one thousand nine hundred and one, before me, a Master in Chancery of the State of New Jersey, personally appeared William Hopf to me known to be one of the persons named in and who executed the within certificate of incorporation; and I having first made known to them the contents thereof, they did each acknowledge that they signed, sealed and delivered the same, as and for their and each of their voluntary act and deed for the uses and purposes therein expressed.

Geo. Schmidt, Jr.,

M. C. C. of N. J.

State of New Jersey  
SS:  
County of Union

Be it remembered, that on this nineteenth day of June, in the year one thousand nine hundred and one, before me, a Master in Chancery of the State of New Jersey personally appeared Chas. H. Haring and J. H. Strawbridge to me known to be two of the persons named in and who executed the within certificate of incorporation and I having first made known to them the contents thereof, they did each acknowledge that they signed, sealed and delivered the same, as and for their and each of their voluntary act and deed for the uses and purposes therein expressed.

Robt. G. Bell,

Master in Chancery of N. J.

State of New Jersey  
SS:  
County of Union

BE IT REMEMBERED, that on this eighteenth day of July, in the year one thousand nine hundred and one, before me, a Master in Chancery of the State of New Jersey, personally appeared Nicholas C. J. English, to me known to be one of the persons named in and who executed the within certificate of incorporation; and I having first made known to him the contents thereof, he did acknowledge that he signed, sealed and delivered the same, as and for his voluntary act and deed for the uses and purposes therein expressed.

Theodore C. English,

Master in Chancery of N. J.

Endorsed

"Received in the Clerk's Office of the County of Union, N.J., on the 22nd day of July, A.D. 1901, at 2.30 o'clock, in the afternoon, and recorded in Book 10 of Incorporations for said County on pages 288 &c.

William Howard,

Clerk."

"Filed Dec 11 1901,

Georgs Wurts,

Secretary of State."

STATE OF NEW JERSEY



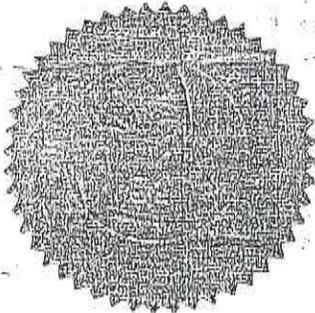
DEPARTMENT OF STATE

I, GEORGE WURTS Secretary of State of the State of New

Jersey, do hereby Certify, that the foregoing is a true copy of the Certificate  
of Incorporation of "Johnnie Davis' Christian  
Association of Elizabeth, N. J."

and the endorsements thereon,  
as the same is taken from and compared with the original filed in my office  
on the Eleventh day of December A. D. 1911, and  
now remaining on file therein.

In Testimony Whereof, I have hereunto set  
my hand and affixed my Official Seal, at  
Trenton, this Eleventh day of  
December A. D. 1911



*George Wurts*  
Secretary of State.

AUG 20 1990

RESTATED CERTIFICATE OF INCORPORATION  
OF

JOAN HABERLE  
Secretary of State

YOUNG MEN'S CHRISTIAN ASSOCIATION OF EASTERN UNION COUNTY

THIS IS TO CERTIFY THAT there is organized a non-profit corporation under and by virtue of N.J.S.A. 15A:1-1, et seq., "The New Jersey Nonprofit Corporation Act." This is a restated certificate, amending the original certificate filed December 11, 1901, as provided by N.J.S.A. 15A:9-5.

1. NAME. The name of the corporation is YOUNG MEN'S CHRISTIAN ASSOCIATION OF EASTERN UNION COUNTY.

2. PURPOSES. The purpose for which this corporation is formed is the promotion of the mental, physical and spiritual well-being of all persons who may become members or who reside in eastern Union County, New Jersey.

3. MEMBERS. The corporation shall have members whose qualifications shall be as set forth in the by-laws of the corporation.

4. RIGHTS OF MEMBERS. The classes of members, and their respective rights and limitations shall be as set forth in the by-laws of the corporation.

5. ELECTION OF DIRECTORS. The number of directors and the method of electing directors shall be as set forth in the by-laws of the corporation.

6. REGISTERED OFFICE AND AGENT. The location of the principal office of the corporation, which is also the registered office is:

135 Madison Avenue  
Elizabeth, New Jersey 07201

The registered agent therein is  
Kathleen A. Dunn

7. CURRENT DIRECTORS. The current number of directors of the corporation is 21. The names and addresses of the current Board of Directors are as follows:

Lawrence Caroselli  
Director of Finance  
2 Elizabethtown Plaza  
Elizabeth, N.J. 07207

Edward Cash  
Elizabethtown Water Company  
600 South Avenue, West  
Westfield, N.J. 07090

William Clute  
963 Lorraine Avenue  
Union, N.J. 07083

Martha DeNoble  
250 Colonial Avenue  
Union, N.J. 07083

Winton Hill  
Greater Mount Teman Church  
160 Madison Avenue  
Elizabeth, N.J. 07201

William Inglefield  
1068 Applegate Avenue  
Elizabeth, N.J. 07206

John Jacobson  
Jacobson & Company  
1079 East Grand Street  
Elizabeth, N.J. 07201

Bert Kautter  
Schering-Plough Corporation  
Galloping Hill Road  
Kenilworth, N.J. 07033

Marie Klinefelter  
Gorton Heating Corporation  
546 South Avenue, East  
Cranford, N.J. 07016

William Maloney  
Elizabethtown Gas Company  
One Elizabethtown Plaza  
Union, N.J. 07083

Mark Portnoy  
106 Severin Court  
Cranford, N.J. 07016

Charles Sales  
The Summit Trust Company  
367 Springfield Avenue  
Summit, N.J. 07901

Calvin Sierra  
Imperial Weld Ring  
80-88 Front Street  
Elizabeth, N.J. 07206

Robert Steffaro  
The Summit Trust Company  
1050 Raritan Road  
Clark, N.J. 07066

Reginald Valentine  
New Jersey Bell  
825 Rahway Avenue  
Union, N.J. 07083

Philip M. Krevsky  
Krevsky & Silber  
288 N. Broad Street  
Elizabeth, N.J. 07208

James Masterson  
Union Hospital Foundation  
695 Chestnut Street  
Union, N.J. 07083

Frank Roes  
United Counties Trust Company  
142 Broad Street  
Elizabeth, N.J. 07207

Thomas Schirmer  
Schirmer Doehler Associates  
299 Cherry Hill Road, Suite 103  
Parsippany, N.J. 07054

Roderick Spearman,  
Elizabethport Presbyterian  
Center  
184 First Street  
Elizabeth, N.J. 07206

Maureen Tinen  
Union County Economic  
Development Corporation  
399 Westfield Avenue  
Elizabeth, N.J. 07208

8. POWERS. The corporation shall not engage in any business of a kind ordinarily carried on for profit, and nothing in this Certificate of Incorporation or in the By-Laws shall authorize the corporation to, and the corporation shall not, enter into any transaction, carry on any activity, or engage in any business for pecuniary profit, and any income received by the corporation shall be applied only to the non-profit purposes and objectives of the corporation set forth herein, and no part thereof shall inure to the benefit of any private member or individual.

9. DURATION. The duration of the corporation shall be perpetual.

10. DISTRIBUTION UPON DISSOLUTION. Upon termination or dissolution of the corporation the distribution of any surplus of property and assets remaining after all of the debts and obligations of the corporation have been paid and satisfied shall be governed under the appropriate provisions granted to and vested in non-profit corporations organized and existing under the

CERTIFICATE OF ADOPTION OF RESTATED  
CERTIFICATE OF INCORPORATION,

This is to certify that the Restated Certificate of Incorporation annexed hereto was adopted by the members of the Corporation, the name of which is "The Young Men's Christian Association of Eastern Union County," pursuant to N.J.S.A. 15A:9-5 (e)(5).

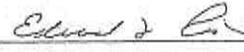
Same was adopted by the members of the corporation at the annual meeting of members held on May 31, 1990. Notice of the meeting and the proposed Restated Certificate of Incorporation was given to all members entitled to vote. The number of members at the meeting entitled to vote thereon was 23. The members who voted in favor of the adoption numbered 23, and the number of members who voted against the adoption was 0.

IN WITNESS WHEREOF, the undersigned has made this certificate this 31st day of May, 1990.

ATTEST:

YOUNG MEN'S CHRISTIAN  
ASSOCIATION OF EASTERN UNION  
COUNTY

  
Calvin D. Sierra, Secretary

By:   
Edward F. Cash, President

STATE OF NEW JERSEY )  
COUNTY OF UNION ) SS.:

BE IT REMEMBERED, that on this 31st day of May 1990, before me, the subscriber, a Notary Public of New Jersey, personally appeared, Calvin D. Sierra, who, being by me duly sworn on his oath, deposes and makes proof to my satisfaction, that he is the Secretary of YMCA of Eastern Union County the Corporation named in the within Instrument; that Edward F. Cash, is the President of said Corporation; that the execution, as well as the making of this Instrument, has been duly authorized by a proper resolution of the Board of Directors of the said Corporation; that deponent well knows the corporate seal of said Corporation; and that the seal affixed to said Instrument is the proper corporate seal and was thereto affixed and said Instrument signed and delivered by said President as and for the voluntary act and deed of said Corporation, in presence of deponent, who thereupon subscribed his name thereto as attesting witness.

Sworn to and subscribed before me,  
the date aforesaid.

  
Notary Patricia del Huerto

  
Calvin Sierra Secretary

and its name was lawful on the effective date of the statute. The corporation could be organized under the provisions of N.J.S.A. 16:19-1, et seq. In the event that it is required by statute, or by the fact that the corporation ceases to be organized pursuant to N.J.S.A. 16:19-1, the corporation shall change its corporate name to include one of the required terms.

IT WITNESS WHEREOF, the undersigned has made this certificate this 31st day of May, 1990.

ATTEST:

YOUNG MEN'S CHRISTIAN  
ASSOCIATION OF EASTERN UNION  
COUNTY

  
Calvin D. Sierra, Secretary

By:   
Edward F. Cash, President

STATE OF NEW JERSEY )  
COUNTY OF UNION ) SS.:

BE IT REMEMBERED, that on this 31st day of May 1990, before me, the subscriber, a Notary Public of New Jersey, personally appeared, Calvin D. Sierra, who, being by me duly sworn on his oath, deposes and makes proof to my satisfaction, that he is the Secretary of YMCA of Eastern Union County the Corporation named in the within Instrument; that Edward F. Cash, is the President of said Corporation; that the execution, as well as the making of this Instrument, has been duly authorized by a proper resolution of the Board of Directors of the said Corporation; that deponent well knows the corporate seal of said Corporation; and that the seal affixed to said Instrument is the proper corporate seal and was thereto affixed and said Instrument signed and delivered by said President as and for the voluntary act and deed of said Corporation, in presence of deponent, who thereupon subscribed her name thereto as attesting witness.

Sworn to and subscribed before me,  
the date aforesaid.

  
Notary Patricia Del Guercio  
Public of My Commission  
New Jersey expires 3-18-1991

  
Calvin D. Sierra, Secretary

Internal Revenue Service

Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

Date: March 1, 2003

Person to Contact:  
Linda A. Hill 31-01768  
Customer Service Representative

Toll Free Telephone Number:  
8:00 a.m. to 6:30 p.m. EST  
877-829-5500

Fax Number:  
513-263-3756

Federal Identification Number:  
22-2305176

RECEIVED  
MAR 10 2003

BY:-----

Elizabeth Coalition to House the Homeless, Inc.  
118 Division St.  
Elizabeth, NJ 07201-2874

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on January 23, 1997. We have updated our records to reflect the name and address change as indicated above.

Our records indicate that a determination letter issued in May 1985 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.

**FILED**

CERTIFICATE OF AMENDMENT

**JAN 23 1997**

TO

CERTIFICATE OF INCORPORATION

**LONNA R. HOOKS**  
Secretary of State

OF

ALTERNATE LIVING PROGRAM  
A NEW JERSEY NON PROFIT CORPORATION

1. The undersigned certify that the following amendment to the Certificate of Incorporation was adopted by the Board of Trustees at a regular meeting on November 18, 1996 pursuant to N.J.S.A. 15A:9-2(c):

**FIRST:** The name of the Corporation is

Elizabeth Coalition To House The Homeless INC.

2. The Corporation does not have members.

3. The amendment was adopted by the Board of Trustees on November 18, 1996.

4. The number of Trustees of the Corporation is 16. The number of Trustees in attendance at the meeting was 10. The number of Trustees voting in favor of the amendment was 10. The number of Trustees voting against the amendment was none.

ELIZABETH COALITION TO HOUSE THE HOMELESS  
(f/k/a Alternate Living Program)

BY: Joan M Driscoll-Kelly  
JOAN DRISCOLL-KELLY, PRESIDENT

DATED: November 24, 1996

District Director

Date: SEP 23 1982

Employer Identification Number:  
22-2305176

Accounting Period Ending:

December 31,

Foundation Status Classification:

509(a)(1) and 170(b)(1)(A)(vi)

Advance Ruling Period Ends:

December 31, 1984

Person to Contact:

C. Anderson

Contact Telephone Number:

(201) 645-3183

Alternate Living Program  
6 Claremont Place  
Montclair, New Jersey 07042

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1) \* organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor 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.

P.O. Box 260, Newark, NJ 07101

(over)  
\* and 170(b)(1)(A)(vi)

Letter 1045(DO) (6-72)



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

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

**RE: Match for FY2023 CoC SuperNOFA Application**

**Project Name:** ECHH Gateway JOINT PH-RRH 2023

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**Project Operating Year:** 10/1/24-9/30/25

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**Type of Commitment:**  Cash     In-Kind

**Date of Commitment:** September 6, 2023

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Match Source	Name of Source (Specify)	Match Amount
Federal	CSBG	\$20,989.00
State	SSH	\$13,340.00
Local	EFSP	\$3,125.00
Local	YMCA Funds	\$3,338.00
<b>Match Grand Total:</b>		<b>\$40,792.00</b>

The above noted *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 Grand Total: \$ 40,792.00\***

- YMCA match of \$3,338.00 funds are used for the following \$2038 Security \$1300 office equipment
- ESFP Match of \$3,125 funds are used for food.
- SSH grant match funds are used for Support services expenses including needs assessment, case management, employment assistance and life skills staff salaries and fringe to total \$13, 340
- CSBG grant \$20,989 Match funds are used for Shelter operational services – Maintenance/Sanitation \$7,333.00, \$6880 Insurance, \$5870 Utilities, \$906 Furnishing/Supplies
- They will be supported with the following documentation
  - Payroll Stubs and General Ledgers

**THE GATEWAY FAMILY YMCA**  
 www.tgfymca.org

Association Office 144 Madison Avenue Elizabeth, NJ 07201 P 908.249.4800 F 908.351.6366	Elizabeth Branch 135 Madison Avenue Elizabeth, NJ 07201 P 908.355.9622 F 908.355.3572	Five Points Branch 201 Tucker Avenue Union, NJ 07083 P 908.688.9622 F 908.851.9377	Rahway Branch 1564 Irving Street Rahway, NJ 07065 P 732.388.0057 F 732.388.9494	Wellness Center Branch 1000 Galloping Hill Rd. Union, NJ 07083 P 908.349.9622 F 908.349.2277	WISE Center Branch 1000 Galloping Hill Rd., STE 125 Union, NJ 07083 P 908.687.2995 F 908.349.2277	Youth Development Branch 16-20 Jefferson Avenue Elizabeth, NJ 07201 P 908.355.3061 F 908.436.3769
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**I, Melynda Disla, Executive Director of Gateway Family YMCA certify the value of the match funds that have been committed for the above-mentioned project with the source(s) as detailed above.**

Melynda Disla  
Signature

9/21/23  
Date

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

**RE: Match for FY2023 CoC SuperNOFA Application**

**Project Name:**

[Name, e.g., Elizabeth Housing Authority/Bridgeway – 4U 2023]

Shelter to Home  
ECHH-Gateway Joint PH-RRH-2023

**Project Operating Year:**

October 1, 2023 to September 30, 2024

**Type of Commitment:**

(check where applicable)

X€ Cash    € In-Kind

**Date of Commitment:**

9/24/2023

Match Source	Name of Source (Specify)	Match Amount
Federal	FEMA	\$ 5,000
State	SSH	\$ 9,833
Local	General Funds	\$ 18,000
<b>Match Grand Total:</b>		<b>\$ 32,833</b>

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]

The match will be used for salaries and employee benefits and will be supported with the following documentation

- Payroll registers
- General Ledgers

Rental Assistance – we will provide copies of the vouchers

**I, Linda M. Flores-Tober, Executive Director of the Elizabeth Coalition to House the Homeless certify the value of the match funds that have been committed for the above-mentioned project with the source(s) as detailed above.**



Signature

9/21/2023

Date