

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/29/2024

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

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

d. Address

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

e. Organizational Unit (optional)

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

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

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

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

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

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

12. Funding Opportunity Number: FR-6800-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: EHA/Bridgeway-26U 2024

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 09/01/2025

b. End Date: 08/31/2026

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: 10/29/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

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: \$453,340.00

(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.

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

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

Date Signed: 10/29/2024

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;	

2. Sites for Work Performance.

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

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

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

X

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

Authorized Representative

Prefix: Mr.

First Name: Edward

Middle Name: T.

Last Name: Oatman

Suffix:

Title: County Manager

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

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

Email: eoatman@ucnj.org

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

Date Signed: 10/29/2024

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: 10/29/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 Approved by OMB: 4040-0013 (exp. 02/28/2025)

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

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

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

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

Legal Name: Elizabeth/Union County CoC

Street 1: 10 Elizabethtown Plaza

Street 2: 4th Floor

City: Elizabeth

County: Union

State: New Jersey

Country: United States

Zip / Postal Code: 07207

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Edward

Middle Name: T.

Last Name: Oatman

Suffix:

Title: County Manager

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

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

Email: eoatman@ucnj.org

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

Date Signed: 10/29/2024

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 02/28/2025

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: 10/29/2024

1L. SF-424D

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$435,398

Organization	Type	Sub-Award Amount
Elizabeth Housing Authority	La. Public Housing Authority	\$435,398

2A. Project Subrecipients Detail

a. Organization Name: Elizabeth Housing Authority

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

c. Employer or Tax Identification Number: 22-6001781

d. Unique Entity Identifier: TBR7G96YGXX5

e. Physical Address

Street 1: 688 Maple Ave

Street 2:

City: Elizabeth

State: New Jersey

Zip Code: 07202

f. Congressional District(s): NJ-007, 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: \$435,398

j. Contact Person

Prefix: Ms.

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

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

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

The Housing Authority of the City of Elizabeth (HACE), NJ, has effectively demonstrated a strategic and impactful use of federal funds, particularly through the HOPE VI program. This experience has been marked by a multifaceted approach aimed at transforming outdated public housing into vibrant, sustainable communities. One of the most significant efforts was leveraging a \$28.9 million federal grant to generate over \$110 million in redevelopment investments. These funds were used to replace obsolete public housing units with modern, townhouse-style homes that provided better living conditions for residents. HACE's approach went beyond mere physical redevelopment. They also implemented comprehensive wraparound services and supportive programming designed to enhance residents' quality of life. These services included job training, education programs, and economic development initiatives aimed at helping residents achieve self-sufficiency. Through these efforts, the Housing Authority not only improved housing but also addressed the socioeconomic needs of the community, providing residents with the tools to thrive. The success of this revitalization lies in HACE’s ability to coordinate with federal, state, and local agencies, as well as engage private sector partners. Their experience showcases an effective blend of leveraging resources, developing infrastructure, and fostering community empowerment, transforming Elizabeth’s public housing landscape into a model of sustainable urban redevelopment.

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

In addition, specifically (HACE) has been highly effective in utilizing its Mainstream Voucher allocation, similar to the proposed program application for funding and which is designed to assist non-elderly individuals with disabilities. These vouchers are part of the federal government’s effort to provide housing assistance to a vulnerable population, helping them secure stable, affordable housing in the private market. Through the Mainstream Voucher program, HACE provides rental assistance to individuals who might otherwise struggle to find and maintain housing due to disabilities. In addition to providing financial support for housing, HACE integrates the Mainstream Voucher program with a range of supportive services. These services might include case management, access to healthcare, job training, and life skills development, all aimed at promoting long-term stability and self-sufficiency for the voucher holders. The Housing Authority of the City of Elizabeth (HACE) has a well-structured and diversified financial framework that enables it to effectively manage its housing programs, community services, and revitalization projects. As a public housing authority, its financial structure revolves around the efficient allocation of federal, state, and local funding, complemented by public-private partnerships and income generated from various housing programs.

1. **Federal Funding:** HACE primarily relies on federal sources of funding, particularly from the U.S. Department of Housing and Urban Development (HUD). Key federal programs that contribute to its financial structure include:
Public Housing Operating Fund: Supports the day-to-day operations and maintenance of public housing developments.
Public Housing Capital Fund: Provides funding for capital improvements, such as the modernization or rehabilitation of existing housing units.
Section 8 Housing Choice Voucher Program: A major source of funding for rent subsidies, helping low-income families afford private market housing.
HOPE VI and Choice Neighborhoods Grants: These competitive federal grants support large-scale revitalization efforts, as seen in HACE's neighborhood transformation projects.

2. **Leveraging Federal Funds for Investment:** HACE has demonstrated an ability to multiply federal dollars through strategic financial management. For example, during its HOPE VI revitalization project, HACE leveraged \$28.9 million in federal funds to attract over \$110 million in total redevelopment investment. This was achieved by combining federal grants with private capital, loans, and other sources of funding, amplifying the impact of initial federal investments.

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

Budgetary Oversight and Management: HACE operates with stringent financial oversight to ensure compliance with federal and state regulations. This includes annual audits, financial reviews, and transparency in budgeting. Efficient financial management has enabled HACE to maintain strong relationships with funding bodies and secure ongoing investments for its projects.

Conclusion: HACE's financial structure is a blend of federal funding, strategic leveraging of investments, public-private partnerships, tenant income, and state/local contributions. This multifaceted approach enables the Housing Authority of the City of Elizabeth to finance not only housing development but also essential community services and neighborhood revitalization, making a significant impact on residents' quality of life.

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

3A. Project Detail

- 1. CoC Number and Name: NJ-515 - Elizabeth/Union County CoC
- 2. CoC Collaborative Applicant Name: County of Union New Jersey

- 3. Project Name: EHA/Bridgeway-26U 2024

- 4. Project Status: Standard

- 5. Component Type: PH

- 5a. Select the type of PH project: PSH

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

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

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

- 10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

This rental assistance program assists homeless families or individuals by providing housing and/or services needed to help them move into housing, with the goal of long-term stability. Shelter plus care is designed to link rental assistance to supportive services for hard-to-serve homeless persons with disabilities (primarily those who are seriously mentally ill; have chronic problems with alcohol, drugs, or both; or have acquired immunodeficiency syndrome (AIDS) and related diseases) and their families. The Housing Authority of the City of Elizabeth administers the rental assistance voucher and Bridgeway Behavioral Health Services provides the supportive services including intake, case management, and housing supports.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	60			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity	365			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

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

n/a

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

(Select ALL that apply)

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

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

5. Housing First

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

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

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

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

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

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

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

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

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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

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

A renewal project where 100 percent of the beds were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

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

3C. Project Expansion Information

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

4A. Supportive Services for Participants

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

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

Utilizing the first housing model, the goal for this project will be to get the individual/family (participant) back into permanent housing as quickly as possible. In doing so Bridgeway will assess the individual/family for strengths, needs, barriers to community-based linkages that are applicable. Bridgeway worker will use the coordinated assessment assist with the assessment.

The worker will then link the participant with identified landlords for the housing search/location process. Every effort will be made to find housing in the community of choice. The worker will be the liaison with the landlord and application process to minimize barriers for the participant. Bridgeway and the Housing Authority of the city of Elizabeth work closely together during this process to maximize the participants' success with locating housing.

The worker will work with the participant throughout the moving in process including walk through with the apartment to ensure the apartment readiness, arranging for movers if needed, setting up the apartment, and to obtain any necessary furniture/household items for the apartment thru donations or furniture vouchers.

Once the participant is housed, the worker will develop a service plan with the individual to identify goals and resources the participant needs to maintain housing stability. Through this plan, the worker will provide wrap around support thru linkages to needed services including mental health, substance abuse, financial, legal, medical, education or vocational, etc. The worker will provide weekly outreach to the participant to ensure housing stability. The worker is trained to provide supportive counseling thru the use of motivational interviewing, cognitive behavioral techniques and to assess any ongoing mental health and/or substance abuse needs. The worker will review the service plan with the participant to review goals achieved and to see if there are any other identified needs. Referrals to Bridgeway supportive housing will be made for any eligible individuals that need more intensive support. The worker will enter all information into the HMIS program for this project.

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

Bridgeway workers will provide engagement, assessment, housing identification services, move in assistance, and case management including home visits. The times and hours will be flexible according to the needs of the participants of this project. The following services will be:

Engagement – Providing engagement services is the crucial step in building trust. The worker begins, building rapport, and becomes a familiar face. Relationship building is facilitated by providing regular and consistent outreach. The worker assists with immediate needs which include assessing safety and any medical concerns, and assisting with the basic needs of food, clothing and shelter. An engagement plan will be developed to outline the steps needed to link to community resources.

Coordinated Assessment- Bridgeway utilizes the coordinated assessment to provide a thorough assessment participants needs. The coordinated assessment is faxed when the referral to community services is being made. Housing Identification Services – These services include partnering with landlords to quickly identify housing availability, assisting with locating housing in areas of their choice, assist with any barriers that arise with housing, and assistance with completing applications.

Case Management- Case management services will include advocacy, networking, and service linkages. Through our work with the Bridgeway PATH and supportive housing team, we have established many community partnerships in which we are able to facilitate linkages in a timely manner, most times within the same day. The workers will provide weekly home visits to ensure a smooth transition to permanent housing. The worker will help troubleshoot any problems or barriers that may arise during the initial tenancy. Individuals identified for this initiative will have case management services including linkages to needed community support are in place for ongoing support. Bridgeway has on call after hours support for any needs arising.

Bridgeway utilizes a holistic approach assessing all eight dimensions of wellness. All individuals of the program will be provided with the following linkages as identified by the coordinated assessment:

Housing: Bridgeway already has a good relationship with several landlords in the area for apartments. Individuals in this program.

Substance Abuse Services: Trinitas substance abuse services, PROCEED, Summit Oaks.

Co-Occurring Services: (for both mental health and substance abuse) CenterPath formally UCPC), Trinitas Intensive Outpatient Services.

Financial Linkages: Union County Social Services, Social Security, Union County Unemployment Office, Linden Welfare. Bridgeway worker is trained in SSI/SSDI Outreach, Access and Recovery (SOAR) program to secure social security entitlements rapidly for homeless individuals.

Mental Health Treatment: Trinitas Outpatient and Partial Hospital services, Bridgeway, CenterPath, Occupational Center of Union County, Mt. Carmel Guild of Union County.

Medical Services: Neighborhood Health Services Corporation, Trinitas Medical Center, Primary Care Physicians,

Career Services: One-Stop Career Services, Division of Vocational Rehabilitation, Bridgeway Supportive Employment and Education Services.

Other resources including spiritual, transportation, and any other resource linkage will be provided.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Partner	Weekly
Assistance with Moving Costs	Partner	As needed
Case Management	Partner	Weekly
Child Care	Partner	As needed
Education Services	Partner	Weekly
Employment Assistance and Job Training	Partner	Weekly
Food	Partner	Monthly
Housing Search and Counseling Services	Subrecipient	Weekly
Legal Services	Partner	As needed
Life Skills Training	Partner	Weekly
Mental Health Services	Partner	Weekly
Outpatient Health Services	Partner	Monthly
Outreach Services	Partner	Daily
Substance Abuse Treatment Services	Partner	Weekly
Transportation	Partner	As needed
Utility Deposits	Partner	As needed

Identify whether the project will include the following activities:

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

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

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

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

4B. Housing Type and Location

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

Total Units: 26

Total Beds: 34

Total Dedicated CH Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	26	34	0

4B. Housing Type and Location Detail

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

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

a. **Units:** 26

b. **Beds:** 34

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

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

3. 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 survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

Street 1: 688 Maple Ave

Street 2:

City: Elizabeth

State: New Jersey

ZIP Code: 07202

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

349039 Union County

5A. Project Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	4	22		26
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	3	20		23
Persons ages 18-24	1	2		3
Accompanied Children under age 18	8			8
Unaccompanied Children under age 18				0
Total Persons	12	22	0	34

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24				1	1	1				
Persons ages 18-24				1						
Children under age 18										8
Total Persons	0	0	0	2	1	1	0	0	0	8

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	3		3	3	3	4		2	2	
Persons ages 18-24				1	1					
Total Persons	3	0	3	4	4	4	0	2	2	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

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

These are the children in the households with at least one adult and one child.

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

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

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

4. Select a grant term: 1 Year



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

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

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

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

6E. Rental Assistance Budget

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

Total Annual Assistance Request:	\$417,456
Grant Term:	1 Year
Total Request for Grant Term:	\$417,456
Total Units:	26

The number of beds for which funding has been requested in the Rental Assistance budget is 26.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NJ - Newark, NJ HUD Metro FMR Area (3...	26	\$417,456

Rental Assistance Budget Detail

Instructions:

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

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

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

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

FMR: These fields are populated with the FY 2023 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$847	x	12	=	\$0
0 Bedroom		x	\$1,129	x	12	=	\$0
1 Bedroom	26	x	\$1,338	x	12	=	\$417,456

2 Bedrooms		x	\$1,606	x	12	=	\$0
3 Bedrooms		x	\$2,038	x	12	=	\$0
4 Bedrooms		x	\$2,394	x	12	=	\$0
5 Bedrooms		x	\$2,753	x	12	=	\$0
6 Bedrooms		x	\$3,112	x	12	=	\$0
7 Bedrooms		x	\$3,471	x	12	=	\$0
8 Bedrooms		x	\$3,830	x	12	=	\$0
9 Bedrooms		x	\$4,190	x	12	=	\$0
Total Units and Annual Assistance Requested	26						\$417,456
Grant Term							1 Year
Total Request for Grant Term							\$417,456

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

In FY2024, 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 BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

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



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

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

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

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$0
Total Amount of In-Kind Commitments:	\$113,335
Total Amount of All Commitments:	\$113,335

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	Name of Source	Amount of Commitments
In-Kind	Government	NJDMHS	\$113,335

Sources of Match Detail

1. Type of Match commitment: In-Kind

2. Source: Government

3. Name of Source: NJDMHS

(Be as specific as possible and include the office
or grant program as applicable)

4. Amount of Written Commitment: \$113,335

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.

6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$417,456	1 Year	\$417,456
4. Supportive Services (Screen 6F)	\$0	1 Year	\$0
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
 7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$417,456
10. Admin (Up to 10% of Sub-total in #9)			\$35,884
11. HUD funded Sub-total + Admin. Requested			\$453,340
12. Cash Match (From Screen 6I)			\$0
13. In-Kind Match (From Screen 6I)			\$113,335
14. Total Match (From Screen 6I)			\$113,335
15. Total Project Budget for this grant, including Match			\$566,675

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	BWY Non-Profit	10/07/2024
2) Other Attachment(s)	No	Match Ltr	10/17/2024
3) Other Attachment(s)	No		

Attachment Details

Document Description: BWY Non-Profit

Attachment Details

Document Description: Match Ltr

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

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

Attachment Details

Document Description:

7D. Certification

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

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

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

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

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

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

- 5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.
- 6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.
- 7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.
- 8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Edward Oatman

Date: 10/29/2024

Title: County Manager

Applicant Organization: Elizabeth/Union County CoC

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B. Submission Summary

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

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	10/24/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/29/2024
1E. SF-424 Compliance	10/24/2024
1F. SF-424 Declaration	10/24/2024
1G. HUD 2880	10/24/2024
1H. HUD 50070	10/24/2024
1I. Cert. Lobbying	10/24/2024
1J. SF-LLL	10/24/2024
1K. SF-424B	10/24/2024
1L. SF-424D	10/24/2024
2A. Subrecipients	10/24/2024
2B. Experience	10/28/2024
3A. Project Detail	10/24/2024
3B. Description	10/29/2024
3C. Expansion	10/24/2024
4A. Services	10/29/2024
4B. Housing Type	10/24/2024
5A. Households	10/29/2024
5B. Subpopulations	10/24/2024
6A. Funding Request	10/24/2024
6E. Rental Assistance	10/24/2024
VAWA Budget	No Input Required
6I. Match	10/24/2024
6J. Summary Budget	No Input Required
7A. Attachment(s)	10/24/2024

7A. In-Kind MOU Attachment	No Input Required
7D. Certification	10/24/2024

Department of the Treasury
Internal Revenue Service

DEN UT 84201-0046

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

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

Taxpayer Identification Number: 22-2257891

Dear Taxpayer:

Thank you for the inquiry dated June 27, 2003.

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

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

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

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

Telephone Number () _____ Hours _____

Internal Revenue Service
District Director

Department of the Treasury

Date:

DEC 9 1981

Our Letter Dated:

January 25, 1980

Person to Contact:

J. Liboff

Contact Telephone Number:

(201) 645-3266

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

Gentlemen:

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

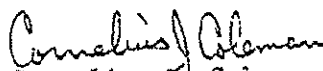
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) *. Your exempt status under section 501(c)(3) of the code is still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

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

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

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

Sincerely yours,


Cornelius J. Coleman
District Director

*Ltr 176(b)(1)(A)(vi)



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

RE: Match for FY2025 CoC SuperNOFA Application

Project Name:

[Name, e.g., Elizabeth Housing Authority/Bridgeway – 4U 2025]

BWY-EHA-26U-2025

Project Operating Year:

08/01/2025-07/31/2026

Type of Commitment:

(check where applicable)

Cash In-Kind

Date of Commitment:

10/1/2024

Match Source	Name of Source (Specify)	Match Amount
Federal		\$
State	Bridgeway-NJ Division of Mental Health Services	\$112,864
Local		\$
Match Grand Total:		\$112,864

The above noted *in kind* match funds will be used for direct services to person served in this project. We utilize the match for direct services which include housing, case management, linking and monitoring services mental health, substance abuse, legal services, and financial resources. We provide supportive counseling to teach daily living skills and supportive education/employment services. The cost is calculated by the amount of units the direct care staff, average salary of 45K, spend with each person served serviced in this project.

I, Cory Storch, President & CEO of Bridgeway Behavioral Health Services certify the value of the match funds that have been committed for the above-mentioned project with the source(s) as detailed above.

Cory Storch
Signature

10/15/24
Date