

## 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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2023 CoC Program grant competition.
- 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 Continuum of Care (CoC) Program Competition. For more information see the 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 Competition NOFO.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2023 CoC Program NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/25/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

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

### d. Address

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

### e. Organizational Unit (optional)

**Department Name:** Department of Human Services  
**Division Name:**

### 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:**  
**Organizational Affiliation:** Elizabeth/Union County CoC  
**Telephone Number:** (908) 527-4839  
**Extension:**  
**Fax Number:** (908) 558-2562

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**Email:** [ctopolosky@ucnj.org](mailto: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: Union County CoC Planning Project-2023

16. Congressional District(s):

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

b. Project: NJ-007, NJ-008, NJ-010, NJ-012

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 01/01/2025

b. End Date: 12/31/2025

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:** 09/25/2023

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.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: \$322,178.00**

(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:** 09/25/2023

# 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:** 09/25/2023

## **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:** 09/25/2023

# 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:** 09/25/2023

## 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:** 09/25/2023

## 2A. Project Detail

1. **CoC Number and Name:** NJ-515 - Elizabeth/Union County CoC
2. **Collaborative Applicant Name:** County of Union New Jersey
3. **Project Name:** Union County CoC Planning Project-2023
4. **Component Type:** CoC Planning Project Application

## 2B. Project Description

**1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with 24 CFR 578.7:**

Union County Continuum of Care (UC-CoC) consists of 21 municipalities within its geographic area. In 1998, the UC Comprehensive Emergency Assistance Systems Committee (CEAS) decided it was imperative to create a “collaborative” of provider organizations. This would better serve the needs of the community & aid in submitting a stronger application for McKinney-Vento funding. CEAS selected UC Department of Human Services (UCDHS) as the lead entity, thus creating UC-CEAS/CoC. UCDHS was named, by CEAS, as the lead entity for HMIS in 2003. The UC-CoC intends to continue to expand the efficiency & effectiveness of a coordinated, community-based system providing housing & services to the homeless. A Coordinated Assessment System has been developed & implemented. The expansion of the CoC’s evaluation component & data assessment will be the goal of this project. Funds from this project will further grow the effort to combat homelessness by strengthening and developing new existing resources. It is anticipated that the number of participants served & enter into permanent housing will also increase. The CoC will continue to coordinate the housing & services system to meet the needs. This effort will include but not limited to outreach, engagement & assessment; in conjunction with shelter, permanent housing, supportive services & prevention strategies. The CoC organizes, conducts & analyzes the annual PIT Count of homeless persons. The CoC providers host 2 outreach events, 1 on each end of UC, to engage those not housed or connected to mainstream services available throughout the CoC. Outreach events have a number of services at each site: hot food, HIV testing/medical screening, Veterans services, coats/hats, etc., legal advice, employment opportunities, health care, SNAP applications & eye exams. The CoC actively participates annually in the UC & City of Elizabeth (CoE) Consolidated Plan (ConP) process. Staff & provider organizations from the CoC participate in the ConP taskforce meetings where goals/priorities are set. Similarly, they participate in the CoC meetings which help to ensure goals set are in sync, providing a better system of services for consumers. This is a year-round effort by all parties. The CoC works closely with the State, County & CoE to ensure ESG funds are allocated in a strategic fashion to best serve consumers. This project will assist with continued efforts to implement strategic action by analyzing data & focusing on areas within the CoC that need strengthening to best ensure that homelessness is prevented.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

The proposed start of this project is 1/1/2025, with an end date of 12/31/2025.

The success of this project will depend on detailed planning, effective communication, ongoing evaluation and the ability to adapt to changing circumstances while keeping the project on track to meet its objectives within the proposed schedule. Working on developing a CoC system involves improving the coordination and delivery of services across different providers to ensure seamless care.

County staff and provider organizations will meet monthly/quarterly to manage and monitor the CoC system change which will ensure the proposed activities are effective and completed timely. During these meetings, review of services provided will ensure they are in compliance with the proposed activities and determine. As well as if there are any road blocks in meeting the proposed benchmarks. They will brainstorm and seek solutions when road blocks are discovered. Ongoing technical assistance and coordination will be made available to providers to ensure they meet the HUD regulations and requirements. A Coordinated Assessment System has been implemented in the CoC and progress in making the tool efficient is ongoing.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

Funds secured from this project will improve the CoC’s ability to evaluate the outcomes of CoC & ESG projects through the expansion of the UCDHS Internal Monitoring Unit, further determining geographical area to be served by the CoC, and developing a better CoC System.

The effectiveness relies heavily on the ability to evaluate the CoC/ESG outcomes accurately. Requesting funds to improve this process can have several positive impacts on the CoC’s ability to assess and enhance the success of these projects: Data Collection/Analysis Tools, Performance Metrics Development, Quality Assurance/Monitoring, Capacity Building/Training, Outcome Reporting/ Transparency, Continuous Improvement, and Policy Advocacy. Through this funding we will enhance the evaluation of CoC/ESG projects leading to more accurate assessments of their effectiveness, improved program management, increased accountability, compliance and better outcomes for individuals experiencing homelessness. These investments can ultimately help address homelessness more effectively and efficiently throughout Union County.

Determining the CoC service area is a complex process that requires collaboration, data-driven decision-making, and a commitment to addressing homelessness comprehensively. It’s crucial to involve all relevant stakeholders and continuously assess and adapt the service area to meet the evolving needs of the homeless population throughout Union County.

Developing a CoC system requires a multidisciplinary approach and ongoing commitment to excellence in social services delivery. This will require us to regularly reassess and refine our CoC system to ensure that it meets the evolving needs of the homeless population throughout Union County.

Continue the full time monitor position that is dedicated to working with the CoC unit on all CoC/ESG projects to ensure regulation compliance and evaluation of outcomes are met.

### 3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Bi-Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

3a. Written agendas of CoC meetings? Yes

3b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

3c. Process for monitoring outcomes of ESG recipients? Yes

3d. CoC policies and procedures? Yes

3e. Written process for board selection? Yes

3f. Code of Conduct for board members that includes a recusal process? Yes

3g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC’s geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Coordinated Assessment Committee	The CAS subcommittee developed the Coordinated Assessment System utilized by the CoC. The subcommittee monitors the utilization and effectiveness of the Coordinated Assessment System.	Bi-Monthly	Monarch, Gateway YMCA, Salvation Army, Central Jersey Legal Services, Union County Division of IFSS, Union County Office of the Director, Bridgeway Rehabilitation Services, Elizabeth Coalition to House the Homeless and Community Access Unlimited
UC CEAS/CoC Committee	The Union County Comprehensive Emergency Assistance System and Continuum of Care Committee (CEAS/CoC Committee) serves as the primary vehicle for planning and coordinating the delivery of emergency services to the homeless including designated core social services for the homeless and those at-risk of homelessness. The CEAS/CoC Committee is a network of public and private (not-for-profit, for-profit, consumer advocate, volunteer, homeless/formerly homeless persons) entities responsible for integrated and inclusive social services including housing and prevention of homelessness, as well as the development of service priorities and spending plan priorities for homeless funds.	Bi-Monthly	BWY, CCS, CJLS, CAU, Family Promise, YWCA, PHA, EHA, JFS, CHLP, Comm. Hope, CH, Eliz. Coalition to House the Homeless, NJDOE, NJHMFA, VOA, Prev. Links, PROCEED, Salvation Army, Gateway YMCA, UCDHS, UCDHS/DIFSS, UCDHS/DSS
UC Homeless Trust Fund	The Union County Homeless Trust Fund Advisory Board was established based on NJ state legislation permitting local County's to create a County Homeless Trust Fund. The Advisory Board is a network of public & private (private notfor profit, for-profit, consumer advocate, volunteer, homeless/formerly homeless persons) entities responsible for overview of the additional financial resource to assist in moving homeless or formerly homeless individuals toward the goal of permanent affordable housing & selfsufficiency. These funds are utilized in order to provide: rental assistance; supportive services; &prevention services to homeless individuals/families in order to obtain/maintain, or both, affordable & permanent housing.	Semi-Annually	Joanne Rajoppi, Stelio P, Cory Storch, Janice Chapin, Linda Flores- Tober, Bernadette Griswold, Karen Geer, Dalton Laluces, Brandon Givens

<p>UC Code Blue/Emergency Shelter Subcommittee</p>	<p>In an effort to respond to the plight of homeless individuals and families during severe winter weather, UC Dept. of Human Service, in concert with the Div. of Emergency Management and UC Police implemented a CoC wide Code Blue System in December 2007 to prevent death and injury among homeless people during periods of extreme weather conditions. Such conditions include temperatures at or of below 32 degrees Fahrenheit with or without precipitation. The Code Blue/Emergency Shelter Committee meets monthly during the winter season to discuss Code Blue referrals, identify CH Individuals and Families and case conference solutions to provide shelter and housing to those served during Code Blue periods.</p>	<p>Semi-Annually</p>	<p>UCDSS, UC Legal Services, Gateway YMCA, Salvation Army, Family Promise, YWCA, Elizabeth Coalition to House the Homeless, Bridgeway Behavioral Health Services</p>
<p></p>	<p></p>	<p></p>	<p></p>

## 4A. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$80,545
Total Value of All Commitments:	\$80,545

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

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

Type	Source	Contributor	Value of Commitments
In-Kind	Government	Union County	\$80,545

## Sources of Match Details

1. **Type of commitment:** In-Kind
2. **Source:** Government
3. **Name of source:** Union County  
(Be as specific as possible and include the office or grant program as applicable)
4. **Value of Written Commitment:** \$80,545

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## 4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes

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

3. Select a grant term: 1 Year

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	OHHCoC Director @16% & CoC-SHP Coordinator @17.74% FTE+Fringe; CoC meeting expenses/materials, and PIT supplies.	\$36,000
2. Project Evaluation	Program Development Specialist @15% FTE+Fringe	\$13,622
3. Project Monitoring Activities	Program Analyst @100% FTE + Fringe	\$76,475
4. Participation in the Consolidated Plan		
5. CoC Application Activities	DIFSS Director @2.69% FTE + Fringe	\$4,051
6. Determining Geographical Area to Be Served by the CoC	Work with a consultant to conduct a full in-depth data analysis of the Geographical Area including disadvantaged neighborhoods where homeless persons cluster; looking into overall demographics, poverty and income.	\$8,000
7. Developing a CoC System	Work with a consultant to better coordinate services for homeless persons moving through the system. This will help determine and strengthen CoC infrastructure capacity including a Coordinated Entry software/communication system.	\$117,070
8. HUD Compliance Activities	OHHCoC Director @22.38% FTE + Fringe; HMIS User Participation Fees; HMIS Collaborative expenses: equipment, license, support/training, staff, space/operational costs	\$66,960
<b>Total Costs Requested</b>		<b>\$322,178</b>
<b>Cash Match</b>		<b>\$0</b>
<b>In-Kind Match</b>		<b>\$80,545</b>
<b>Total Match</b>		<b>\$80,545</b>
<b>Total Budget</b>		<b>\$402,723</b>

**Click the 'Save' button to automatically calculate the Total Assistance**

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	Match	09/19/2023
2. Other Attachment(s)	No		

## Attachment Details

**Document Description:** Match

## Attachment Details

**Document Description:**

## 5A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

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## Attachment Details

### Document Description:

## 5B. 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:** 09/25/2023

**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

## 6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/19/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/25/2023
1E. SF-424 Compliance	09/19/2023
1F. SF-424 Declaration	09/19/2023
1G. HUD 2880	09/19/2023
1H. HUD 50070	09/19/2023
1I. Cert. Lobbying	09/19/2023

<b>1J. SF-LLL</b>	09/19/2023
<b>IK. SF-424B</b>	09/19/2023
<b>2A. Project Detail</b>	09/19/2023
<b>2B. Description</b>	09/21/2023
<b>3A. Governance and Operations</b>	09/25/2023
<b>3B. Committees</b>	09/25/2023
<b>4A. Match</b>	09/19/2023
<b>4B. Funding Request</b>	09/25/2023
<b>5A. Attachment(s)</b>	09/19/2023
<b>5A. In-Kind MOU Attachment</b>	No Input Required
<b>5B. Certification</b>	09/19/2023



# COUNTY OF UNION

DEPARTMENT OF HUMAN SERVICES  
Debbie-Ann Anderson, Director

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

**BOARD OF  
COUNTY COMMISSIONERS**

SERGIO GRANADOS  
Chairman

KIMBERLY PALMIERI-MOUDED  
Vice-Chairwoman

JAMES E. BAKER, JR.

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ALEXANDER MIRABELLA

REBECCA WILLIAMS

EDWARD T. OATMAN  
County Manager

AMY CRISP WAGNER  
Deputy County Manager

BRUCE H. BERGEN, ESQ.  
County Counsel

JAMES E. PELLETTIERE  
Clerk of the Board

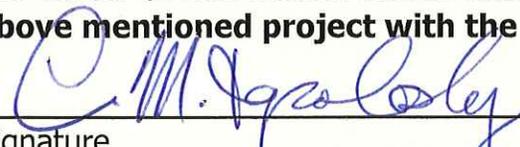
CHRISTINA M. TOPOLOSKY  
Division Director

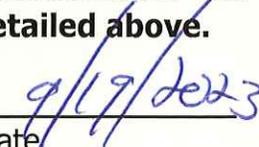
**RE: Match for FY2023 CoC SuperNOFO Application**

<b>Project Name:</b> [Name, e.g., Elizabeth Housing Authority/Homefirst – 4U 2016]	Union County CoC Planning	
<b>Project Operating Year:</b>	Proposed: 1/1/2025-12/31/2025	
<b>Type of Commitment:</b> (check where applicable)	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> In-Kind Services
<b>Date of Commitment:</b>	9/19/2023	
<b>Match Source</b>	<b>Name of Source</b> (Specify)	<b>Match Amount</b>
Federal		
State		
Local	County of Union – County discretionary funds	\$80,545.00
<b>Match Grand Total:</b>		<b>\$80,545.00</b>

The above match funds will be used for salaries.

**I, Christina M. Topolosky, Director of Union County Department of Human Services/Division of Individual & Family Support Services certify the value of the match funds that have been committed for the above mentioned project with the source(s) as detailed above.**

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

S:\Planning\Planning\OHHCoC\Subcontract\CoC-G\2023\Application\CoC Planning\Match Ltr-App.docx

**DIVISION OF INDIVIDUAL & FAMILY SUPPORT SERVICES**

Elizabethtown Plaza

Administration Building  
Elizabeth, NJ 07207 (908)527-4842 fax(908)558-2562

www.ucnj.org

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