

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

1A-2. Collaborative Applicant Name: County of Union New Jersey

1A-3. CoC Designation: CA

1A-4. HMIS Lead: NJ Department of Community Affairs

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	4
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	2
4.	Community Mental Health Center (CMHC)	Yes	5
5.	Disability Advocate(s)	Yes	5
6.	Disability Service Organization(s)	Yes	4
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	4
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	3
9.	Faith-based Organization(s)	Yes	4
10.	Homeless or Formerly Homeless Person(s)	Yes	3
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	5
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	4
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	2
16.	Local Government Staff/Official(s)	Yes	5

17.	State Government Staff/Official(s)	Yes	5
18.	State or Local Elected Public Official(s)	Yes	5
19.	Local Jail(s)	Yes	3
20.	Mental Health Service Organization(s)	Yes	5
21.	Mental Illness Advocate(s)	Yes	3
22.	Organization(s) led by and serving people with disabilities	Yes	4
23.	Other homeless subpopulation advocate(s)	Yes	6
24.	Other nonprofit homeless assistance provider(s)	Yes	8
25.	Other social service provider(s)	Yes	8
26.	Public Housing Agencies	Yes	5
27.	Recovery Housing or Sober Living Provider(s)	Yes	4
28.	School Administrators/Homeless Liaison(s)	Yes	5
29.	School District(s)	Yes	7
30.	Street Outreach Team(s)	Yes	5
31.	Substance Abuse Advocate(s)	Yes	3
32.	Substance Abuse Service Organization(s)	Yes	4
33.	Universities	Yes	2
34.	Veteran Serving Organization(s)	Yes	3
35.	Agencies Serving Survivors of Human Trafficking	Yes	3
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	No	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	3
42.	Youth Homeless Organization(s)	Yes	4
43.	Youth Service Provider(s)	Yes	4
44.	Other Homeless Assistance Provider(s)	Yes	6
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	3
	Other: (limit 50 characters)		
46.	Food pantry & congregate feeding site	Yes	5
47.	Local houses of worship	Yes	5

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Elizabeth/Union County CoC maintains an open and transparent membership process that welcomes interested organizations, community partners, and individuals throughout Union County. An Open Invitation to join the CoC Committee is posted on the Union County website under Human Services and CoC Homeless Services and is incorporated into the CoC Committee By-laws. CoC meetings are open to the public, and meeting information is posted on the County website so interested individuals and organizations can participate without already being members.

The CoC also uses an extensive email distribution list to reach existing and prospective participants and share information on homelessness, available shelter and permanent housing beds, new housing programs and vouchers, Rapid Re-Housing opportunities, meetings, and other relevant resources. CoC staff and members regularly invite additional organizations and individuals to participate. Individuals experiencing homelessness are encouraged to attend, and member organizations are asked to involve people they serve so their experiences can inform the CoC's work. Outreach also extends to organizations and County offices representing diverse communities, including the Office for Persons with Disabilities & Special Needs, Office on Women, Office of Community Engagement & Diversity, and PROCEED, Inc. These practices provide multiple, publicly accessible opportunities for new members to become involved in the CoC.

The CoC has an open and rolling membership process.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The Elizabeth/Union County CoC solicits input from a broad range of organizations and individuals with knowledge of homelessness or an interest in preventing and ending homelessness. Participants include housing developers and providers, housing advocates, emergency shelters, social service agencies, public entities, public housing authorities, education liaisons, law enforcement, faith-based organizations, consumers, and agencies administering TANF, GA, SNAP, Medicaid, and other public benefits. Members are encouraged to raise emerging needs, assess strategies & best practices, provide feedback on system performance, data analytics, and participate in discussions that shape CoC priorities. Guest speakers also present information on new programs, benefits, resources, and initiatives that may affect the local response to homelessness.

The full CoC meets six times each year, with additional work conducted through the Code Blue/Motel, Coordinated Assessment, HSAC Sub-Group: Housing and Ranking Committees. These committees are open to interested CoC and non-CoC agencies and bring recommendations and issues back to the full membership for consideration. CoC matters are also a standing agenda item for the Union County Human Services Advisory Council (HSAC), a State-mandated body addressing social service, safety-net, and advocacy issues, providing an additional forum for considering funding priorities, service gaps, and community concerns. Meetings are publicly announced through the Union County website and County distribution lists and are supported by virtual participation, electronic materials, closed captioning, and accommodations upon request.

Community perspectives are further captured through Union County's Countywide Needs Assessment, which was updated in 2024 using focus groups and surveys addressing housing, mental health, food, employment, and other needs. Its findings informed the County's 2024-2026 Strategic Plan and provide additional community-level information for evaluating needs and establishing priorities.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

In July 2026, the Elizabeth/Union County CoC issued a written solicitation for the HUD CoC Program Competition to service providers throughout Union County and posted it publicly on the Union County website under Human Services and CoC Homeless Services. The solicitation was distributed to both currently funded and non-funded organizations through established County distribution lists, including organizations serving people experiencing homelessness, youth, veterans, survivors of domestic violence and human trafficking, individuals with substance use and behavioral health needs, and other populations, as well as faith-based and community organizations. Prospective applicants were required to submit a letter of intent and proposal electronically to the CoC lead agency, and technical assistance was available regarding local funding priorities, eligible activities, and application requirements. Organizations were eligible to compete regardless of whether they had previously received CoC Program funding. Submitted proposals were considered through the CoC's established evaluation and ranking process, which reviewed factors including sponsor capacity, project type, prioritization of people experiencing chronic homelessness, use of a Housing First approach, budget appropriateness, and participation in local CoC planning. The CoC received proposals from organizations that were not currently receiving CoC Program funding, demonstrating that the public solicitation and competition provided new organizations with an opportunity to seek funding alongside existing recipients.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The Elizabeth/Union County CoC uses a comprehensive approach to reducing homelessness that spans prevention, street outreach, emergency shelter, housing interventions, and supportive services. Prevention resources include the County Homeless Trust Fund and discretionary County funding, which supplement federal and State assistance for households facing eviction and other housing emergencies, as well as emergency assistance available through the Union County Division of Social Services. Shelter diversion offers flexible assistance and problem-solving for households that may otherwise enter emergency shelter. For people already experiencing homelessness, street outreach, meal distribution, mobile shower and laundry services, resource fairs, and other community-based activities provide opportunities for engagement and access to assistance. Households requiring homeless assistance enter a system that includes emergency shelter, transitional housing, Rapid Re-Housing, Permanent Supportive Housing, and supportive services. Coordinated Entry and case conferencing help match available interventions to household circumstances, with particular attention to people experiencing chronic homelessness, survivors of domestic violence, persons with disabilities, and other highly vulnerable populations. Housing First practices reduce barriers to placement, while landlord engagement, affordable housing development, and subsidized housing vouchers expand opportunities for permanent housing. Mental health and substance use treatment, healthcare, employment assistance, legal services, public benefits, education, veterans' services, and victim services supplement these housing interventions based on individual needs.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	0%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

N/A – NJ-515 Elizabeth/Union County CoC is not a rural CoC.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The Elizabeth/Union County CoC works with mental health, substance use disorder, and healthcare providers to ensure that individuals experiencing homelessness can access outpatient behavioral health care. Providers participating in the CEAS/CoC share information on available programs, levels of care, eligibility requirements, referral procedures, and treatment resources. Representatives from detoxification, substance use treatment, mental health, recovery support, and mainstream benefit programs participate in CoC meetings, while new programs are invited to present their services and resource updates are distributed throughout the provider network.

Housing and service providers also assist participants in obtaining Medicaid and other mainstream benefits that can support continued access to treatment. Legal Services of Central Jersey and the Community Health Law Project participate in CEAS/CoC meetings and assist individuals who encounter other legal issues. Bridgeway Behavioral Health Services, a CoC partner providing behavioral health and supportive housing services, is SOAR certified and provides CoC-wide SOAR training as available. These relationships help address financial, benefit, and referral barriers that could otherwise interrupt behavioral health treatment while an individual is experiencing homelessness or transitioning into housing.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

The Elizabeth/Union County CoC provides access to peer support and recovery navigation through behavioral health, substance use treatment, and recovery service partners. Bridgeway Behavioral Health Services' Homeless Outreach Support Team (HOST) serves individuals experiencing homelessness in Union County with serious mental illness, serious emotional disturbance, and/or co-occurring substance use disorders. HOST incorporates peer and other recovery supports alongside care management, behavioral health referrals, housing assistance, and community-based resources.

Additional recovery assistance is available through Union County Helping Hands 365, a 24/7 hotline staffed by Peer Recovery Specialists who draw on lived recovery experience to engage individuals, provide guidance, and facilitate access to treatment. Residents can also utilize peer-based resources such as the Peer Recovery Warmline and the Mental Health Association in New Jersey's Peer Outreach Support Team. These options give individuals experiencing homelessness or housing instability several avenues to speak directly with peers, navigate treatment and recovery resources, and maintain support throughout the recovery process.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The Elizabeth/Union County CoC identifies individuals experiencing serious mental illness through street outreach, Coordinated Entry, emergency shelter, case management, and referrals from behavioral health and community-based providers. Bridgeway Behavioral Health Services' Homeless Outreach Support Team (HOST) provides a key point of engagement for individuals experiencing homelessness with serious mental illness, serious emotional disturbance, and/or co-occurring substance use disorders. HOST combines mobile outreach with care management, peer and recovery supports, behavioral health referrals, housing assistance, and other resources needed to address immediate barriers. Individuals requiring a more intensive level of community-based treatment can access Bridgeway's Program of Assertive Community Treatment (PACT) teams in Elizabeth, Plainfield, and Union. PACT provides intensive care management and treatment, including psychiatric services and medication management, while linking participants with outpatient treatment, substance use services, vocational assistance, family support, and other resources. Case conferencing and communication between homeless service, housing, and behavioral health providers allow emerging needs to be addressed while individuals pursue permanent housing. This combination of assertive outreach, intensive treatment, and housing assistance is intended to help people with serious mental illness remain engaged in care and maintain greater stability in the community; meeting people where they are through mobile outreach.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The Elizabeth/Union County CoC partners with Bridgeway Behavioral Health Services; operates Justice Involved Services (JIS) for individuals with mental health diagnoses involved in the criminal justice system; providing jail-diversion services & access to mental health & substance use treatment, housing, benefits, employment, community supports, & legal advocacy. The CoC works closely with the County's Division of Children & Youth Services to deliver effective/accessible programs through courts.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

Bridgeway Behavioral Health Services' Justice Involved Services (JIS) provides a pathway for individuals with mental health diagnoses involved in the criminal justice system to address behavioral health, housing, and other needs in the community. JIS offers jail-diversion services for eligible individuals and assists participants in accessing mental health and substance use treatment, housing, public benefits, employment and education resources, community supports, and legal advocacy. Housing and benefit assistance addresses immediate barriers that can contribute to instability, while treatment, employment, education, and other community-based supports help participants work toward greater independence. Bridgeway's legal advocacy also assists participants in navigating justice-system requirements while remaining engaged in treatment and services.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The Elizabeth/Union County CoC works with Union County's behavioral health crisis system, including the 988 Suicide & Crisis Lifeline, Trinitas Regional Medical Center's Mobile Community Outreach, and Bridgeway Behavioral Health Services' Crisis Intervention Services. These resources provide crisis screening, intervention and stabilization, mobile/community-based assistance, and access to ongoing behavioral health care for people experiencing mental health or substance use crises.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	200

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The Elizabeth/Union County CoC partners with Bridgeway Rehabilitation Services, which operates the SAMHSA Projects for Assistance in Transition from Homelessness (PATH) Outreach program in Union County. As a CoC partner, Bridgeway provides outreach, behavioral health services, supportive housing, and assistance accessing treatment, benefits, and housing for individuals experiencing homelessness with serious mental illness.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

Union County CoC does not operate any CoC Program-funded project that meets HUD's definition of "sober housing" under 24 CFR 578.93(b)(5). All CoC-funded Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing projects in the CoC adhere to Housing First requirements and do not require sobriety, abstinence, or participation in recovery programs as a condition of entry or continued housing. The CoC will continue to outreach to new partners to expand efforts within the CoC.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The Elizabeth/Union County CoC uses direct referrals and provider-to-provider communication to help individuals receiving behavioral health, substance use treatment, crisis, outreach, and recovery services access housing assistance before they enter or return to homelessness. When a housing need is identified, the referring provider can engage Coordinated Entry or a housing provider on the individual's behalf, share relevant information as permitted, and help establish the next point of contact rather than simply providing the individual with information and expecting them to navigate the process independently.

Bridgeway's HOST, PATH Outreach, Justice Involved Services, and Crisis Intervention Services provide important points of engagement for individuals who may be experiencing behavioral health crises, leaving institutional or justice-system settings, or otherwise facing housing instability. Staff can help address immediate behavioral health needs while initiating referrals for housing, benefits, treatment, and other assistance. The CoC's no-wrong-door structure will allow these referrals to enter the housing system through the provider already working with the individual, reducing the likelihood that the person will lose contact while moving between systems. Case conferencing can be used when additional problem-solving is needed, particularly for individuals with complex housing and service needs. Housing providers, outreach teams, shelters, and behavioral health partners can address eligibility issues, documentation needs, benefits, treatment access, and other barriers that could delay placement. This approach is also used preventively during treatment transitions, behavioral health crises, and other circumstances that could place an individual's housing at risk, with the goal of establishing a housing connection before homelessness occurs.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$5,851,737
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,200,503
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	21%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$1,079,779
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	39%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%
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1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The Elizabeth/Union County CoC consults with ESG recipients as part of the planning and allocation of ESG funding and will continue this coordination to ensure that ESG resources respond to identified needs within the local homeless response system. The CoC brings together CoC- and ESG-funded providers and other community partners through the CEAS/CoC planning process, providing a forum to discuss homelessness trends, service needs, system gaps, funding priorities, and opportunities to improve coordination across programs. The CoC also supports ESG planning by providing Point-in-Time (PIT) Count and Housing Inventory Count (HIC) data to Consolidated Plan jurisdictions within the geographic area and ensuring that local homelessness information is incorporated into Consolidated Plan updates. HMIS data, PIT/HIC findings, provider feedback, monitoring information, and other available system data help inform discussions regarding community needs and the use of available resources. Consultation continues beyond the initial allocation of funding. The CoC coordinates with ESG recipients in evaluating and reporting the performance of ESG recipients and subrecipients and considers the performance of CoC- and ESG-funded programs as part of its broader review of the homeless response system. Through continued CEAS/CoC participation, data sharing, performance review, and discussion of emerging needs, the CoC will continue working with ESG recipients to align ESG investments with local priorities and strengthen the community's response to homelessness.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The Elizabeth/Union County CoC coordinates with emergency shelter providers through its Coordinated Entry system and the broader CEAS/CoC network to connect individuals and families experiencing homelessness with appropriate CoC assistance. Shelter providers participate in the local homeless response system and help identify households that need housing and supportive services. Through the CoC's no-wrong-door approach, individuals and families entering or seeking emergency shelter can be connected to Coordinated Entry, assessed using standardized procedures, and referred to available housing interventions and services based on their needs and vulnerability.

Shelter providers also participate in case coordination and case conferencing with CoC partners to help identify appropriate housing options and address barriers that may delay movement from shelter to permanent housing. Coordinated Entry prioritizes households with the greatest needs, including people experiencing chronic homelessness, survivors of domestic violence, persons with disabilities, and other highly vulnerable populations. Depending on household needs and eligibility, connections may include Rapid Re-Housing, Permanent Supportive Housing, transitional housing, mainstream benefits, behavioral health and substance use services, employment assistance, and other community-based supports. Coordination also occurs through the CEAS/CoC and its committees, where shelter and housing providers share information on system needs, available resources, service gaps, and emerging issues affecting people experiencing homelessness. HMIS supports this coordination by providing information on households served and system utilization. These connections help ensure that emergency shelter functions as an entry point to the broader homeless response system and that individuals and families are linked with available CoC housing and services intended to support movement from homelessness to stable housing.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The Elizabeth/Union County CoC shares PIT, HIC, HMIS, and System Performance data with State and local government partners, as permitted by applicable privacy and confidentiality requirements, to support planning and decision-making within the homelessness response system. Aggregate data is used to provide government partners with information on the number and characteristics of individuals and families experiencing homelessness, available housing and shelter capacity, patterns in system utilization, and outcomes achieved through the local homeless response system.

PIT and HIC results provide State and local partners with information on sheltered and unsheltered homelessness and the inventory of housing and shelter resources available within Union County. HMIS and System Performance data provide additional information on trends and outcomes, including length of time homeless, returns to homelessness, first-time homelessness, exits to permanent housing, and housing retention. The CoC uses these data with the Union County Department of Human Services, CEAS/CoC, and other appropriate government partners to identify emerging needs, evaluate system performance, identify service and housing gaps, and inform funding and program priorities. The CoC also provides PIT and HIC information to Consolidated Plan jurisdictions within its geographic area so local homelessness needs can be reflected in broader housing and community development planning. Data is reviewed alongside provider feedback and other local information to guide decisions regarding prevention, outreach, emergency shelter, Rapid Re-Housing, Permanent Supportive Housing, and supportive services. The CoC will continue sharing aggregate and otherwise permissible homelessness data with State and local government partners to strengthen coordination and ensure that planning and resource decisions are informed by current information on homelessness in Union County.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The Elizabeth/Union County CoC uses multiple sources of information alongside HMIS to better understand the needs of individuals and families experiencing homelessness and coordinate appropriate services. HMIS data is supplemented by information obtained through Coordinated Entry assessments, case conferencing, street outreach, shelter and housing providers, behavioral health and substance use treatment providers, healthcare organizations, and other community partners. These sources provide additional information about an individual's housing history, health and behavioral health needs, service utilization, and other barriers that may affect housing stability.

The CoC also coordinates with hospitals, behavioral health providers, law enforcement, correctional facilities, and other public systems serving individuals who are experiencing or at risk of homelessness. Information that can be appropriately shared is used during referrals, discharge planning, outreach, and case coordination to help identify housing and service needs and connect individuals with appropriate resources. For individuals leaving hospitals, treatment settings, correctional facilities, or other institutions, coordination with community providers helps identify available housing, benefits, treatment, and supportive services intended to reduce the risk of discharge into homelessness. At the system level, HMIS findings are considered alongside PIT and HIC results, Coordinated Entry information, provider feedback, County needs assessments, and other available local data to identify trends and gaps that may not be apparent from HMIS alone. The CEAS/CoC uses this information to inform planning, prioritize resources, and improve coordination among housing, healthcare, behavioral health, justice-system, and other community partners while maintaining applicable privacy and confidentiality protections.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The Union County Department of Human Services is the Union County American Job Center operator that supports the network through the partnerships with the Union County Workforce Development Board and the NJ Department of Labor.

The Elizabeth/Union County CoC partners with the Union County American Job Center as well as the United Way of Greater Union-Youth Workforce Development, which serves as a key workforce development resource and participates in the CEAS/CoC network. The American Job Center provides individuals experiencing or at risk of homelessness with access to employment and workforce development services, including job-search assistance, career guidance, employment & training resources, business services, and connections to workforce programs. Its participation in the CEAS/CoC helps connect homeless service and housing providers with the County's workforce development system and provides a pathway for individuals receiving housing assistance to access employment-related services that can support increased income and long-term housing stability.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

The Elizabeth/Union County CoC's street outreach providers work with law enforcement, emergency medical personnel, and other first responders to identify and engage individuals experiencing unsheltered homelessness and connect them with housing and supportive services. Outreach teams make repeated contacts with individuals who may be reluctant to seek assistance, provide basic necessities such as food, water, and hygiene supplies, and communicate when they will return to help build trust and maintain engagement. These ongoing interactions create opportunities to connect individuals with Coordinated Entry, emergency shelter, behavioral health and substance use services, mainstream benefits, and available permanent housing resources.

Bridgeway Behavioral Health Services & BRIDGES supports coordination between street outreach and first responders by providing outreach bracelets to individuals who have been engaged by its team. The bracelets allow police officers, emergency medical personnel, and other first responders who encounter an individual to recognize that the person is already connected with an outreach provider and facilitate coordination with Bridgeway when appropriate. This approach helps first responders connect individuals with existing service relationships rather than requiring them to navigate the homeless response system on their own. Through continued communication among outreach providers, law enforcement, first responders, and other CoC partners, the CoC works to increase positive interactions with people experiencing unsheltered homelessness, strengthen engagement with services, and create pathways from the street to shelter and permanent housing.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

Union County's CoC and its funded recipients support family and support-network reunification as part of housing stabilization for individuals and families experiencing homelessness. Reunification efforts are voluntary, trauma-informed, and integrated into case management across TH, RRH, PSH, and Joint projects.

Case managers help participants identify family or natural supports who may contribute to long-term stability. Providers assist with communication through phone calls, virtual meetings, and written outreach, and offer mediation when needed to rebuild relationships—especially for youth and young adults. When reunification requires travel, programs may provide bus passes, train fare, or mileage reimbursement, coordinated with safety planning for survivors of violence or individuals with behavioral health needs.

If a participant's support network is outside Union County, case managers coordinate with service providers in the receiving county or state to ensure continuity of care, access to benefits, and a safe transition. For RRH and PSH households, reunification may involve relocating closer to supportive relatives; providers assist with documentation, lease-up, and stabilization services to ensure the move strengthens housing outcomes.

Through these combined efforts—case management, communication support, transportation assistance, and cross-jurisdictional coordination—the Union County CoC helps participants safely reconnect with family or natural supports and improve long-term housing stability.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The Elizabeth/Union County CoC works with law enforcement, emergency medical personnel, and other first responders while maintaining its role in connecting individuals experiencing homelessness with housing and supportive services. CoC providers work alongside local public-safety partners to identify and engage individuals experiencing unsheltered homelessness and provide access to Coordinated Entry, emergency shelter, behavioral health and substance use services, mainstream benefits, and available housing resources. The CoC does not interfere with or impede lawful local public-safety activities and instead helps ensure that individuals encountered during these activities have access to homeless assistance and supportive services.

Street outreach providers maintain communication with first responders so individuals already engaged by the CoC can remain connected to services. Bridgeway Behavioral Health Services, for example, provides outreach bracelets to individuals engaged by its outreach team. These bracelets allow police officers, emergency medical personnel, and other first responders to recognize that an individual has an existing relationship with an outreach provider and contact Bridgeway when appropriate. Outreach teams also make repeated contacts with individuals experiencing unsheltered homelessness to build trust and increase their willingness to accept assistance. These relationships give first responders a direct avenue for linking individuals with providers equipped to address housing, behavioral health, substance use, and other needs. The CoC will continue working with local law enforcement and first responders while respecting their respective public-safety responsibilities and providing service-based pathways from homelessness to stable housing.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Union County CoC operates within a mix of local laws and practices that both support and hinder efforts to quickly clear tents and encampments on public property and connect individuals to services. Most municipalities maintain ordinances prohibiting camping, erecting structures, or storing belongings on public property. These ordinances allow law enforcement and public works to intervene when encampments appear and to notify CoC outreach teams, creating opportunities for early engagement, safety assessment, and connection to shelter, transportation, and behavioral health services.

The CoC benefits from strong partnerships with municipal police departments, the County Office of Health, and public works agencies. Outreach teams are routinely alerted when tents or encampments are identified, enabling case managers to engage individuals, offer low-barrier shelter, and begin housing navigation before conditions worsen.

Several factors hinder rapid clearance. Municipalities vary in how they interpret or enforce camping ordinances, resulting in inconsistent timelines and approaches. Some towns require extended notice periods before removing tents, which can prolong unsafe or unsanitary conditions. Individuals may decline shelter due to trauma histories, privacy concerns, program rules, or fear of losing belongings, making voluntary relocation more difficult. Severe weather protocols (e.g., Code Blue & Code Red) can temporarily limit the ability to clear encampments until emergency capacity stabilizes.

To leverage supportive policies, the CoC promotes a services-first approach, using standardized outreach protocols, shared communication channels, and cross-agency case conferencing to ensure consistent engagement across municipalities. Outreach teams coordinate closely with law enforcement and municipal staff so that offers of shelter, housing, and services precede enforcement actions whenever possible.

To mitigate restrictive policies, the CoC works with municipal leadership to streamline notice requirements, align enforcement practices, and ensure outreach teams are present before any clearance occurs. When local restrictions cannot be changed quickly, the CoC increases outreach frequency, coordinates with legal services when appropriate, and ensures individuals receive clear, repeated information about available shelter, housing, medical care, and behavioral health services.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

The Elizabeth/Union County CoC's 2026 encampment analysis identified two encampments within the CoC's geographic area, with a total of two individuals residing in them. The number of identified encampments remained unchanged from 2025, when two encampments were also identified, while the number of individuals residing in encampments decreased from three in 2025 to two in 2026. The CoC addresses unsheltered homelessness through street outreach and direct connections to shelter, housing, and community-based services. Outreach providers engage individuals residing in encampments, assess their housing and service needs, and provide access to emergency shelter, Coordinated Entry, behavioral health and substance use services, mainstream benefits, and permanent housing opportunities. Providers also work with law enforcement, emergency medical personnel, and other first responders when appropriate, creating additional opportunities to engage individuals and help them move from unsheltered homelessness toward safer and more stable housing.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Elizabeth/Union County CoC operates within a broader County framework that combines public safety responses to illicit drug activity with opportunities to connect individuals to substance use treatment and recovery services. The Union County Prosecutor's Office operates Operation Helping Hand (OHH), a prosecutor-led initiative through which law enforcement and Recovery Specialists proactively engage individuals with substance use disorders and connect them with services. In 2022, Union County transitioned OHH from an arrest-based model to a services-outreach model, partnering with local police departments to bring recovery resources directly into communities.

Union County also maintains recovery resources that allow individuals encountered in public settings to be connected to assistance rather than relying exclusively on a law-enforcement response. Helping Hands 365 provides access to Peer Recovery Specialists and treatment and recovery resources, while law enforcement and community partners can make referrals to available services. The CoC will leverage these existing relationships by continuing to coordinate with outreach, behavioral health, recovery, and public-safety partners when individuals experiencing homelessness are encountered using illicit drugs in public. This approach allows immediate public-safety concerns to be addressed while creating opportunities for voluntary engagement in treatment, recovery services, and housing assistance. The CoC will continue to work within applicable State and local law while using outreach and service-based interventions whenever appropriate.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Union County CoC continues to experience persistent opioid-related overdoses and visible illicit drug use in public spaces, driven primarily by fentanyl-contaminated heroin, counterfeit pills, and polysubstance use involving stimulants. Overdoses remain frequent and geographically concentrated in transportation hubs, commercial corridors, parks, and areas with unsheltered homelessness—particularly in Elizabeth and Plainfield. Law enforcement, EMS, and hospital systems report steady non-fatal overdose activity, with repeated naloxone deployments and recurring encounters with individuals experiencing homelessness or unstable housing.

Public drug use is most visible in locations where individuals lack private space, are disconnected from treatment, or face barriers to behavioral-health care. Outreach teams regularly observe open-air substance use, including fentanyl, crack cocaine, and synthetic cannabinoids, which increases the risk of rapid overdose in public settings. Emergency departments continue to treat a significant number of overdose cases, and repeat overdoses are common among individuals with co-occurring mental-health conditions.

The CoC's outreach teams, and law-enforcement diversion programs respond daily to overdoses and public drug use. Naloxone distribution, crisis stabilization, and warm handoffs to detox, MAT, and behavioral-health providers help reduce mortality, but public-space drug use remains a significant safety concern for both individuals and the surrounding community.

Based on the NJ Department of Health, State Unintentional Drug Overdose Reporting system, in Union County have have seen a large increase in overdose mortality from 2012 through 2021. From 2022-2024 the overdose mortality decreased. It was as high as 175 persons in 2021, then dropped to just under 100 persons in 2024. This has been a result of the various Opioid funds that have become available to reduce overdose mortality throughout the State of NJ.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Elizabeth/Union County CoC operates within New Jersey's statutory framework governing emergency psychiatric screening and involuntary commitment. Under State law, an adult may be considered in need of involuntary commitment when mental illness causes the individual to be dangerous to self, others, or property; the individual is unwilling to accept voluntary admission; and other available services are not appropriate to meet the individual's needs. New Jersey's designated screening services provide emergency psychiatric assessment, crisis intervention, referral, and evaluation for involuntary commitment when applicable. Union County also utilizes crisis-response practices intended to connect individuals with behavioral health professionals before a situation unnecessarily escalates. Through ARRIVE Together, mental-health-related 911 calls can receive a response involving crisis-intervention-trained law enforcement and mental health professionals who can de-escalate the situation and help connect the individual with appropriate care. Follow-up is also provided to help maintain engagement with services. The CoC will continue to leverage these crisis-response and screening resources when an individual experiencing homelessness presents an immediate danger to self or others, while using voluntary, community-based behavioral health and housing interventions whenever those options are appropriate. CoC providers can work with crisis, outreach, healthcare, and public-safety partners to address the immediate safety concern and support subsequent connections to behavioral health treatment, housing assistance, and other services.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Elizabeth/Union County CoC operates within New Jersey's sex offender registration and notification framework. The New Jersey State Police manages the New Jersey Sex Offender Registry and reviews sex offender records submitted by county prosecutor offices for accuracy, completeness, and publication as required. In Union County, the Union County Prosecutor's Office prepares Megan's Law tiering applications and oversees applicable notification processes. The CoC and its providers comply with applicable federal and State requirements governing sex offender registration and notification while also adhering to applicable privacy and confidentiality requirements governing participant information. When a registration or notification issue arises, providers can work with the appropriate law enforcement or criminal justice agency to ensure that legal requirements are addressed without creating unnecessary barriers to housing and services. The CoC will continue to rely on the established State Police and Union County Prosecutor's Office processes for SORNA/Megan's Law requirements and will share information when legally authorized or required.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The Elizabeth/Union County CoC uses a countywide mobile outreach strategy to identify and engage individuals and families experiencing homelessness and link them with housing and supportive services; meeting the people where they are and linking them to the resource they need.. Street outreach providers work throughout Union County, including with individuals experiencing unsheltered homelessness and those residing in encampments. Teams make repeated contacts with people who may be reluctant to seek assistance, provide basic necessities such as food, water, and hygiene supplies, and communicate when they will return to build trust and maintain engagement. People experiencing homelessness are also reached through meal distribution, mobile shower and laundry services, resource fairs, and other community locations.

The CoC's outreach network includes Bridgeway PATH Outreach, Bridgeway HES Street Outreach, BRIDGES, Elizabeth Coalition to House the Homeless (ECHH) Outreach, and other community-based providers. Outreach teams work with law enforcement, emergency medical personnel, and other first responders who may encounter people experiencing homelessness. Bridgeway provides outreach bracelets to individuals it has engaged so first responders can recognize an existing relationship with the provider and contact Bridgeway when appropriate. Outreach is integrated with Coordinated Entry and the CoC's no-wrong-door approach, allowing individuals and families to seek assistance through multiple locations and providers. Depending on their needs and eligibility, households may be referred to emergency shelter, Rapid Re-Housing, Permanent Supportive Housing, behavioral health and substance use treatment, mainstream benefits, and other services. Case conferencing helps providers address the needs of highly vulnerable households, including people experiencing chronic homelessness, survivors of domestic violence, and individuals with disabilities. Repeated engagement and multiple access points help the CoC reach people throughout Union County and create pathways from homelessness to stable housing.

The Union County Department of Human Services offers a live hotline through the Department's Action Line to provide all residents within the CoC geographic area.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The Elizabeth/Union County CoC's written policies and procedures require individuals and families who become homeless to be informed of their eligibility for educational services and connected with available educational supports. The CoC works with youth education providers, the State Education Agency (SEA), Local Education Agencies (LEAs), and school districts throughout Union County to help ensure that children and youth experiencing homelessness do not face barriers to enrollment, attendance, or transportation. When educational needs are identified, CoC and homeless service providers can refer families to the appropriate school district and homeless education liaison. The Union County School District Directory is updated annually and includes contact information for local district homeless liaisons, giving providers a current resource for directing families and youth to the appropriate educational contact. Through these relationships, households experiencing homelessness receive information on available educational services and assistance addressing barriers that could interfere with continued school participation. Educational needs are incorporated into the services provided to families and youth entering the homelessness system so that school enrollment, transportation, and access to educational supports can be addressed alongside their housing and other immediate needs.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The Elizabeth/Union County CoC works with foster care and child welfare partners to help prevent youth transitioning from public systems of care from entering homelessness. The Union County Division of Children & Youth Services participates in efforts to identify and assist youth experiencing or at risk of homelessness and works alongside homeless service and youth-serving organizations throughout the County. The CoC also engages organizations serving youth, including Community Access Unlimited and Covenant House, to strengthen connections between youth leaving public systems and available housing and supportive services.

Youth transitioning from foster care or other child welfare services who are experiencing or at risk of homelessness can access the CoC's Coordinated Entry system and community-based resources. Through the CoC's no-wrong-door approach, housing and service needs can be identified and eligible youth referred to available housing interventions, mainstream benefits, behavioral health services, education and employment resources, and other supports. The CoC's work with foster care partners is intended to identify housing needs before discharge and prevent youth from leaving public systems of care for the streets, emergency shelter, or another homeless situation. Continued engagement between child welfare agencies, homeless service providers, and youth-serving organizations provides a pathway for identifying housing instability early and helping young people secure the services and supports needed as they transition toward independent living and stable housing.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The Elizabeth/Union County CoC works with Runaway and Homeless Youth (RHY) and other youth-serving providers to identify and engage youth experiencing homelessness and connect them with housing and supportive services. Covenant House New Jersey and Community Access Unlimited are among the youth-serving organizations that have participated in the CoC's planning and outreach efforts. These organizations work alongside the Union County Department of Human Services and other community partners to identify the needs of unaccompanied youth and strengthen access to youth-specific services.

RHY and youth-serving providers participate in outreach and planning activities, including the annual Point-in-Time Count. Covenant House, Community Access Unlimited, and the Union County Division of Children & Youth Services have participated in PIT planning and outreach, helped identify locations where youth experiencing homelessness are likely to be found, and assisted with engaging homeless youth during the count. Their involvement helps the CoC identify young people who may otherwise be difficult to reach and introduce them to available assistance. Youth identified through RHY providers, outreach activities, or other community partners can also access Coordinated Entry and available housing and supportive services. Youth-serving organizations help young people obtain housing assistance, behavioral health services, education and employment resources, mainstream benefits, and other supports based on their individual needs. These partnerships link youth-specific programs with the CoC's housing and service network and help young people move toward safe and stable housing.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

The Gateway Family YMCA and Elizabeth Coalition to House the Homeless (ECHH) Joint TH/RRH project primarily serves families with children experiencing homelessness in Union County. The project combines transitional housing with Rapid Re-Housing assistance to provide families with temporary housing and a pathway to permanent housing.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The Gateway Family YMCA / Elizabeth Coalition to House the Homeless (ECHH) Joint TH-RRH project helps families strengthen their income and financial stability as they move toward permanent housing. Through case management, families can identify employment, income, and benefit needs and receive assistance accessing resources that can increase household income and improve their ability to pay rent after housing assistance ends.

Employment-related assistance includes access to the Union County American Job Center, a workforce development partner of the CEAS/CoC that provides job-search assistance, career guidance, employment and training resources, and access to available workforce programs. Families can also receive assistance accessing TANF, SNAP, SSI/SSDI, and other mainstream benefits for which they may be eligible. By addressing both earned income and benefit access, the project helps families build the financial resources needed to assume a greater share of their housing costs and maintain permanent housing over time.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

The Gateway Family YMCA / Elizabeth Coalition to House the Homeless (ECHH) Joint TH-RRH project helps eligible families access mainstream family service programs that can supplement CoC-funded housing assistance and address household needs that would otherwise place additional pressure on limited housing resources. Families are screened for programs administered through the Union County Division of Social Services, including Temporary Assistance for Needy Families (TANF), as well as other available public benefits and emergency assistance.

TANF can provide eligible families with income assistance and access to related services while CoC resources address their immediate housing needs. Project staff assist families with identifying benefits for which they may qualify and accessing the agencies responsible for those programs. Mainstream resources can help cover basic household needs and provide income that contributes toward ongoing living expenses, allowing CoC-funded assistance to remain focused on housing and the services necessary to help families move toward permanent housing. This use of CoC funding alongside TANF and other family assistance programs broadens the resources available to participating families and supports their ability to maintain housing as time-limited rental assistance decreases or ends.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The Gateway Family YMCA / Elizabeth Coalition to House the Homeless (ECHH) Joint TH-RRH project combines housing assistance with services intended to address the broader needs of families with children as they transition toward permanent housing. Through case management, participating families can identify needs related to childcare, parenting and family supports, healthcare, education, benefits, and other services that may affect their ability to obtain and maintain housing.

Families with childcare and early childhood needs can be referred to available childcare and early childhood programs within Union County. Pregnant participants and families with children can also be linked with healthcare and other family services based on their needs. For school-age children and youth, the CoC works with Local Education Agencies, school districts, and homeless education liaisons to help families address school enrollment, attendance, transportation, and access to educational services. The Union County School District Directory provides current contact information for local district homeless liaisons, giving providers a direct resource when educational assistance is needed. By addressing these family needs alongside rental and housing assistance, the project can help parents resolve barriers that may interfere with employment, education, family stability, or their ability to maintain permanent housing.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The Elizabeth/Union County CoC partners with the County's Office of Veterans Services and Community Hope, a Veteran-serving organization that operates a U.S. Department of Veterans Affairs Supportive Services for Veteran Families (SSVF) Rapid Re-Housing program serving Union County. Through SSVF, eligible Veteran households can access housing assistance and supportive services intended to prevent and resolve homelessness.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	No
5.	Identifies service gaps for veterans?	No
6.	Fills service gaps for veterans?	No

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The Elizabeth/Union County CoC partners with YWCA Union County, the designated domestic violence service provider. YWCA provides emergency shelter, supportive housing, counseling, court advocacy, childcare, financial assistance, and services for survivors of domestic/sexual violence - human trafficking and their families. The CoC also works with the County Rape Crisis Center (YWCA & Peace of Mind Foundation collaboration) to support survivors of sexual assault, dating violence, and stalking.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The CoC partners with the Union County Department of Corrections, NJ Parole/Probation, NJ Reentry Corporation, and the Urban League of Union County to prevent homelessness for people exiting jail, prison, or court-ordered programs. Corrections and courts refer individuals before release, and CoC providers offer housing assessments, case management, and RRH or shelter placement. These partnerships ensure safe re-entry and reduce homelessness.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The CoC partners with Trinitas Regional Medical Center's Behavioral Health and the Hospital's Care Management Team to support high-utilizing homeless individuals with complex medical needs. Through coordinated discharge planning, case management, and linkage to PSH and RRH, the CoC ensures medically vulnerable clients receive specialized services and stable housing.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

The CoC partners with Trinitas Regional Medical Center, Center for Hope Hospice, and the Union County Division on Aging Services to support elderly individuals experiencing homelessness. Through coordinated discharge planning, medical respite access, benefits assistance, and linkage to PSH/RRH, these partners help medically fragile seniors secure care and stable housing.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The CoC prioritizes individuals experiencing chronic homelessness through the Gateway YMCA Family project under PSH. Both accept Coordinated Entry referrals and follow HUD's chronic homelessness prioritization standards using a No Wrong Door approach to serve the highest-need individuals and families.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Bridgeway provides on-site behavioral healthcare services to participants in its Permanent Supportive Housing (PSH) program serving chronically homeless individuals and families. As a licensed behavioral health provider, Bridgeway integrates clinical services directly into its supportive housing model to ensure participants receive consistent, accessible care without barriers.

Bridgeway's on-site services include behavioral health assessments, individual counseling, psychiatric evaluation, medication monitoring, and ongoing clinical case management delivered by qualified mental health professionals. Staff meet participants in their homes or at designated on-site locations within the housing program, allowing services to be delivered in a familiar, stable environment that supports engagement and long-term recovery.

Bridgeway's multidisciplinary team—clinicians, case managers, peer specialists, and psychiatric providers—works collaboratively to address mental health symptoms, co-occurring disorders, trauma histories, and crisis stabilization needs. Services are person-centered and aligned with Housing First principles, ensuring participants are not required to meet treatment compliance thresholds to maintain housing.

On-site behavioral healthcare is integrated into each participant's individualized service plan, with regular follow-up, goal setting, and coordination with external medical providers when needed. This approach ensures that chronically homeless individuals and families receive continuous behavioral health support that promotes housing stability, reduces hospitalizations, and strengthens overall wellness.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

The PSH projects identified in 1C-19 have a clear policy and procedure for assessing whether program participants require a higher level of care, including assisted living, residential treatment, or other clinically appropriate placements. At intake, agencies conduct a comprehensive assessment of each individual or family to identify medical, behavioral health, functional, and daily-living needs that may affect long-term housing stability. This assessment includes evaluation of cognitive functioning, ability to perform activities of daily living, medication management needs, behavioral health symptoms, and any conditions that may require more intensive support.

Throughout program participation, case managers and clinical staff continue to monitor each household's functioning and stability. When a participant's needs exceed what can be safely supported within PSH, staff initiate a higher-level-of-care review, which includes consultation with behavioral health clinicians, medical providers, and family supports when appropriate. Agencies work with participants to identify appropriate placements such as assisted living, residential behavioral health treatment, medical respite, or long-term care settings.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

Once a participant transitions to a higher level of care or moves to independent housing, agencies conduct follow-up within six months to ensure the individual or family remains stable, connected to services, and safely housed. This follow-up process helps maintain continuity of care and supports long-term housing outcomes.

This policy ensures that chronically homeless individuals and families in PSH receive the level of care that best matches their needs, while maintaining safety, stability, and alignment with the "No Wrong Door" approach.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	08/11/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/10/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/10/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

The Union County CoC considers potential reallocation through its CoC Priority Ranking Committee (CPR). As part of this process, the Committee reviews project performance and continued community need to determine whether existing funding remains appropriately allocated. This review considers HUD priorities, gaps in the local homeless response system, available housing and services, project utilization, HMIS data and trends, PIT and HIC data, annual monitoring and threshold reviews of CoC- and ESG-funded programs, the needs of specific homeless populations, and unspent project funds. Based on this information, the Committee identifies any projects that are lower performing or no longer adequately aligned with current needs and may therefore be appropriate for reallocation.

All renewal projects are reviewed and monitored by the Union County Department of Human Services (UCDHS) Independent Monitoring Unit, which evaluates project performance and viability and provides technical assistance when performance or compliance issues are identified. Any decision to reallocate funding occurs upon recommendation of the CPR Committee and is then presented to the full CEAS/CoC Committee for review and approval. CoC-funded projects may also voluntarily reallocate funding. Currently funded applicants interested in voluntarily reallocating notify the CoC in writing, and the Grant Inventory Worksheet (GIW) is used to identify project applicants' intent to reapply for CoC funding. Through this process, the CoC evaluates whether existing projects continue to meet local needs and align with HUD requirements and funding priorities. Reallocation decisions consider project performance, continued community need, utilization, available performance data, and unspent funds, while also considering whether reallocating funds could support the creation of higher-performing projects that better address identified system needs.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Foothold Technology - AWARDS
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count–Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

The Elizabeth/Union County CoC did not make any significant changes to the implementation, methodology, or data quality procedures used for the unsheltered PIT Count between 2025 and 2026. The same overall approach was used to identify individuals experiencing unsheltered homelessness throughout Union County. Therefore, differences between the 2025 and 2026 results do not reflect a change in count methodology. The CoC's encampment analysis identified two encampments in both years, while the number of individuals residing in those encampments decreased from three in 2025 to two in 2026.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

The Elizabeth/Union County CoC uses persistent street outreach to engage individuals residing in encampments and help them move toward shelter and permanent housing. Outreach teams make repeated visits, assess individual circumstances, and provide immediate necessities such as food, water, and hygiene supplies. Maintaining a consistent presence is particularly important for people who may initially be hesitant to seek assistance. Staff communicate when they plan to return, allowing relationships to develop over time and creating additional opportunities to address barriers to leaving unsheltered situations.

Bridgeway Rehabilitation Services and other providers conduct outreach throughout Union County and maintain contact beyond the initial engagement. Bridgeway also provides outreach bracelets to individuals it has engaged so police, emergency medical personnel, and other first responders can recognize an existing relationship with the outreach team and contact Bridgeway when appropriate. The CoC's outreach network includes Bridgeway PATH Outreach, Bridgeway HES Street Outreach, ECHH Outreach, and other community-based resources. Through these efforts, individuals residing in encampments can access emergency shelter, Coordinated Entry, behavioral health and substance use services, benefits, and permanent housing opportunities. During the evaluation period, the number of identified encampments remained at two, while the number of people residing in them decreased from three in 2025 to two in 2026.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	2
2. Enter the reduction in the number of encampments during your evaluation period.	0

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	3
2. Enter the reduction in the number of people in encampments during your evaluation period.	1

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not applicable.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The Elizabeth/Union County CoC's plan to reduce first-time homelessness focuses on reaching households before a housing crisis results in shelter entry or another homeless situation. The Code Blue/Shelter Committee monitors factors contributing to housing instability, including high rental costs, evictions and foreclosures, underemployment and insufficient income, limited affordable and subsidized housing, and long waiting lists for housing assistance. The Union County Homeless Trust Fund and discretionary County funding supplement federal and State resources for households facing eviction, rental arrears, and other housing emergencies. The Union County Division of Social Services also assesses households for emergency assistance and public benefits that may help them remain housed.

For households approaching shelter entry, Family Promise's locally funded Shelter Diversion program uses flexible financial assistance and problem-solving to identify safe alternatives to emergency shelter. This provides an opportunity to preserve or secure housing before homelessness occurs while reserving limited shelter capacity for households with no other safe option. HMIS and System Performance Measure data will be used to track first-time homelessness and determine whether prevention and diversion resources are reaching households early enough. The CEAS/CoC and its committees will review these results alongside provider experience and local housing conditions to identify where prevention resources should be strengthened or adjusted. The overall strategy is to intervene earlier in a housing crisis and reduce the number of households that need to enter the homeless service system for the first time.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The Elizabeth/Union County CoC's plan to reduce the length of time individuals and families remain homeless centers on Coordinated Entry, Housing First, and removing barriers that delay permanent housing placement. Coordinated Entry covers the entire geographic area and uses standardized assessments and case conferencing to prioritize households and match them with available housing interventions. HMIS helps identify individuals and families with the longest histories of homelessness, with particular attention to people experiencing chronic homelessness and other highly vulnerable households. Housing First practices minimize unnecessary prerequisites to placement, while the CoC's no-wrong-door approach make it possible for households to enter the system through different providers without having to navigate separate processes on their own. Through data analytics, the CoC identifies trends to change how efforts are targeted.

The CoC also seeks to increase the housing options available to households awaiting placement by pursuing additional permanent housing opportunities, advocating for affordable housing and subsidized vouchers, engaging landlords willing to rent to households with histories of homelessness or eviction, and utilizing Joint TH/RRH and other available interventions. HMIS and System Performance Measure data are reviewed to determine where households are spending extended periods in homelessness and where delays occur between entry, referral, and housing placement. The Union County Department of Human Services leads these efforts with Monarch Housing Associates, the Union County CEAS/CoC, housing providers, developers, and community-based organizations. This work is intended to shorten the time between a household's entry into the homeless service system and placement into permanent housing.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	100.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The CoC calculated the percentage of program participants exiting to unsubsidized permanent housing using HMIS exit data for all Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) projects. HMIS exit records were pulled for the full reporting period and filtered to include only exits from TH, RRH, and PSH collectively.

HMIS showed 4 exits from TH, 120 exits from RRH, and 31 exits from PSH, for a combined total of 155 exits. Each exit destination was reviewed to determine whether it met HUD's definition of unsubsidized permanent housing, specifically:

Rental by client, no ongoing subsidy; owned by client, no ongoing subsidy; and staying with family or friends, permanent tenure

All 155 exits were coded in HMIS as successful exits to one of these unsubsidized permanent housing destinations. The percentage was calculated by dividing the number of exits to unsubsidized permanent housing (155) by the total number of exits from TH/RRH/PSH (155), resulting in 100%.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/27/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	0	0	572	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	0	0	160	100.00%
4. Rapid Re-Housing (RRH) beds	0	0	204	100.00%
5. Permanent Supportive Housing (PSH) beds	0	0	496	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

The FY2026 HDX Competition Report reflects 100 percent HMIS and comparable database coverage for all project types with year-round beds, including Emergency Shelter, Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing. Safe Haven and Other Permanent Housing display 0.00 percent coverage because the CoC has no year-round beds in either project type. Therefore, there are no project types with existing beds that have a coverage rate of 84.99 percent or lower, and no corrective action is necessary.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	No
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	HDX	09/25/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: 1C-1

Attachment Details

Document Description: 1C-1f

Attachment Details

Document Description: 1C-3

Attachment Details

Document Description: 1C-10

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: HDX

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/29/2026
4A. Attachments Screen	09/29/2026
Submission Summary	No Input Required

FY2026 CoC SuperNOFO Application

Applicant: Elizabeth/Union County CoC NJ-515

Section: 1C-1

- **List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment (attachment 1 under 4A).**

n/a

Elizabeth/Union County CoC NJ-515 does not have any Transitional Housing, Rapid Re-Housing nor Permanent Supportive Housing projects with on-site substance use treatment.

FY2026 CoC SuperNOFO Application

Applicant: Elizabeth/Union County CoC NJ-515

Section: 1C-1f

- **List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment (attachment 2 under 4A).**
 - *Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.*

In Elizabeth/Union County CoC NJ-515, all CoC Program-funded units (100%) require program participant as identified by the case management are required to engage in substance abuse treatment services as a condition of continued participation in the CoC funded program.

FY2026 CoC SuperNOFO Application

Applicant: Elizabeth/Union County CoC NJ-515

Section: 1C-3

- **What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)? (attachment 3 under 4A).**

In Elizabeth/Union County CoC NJ-515, all projects (100%) require program participants to take part in supportive services such as case management, employment training, etc. as a condition of continued participation in the CoC funded program.

FY2026 CoC SuperNOFO Application

Applicant: Elizabeth/Union County CoC NJ-515

Section: 1C-10

- **Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing? (attachment 4 under 4A).**

Elizabeth/Union County CoC NJ-515 has an agreement with the Housing Authority of the City of Elizabeth to enable CoC program participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing.

UNION COUNTY CONTINUUM OF CARE (CoC) SUPERNOfO PROJECT PRIORITY LISTING AND RANKING PROCEDURE

The Union County Continuum of Care Priority Ranking (CPR) Committee serves as the primary body responsible for evaluating projects and establishing the project ranking priorities for the Union County Continuum of Care (UC-CoC) application under the HUD Continuum of Care Program. The CPR Committee functions as an Ad Hoc Subcommittee of the Comprehensive Emergency Assistance System and Continuum of Care (CEAS/CoC) Committee, which oversees system-wide coordination and governance.

The CPR Committee is composed of a network of public and private entities that do not submit project applications and do not receive HUD CoC Program funding. All members must sign a conflict of interest form to ensure impartiality and prevent any direct benefit to committee members. This structure allows the CPR Committee to use objective, performance-based criteria when evaluating projects.

The UC-CoC has utilized a CPR Committee to rank new projects since 1998, and beginning in 2013, the Committee expanded its role to include ranking both new and renewal projects. The CPR Committee's primary goal is to support HUD's national priorities for preventing and ending homelessness in Union County, NJ. To achieve this, the Committee uses performance-based scoring criteria and selection priorities that measure how effectively each project aligns with HUD's policy goals.

The CPR Committee meets year-round to support ongoing CoC NOFO planning and coordination. Additional meetings may be called with three (3) business days' notice, delivered electronically or by mail. Each meeting includes:

- A formal agenda
- Recorded meeting minutes
- A formal agenda
- Recorded meeting minutes
- Attendance sign-in sheets
- Materials distributed to members
- Signed conflict of interest forms

All documentation is maintained on file as part of the CoC's governance and compliance records.

The Priority Ranking Committee is responsible for evaluating all new and renewal project applications submitted under the Union County Continuum of Care (UC-CoC) SUPERNOfO process. The Committee uses objective, performance-based criteria to determine how well each project aligns with HUD priorities and local system needs.

The functions and responsibilities of the Committee include:

- a. Assess Provider Eligibility and Capacity
 - Evaluates whether the applicant/sponsor organization demonstrates the organizational strength, staffing, fiscal controls, and experience needed to operate a HUD-funded project.
- b. Review and Evaluate Project Readiness/Eligibility
 - Determines whether the project is prepared for implementation and meets HUD's eligibility requirements.
- c. Review Project Quality
 - Assesses the overall performance and effectiveness of the project using key HUD performance indicators
- d. Review Project Match and Leveraging Letters
 - Ensures match documentation meets HUD's 25% requirement and that leveraging commitments are valid and compliant.
- e. Review Site Visits and CoC Monitoring Findings
 - Evaluates compliance with HUD and CoC standards based on monitoring reports and corrective actions.
- f. Review CoC Membership Involvement
 - Assesses the agency's participation in CEAS/CoC meetings and system-wide initiatives.
- g. Review HMIS Participation and Data Quality
 - Ensures the project meets HMIS participation requirements and maintains high data quality.
- h. Assess Cost Effectiveness
 - Evaluates whether the project uses funds efficiently relative to outcomes.

- i. Assess Number of Clients Housed and Access to Mainstream Resources
 - Reviews how many clients are served
- j. Assess Number of Households Served by Target Population
 - Evaluates the project's ability to serve priority groups
- k. Assess Provider Organization Experience
 - Reviews the agency's history operating similar programs and managing federal funds.
- l. Assess Spending Patterns (Fast or Slow)
 - Evaluates whether the project spends funds appropriately and avoids underspending or overspending.
- m. Review HUD APR for Performance Results
 - Uses the Annual Performance Report (APR)

PROJECT RANKING PROCESS

Renewal projects approved by the CPR Committee for inclusion in the CoC Project Priority Listing will be evaluated using an **objective scoring tool**. Scoring is based on each project's:

- **Individual performance**
- **Alignment with HUD and CoC policy priorities**
- **Compliance with HUD requirements**
- **HMIS data quality and participation**

Performance and HMIS elements are heavily weighted because they directly influence the **overall CoC score** in the HUD NOFO. The primary data source for renewal scoring is the project's **most recently submitted Annual Performance Report (APR)**.

Scoring tools and point allocations are included in the **Appendix** of the SUPERNOFO package.

First-Time Renewals:

Are projects that have not yet completed their first operating year and therefore do not have a completed **Annual Performance Report (APR)**. Because APR data is required for performance scoring, these projects cannot be evaluated using the standard renewal scoring tool. Instead, the CPR Committee will conduct a qualitative review to ensure the project is demonstrating **satisfactory progress**, including timely startup, compliance with contract requirements, participation in CEAS/CoC activities, HMIS setup and data entry readiness, and alignment with HUD and CoC policy priorities. This process ensures that first-time renewals are on track for full performance scoring in the next competition cycle.

New Project Selection:

New project applicants will be evaluated using objective criteria that measure the quality of the project design, alignment with HUD and CoC priorities, organizational capacity, and readiness for implementation. The CPR Committee reviews each new project to determine how effectively it addresses **local priority needs**, supports **HUD's national strategies to end homelessness**, and contributes to the overall performance of the Union County CoC. New project applicants are strongly encouraged to review the **new project application guide and instructions**, which provide detailed information on best practices, policies, procedures, and HUD requirements. Scoring tools for new projects are included in the **Appendix**.

Ranking Order:

Renewal projects approved for inclusion in the CoC's Project Priority Listing will be ranked according to the following structure. This ranking methodology ensures alignment with HUD priorities, maximizes the CoC's competitive score, and strengthens overall system performance.

1. Renewal Permanent Supportive Housing (PSH) Projects:

Renewal PSH projects are ranked from highest to lowest score, based on the FY2026 UC-CoC Project Priority Listing & Ranking Procedure outlined in this document and the FY2026 UC-CoC Project Score Criteria & Scoresheet.

2. Renewal Rapid Re-Housing (RRH) Projects:

Renewal RRH projects are ranked from highest to lowest score, based on the FY2026 UC-CoC Project Priority Listing & Ranking Procedure outlined in this document and the FY2026 UC-CoC Project Score Criteria & Scoresheet.

3. Supportive Service Only (SSO–Street Outreach/Coordinated Entry) Projects & All New Projects:

Supportive Services Only (SSO-SO and SSO-CE) projects are ranked from highest to lowest score, based on the FY2026 UC-CoC Project Priority Listing & Ranking Procedure outlined in this document and the FY2026 UC-CoC Project Score Criteria & Scoresheet.

Updated Tier 2

The UC-CoC ranks all renewal and new projects using the the FY2026 UC-CoC Project Priority Listing & Ranking Procedure outlined in this document and the FY2026 UC-CoC Project Score Criteria & Scoresheet; in accordance with HUD's FY2026 grant opportunity.

Tie-Breakers

Ties within the same project type will be broken using the following criteria, applied in order:

- 1) **Highest percentage of clients exiting to or retaining permanent housing:** This reflects HUD's strongest system performance measure and prioritizes projects that demonstrate the greatest impact on housing stability.
 - o **Permanent housing exits**
- 2) **Highest utilization rate:** Projects serving the greatest number of eligible participants relative to their contracted capacity will be ranked higher.
 - o **Utilization rate**

Adjustments, Reallocation, and Appeals Process

The CPR Committee may adjust the ranking position of individual projects or reallocate funds when necessary to ensure the CoC's application is as competitive as possible. Adjustments may be made to:

- **Fulfill HUD priorities**
- **Prevent potential losses of funding**
- **Maximize the overall CoC application score**

This authority allows the CPR Committee to strategically position projects—particularly Tier 2 projects—to strengthen system performance and align with **HUD policy priorities**.

Project Rejection and Notification

If any project is **rejected** by the CPR Committee, the provider organization will receive a **written notification letter** outlining the specific reason(s) for denial. This letter must be issued **no later than 15 days prior** to the submission of the CoC Consolidated Application to HUD. The provider organization has the right to **appeal** the decision.

Voting and Approval Process

All motions and actions of the CPR Committee require approval by a **majority vote**. Once the CPR Committee finalizes its recommendations:

- 1) The recommendations are presented at the CEAS/CoC Committee meeting for approval.
- 2) After approval, a copy of the Consolidated Application is uploaded to the County's website:
<https://ucnj.org/dhs/coc>
- 3) The UC-CoC Consolidated Application is then submitted to HUD.

CONFLICT OF INTEREST POLICY

Members of the **Continuum of Care Priority Ranking (CPR) Committee** are prohibited from participating in discussions or decision-making related to any program for which they:

- Are employed
- Serve as a board member
- Serve as a volunteer
- Have a financial interest

This prohibition applies to both **funding decisions** and **program monitoring activities**. The purpose is to ensure impartiality, maintain transparency, and uphold HUD's expectations for **conflict-free governance** within the CoC ranking process.

In addition, all CPR Committee members undergo a review for potential conflicts of interest. To support this

review, members are required to disclose information about themselves, their spouse, and other family members.

***Family members include: children, parents, grandparents/grandchildren, uncles/aunts, siblings, in-laws, significant other, or other members of the immediate household

County Role Statement

The Union County Department of Human Services Continuum of Care Unit (UC-CoC) supports the Continuum of Care Priority Ranking (CPR) Committee by issuing the annual solicitation notice for the CoC application, conducting outreach to all homeless service providers and faith-based organizations within the UC-CoC geographic area, and announcing the funding opportunity at CEAS/CoC and other community meetings. UC-CoC staff provides CPR Committee members with HUD and Independent Monitoring Unit (IMU) findings, reviews HUD Annual Performance Reports (APRs) weekly, and supplies all project applications for evaluation. Staff respond to Committee questions and ensure members have the information necessary to accurately review, rate, and rank all project applications.

APPEALS

It is the policy of Union County that any agency or organization participating in the Continuum of Care funding process shall have the right to appeal decisions of the Continuum of Care Priority Ranking (CPR) Committee when the basis of the appeal concerns **procedural matters**. To ensure a uniform and equitable application of this policy, the following guidelines establish the structure of the appeals process. Any agency or organization may appeal a CPR Committee funding recommendation on **a procedural basis** if:

- a) *The funding was not publicized; or the application requirements or processes were inappropriate for the funds requested; or*
- b) *A conflict of interest charge can be substantiated against any Committee member.*

If any agency/organization chooses to appeal the funding disposition, the agency's Executive Director and/or Chief Operating Officer must:

- i. *Contact the Union County Division of Individual & Family Support Services as of the date specified in the letter of funding disposition in order to formally initiate an appeal. ***
- ii. *Organization can present their appeal and submit any documents of evidence or proof of the procedural violation on the day/time of the appeal hearing as set forth by the Appeals Committee.*

*** All appeals must be submitted in writing on or before the date specified in the notification letter to the Union County Division of Individual & Family Support Services via email ohhcoc@ucnj.org. Program staff will notify the appealing agency of the date, time, and location of the appeal hearing by telephone during the afternoon preceding the scheduled appeal hearing.*

Appeals Process

- A. Agencies applying for funds are advised of the "Appeals Process".
- B. The Continuum of Care Priority Ranking (CPR) Committee makes tentative decisions regarding agency funding.
- C. All agencies submitting funding requests are advised of the tentative allocation recommendations in writing. Agencies not recommended for funding are given a brief explanation of the CPR Committee's decision, and are advised of procedures for appeal.
- D. The Committee will convene a meeting to hear appeal presentation(s) of agencies (up to 15 minutes allowed per agency). The Committee can reject the agency's appeal, which thereby upholds the CPR Committee's original funding recommendations. The Committee can concur with the agency's appeal. In this case, the Committee must return documentation to serve as compelling reasons for the CPR Committee to review its original funding recommendations. In all cases, the final determining authority for all funding recommendations shall be the CPR Committee through the recommendations of the Appeals Committee. The CPR Committee may reconsider the recommendation in light of the Appeals Committee's findings and issue a final written determination.
- E. CEAS/CoC votes on the final funding recommendations. Persons in conflict shall abstain from the vote.

AMENDMENTS

The Project Priority Listing and Ranking Procedure may be amended by the two-thirds (2/3) vote of the voting members of the CEAS/CoC Committee, following an electronic or written notice at least two (2) weeks in advance to all Committee members indicating the proposed amendment or revision.

FY2026 Continuum of Care (CoC) SuperNOFO Application - Ranking Score Criteria

Maximum points available – 100 base points, 10 bonus points available, 110 points maximum

- **Performance Measures and Project Effectiveness (40 points total)**
 - Housing stability – Measure 7 b.2 (Change in PH exits to permanent housing destinations or retention of permanent housing)
 - Leavers income – Measure 4.6 (Change in total income for adult system leavers)
 - Stayers income – Measure 4.3 (Change in total income for adult system stayers during the reporting period)
 - Stayers earned income – Measure 4.1 (Change in earned income for adult system stayers during the reporting period)
 - Overall increase in income – System Performance Measures 4.1, 4.3, 4.6 (See above for description)
 - Timely submission of annual assessment updates – HMIS / SAGE
 - Utilization rate
 - o By units – last completed APR
 - o By beds – last completed APR
 - Sponsor Capacity
 - o **Agency Performance History** — The agency has effectively implemented the project under review or has successfully operated similar County, State, or Federal programs.
 - o **Timeliness & Compliance** — The agency submits reports on time, meets drawdown requirements, maintains documentation, and resolves monitoring findings quickly.
 - o **Fiscal & Administrative Capacity** — Strong financial systems, clean audits, and the ability to manage federal funds.
 - o **Staffing & Experience** — Qualified staff with experience in homeless services, case management, housing navigation, or supportive services.
 - o **Efficiency & Client Volume** — Number of clients served and cost-effectiveness across other funding streams (County, State, Federal).
- **Project Value**
 - o **Alignment with Local Needs** — The project addresses documented gaps in Union County's PIT/HIC data (DV overflow, youth homelessness, behavioral health needs, slow CE placements).
 - o **Impact on System Performance** — The project improves exits to permanent housing, reduces length of time homeless, increases income, and reduces returns to homelessness.
 - o **Value to Participants** — Provides essential services or housing that directly improves stability, safety, and long-term outcomes.
 - o **Contribution to CE Flow** — Supports Coordinated Entry by increasing throughput, documentation readiness, and placement.
 - o **Community Benefit** — Enhances the overall homeless response system and fills critical service gaps.
- **Serving High Need Populations (25 points total)**
 - **Priority - Chronic Homelessness, Victims of Domestic Violence, and Most Vulnerable populations**
 - o *Chronic Homelessness Status – HMIS data quality Q.26a*

- o *History of Domestic Violence, Sexual Assault, Dating Violence, Stalking, or Human Trafficking– HMIS data quality Q.14a*
- o *Most Vulnerable – Number of Conditions at Start with 2 or more disabling conditions, - HMIS data Q.13 a2*
- o Union County places a high emphasis on serving priority populations identified by HUD and local PIT/HIC data. For this reason, points are awarded based on the percentage of households within the project that fall into one or more of the following categories:
 - **8 points:** Awarded to any project that has ***dedicated at least 75% of its beds*** to the chronically homeless, veterans, and/or victims of domestic violence.
 - **6 points:** Awarded to any project that has ***dedicated or prioritized at least 50% of its beds*** to the chronically homeless, veterans, and/or victims of domestic violence.
 - **4 points:** Awarded to any project that has ***dedicated or prioritized at least 35% of its beds*** to the chronically homeless, veterans, and/or victims of domestic violence.
 - **2 points:** Awarded to any project that has ***dedicated or prioritized at least 25% of its beds*** to the chronically homeless, veterans, and/or victims of domestic violence.

***Please note that compliance with the NOFO and the Rule includes compliance with all applicable Federal statutes relating to nondiscrimination (also included on your SF-424B/F-424D assurances). See 24 CFR 578.93 for more details of Fair Housing and Equal Opportunity requirements for the CoC program.**

- **Project Financial Information (20 total points)**

- **Percent of CoC funding expended (Last Operating Year)**

- o CoC Amount Awarded Last Operating Year – Grant Agreements
- o CoC Amount Expended Last Operating Year – LOCCS

- **Budget Appropriateness**

Due to recent budget constraints and increased education around funding, the local Continuum must ensure that projects request appropriate funding levels and fully utilize awarded funds. Maximum points will be awarded to projects that demonstrate:

A. Reasonable Budget for Households/Persons.

- Budget aligns with the number of households/persons expected to be served.
- Costs are consistent with HUD's eligible cost structure and local norms.

B. Administration Costs ≤ 7%

- Administration funding requested does not exceed 7% of the total of all budget line items.

C. Match Funding ≥ 25%

- Project demonstrates match funding of at least 25% of the total budget requested.
- Match percentage is verified using the APR match section.
- Match includes admin and excludes leasing dollars, consistent with HUD rules.

- **Participation in Local Priorities (15 Points)**

Union County places a strong emphasis on collaboration, participation in community-wide initiatives, and engagement in system-level activities that support ending homelessness. Projects that actively participate in local priorities — including ending veteran homelessness, chronic homelessness, and supporting survivors of domestic violence — demonstrate commitment to system performance and coordinated community response.

Full points will be awarded to agencies that consistently participate in all local homelessness initiatives and required CoC activities.

- **PIT Participation (7 Points for this sub-category)**

Evaluates whether the agency participated in the annual unsheltered Point-in-Time Count, including:

- Staff participation in street outreach count
- Participation in magnet events
- Verbal confirmation of staff involved in the unsheltered count
- Submission of PIT participation list (if applicable)

- **CEAS/CoC Committee Participation (8 Points for this sub-category)**

Evaluates attendance and engagement in the Comprehensive Emergency Assistance System (CEAS) and Continuum of Care (CoC) meetings. Requirement:

- The agency must have attended at least 4 CEAS/CoC meetings in the last operating year.
- Attendance is verified through meeting minutes.

Bonus Points — Up to 10 Total Points

Bonus points allow the Ranking & Review Committee to recognize exceptional project performance beyond baseline requirements. Points may be **awarded** based on the project's demonstrated outcomes, fiscal responsibility, and service impact during the previous operating year.

Projects may earn bonus points for exceeding match requirements, fully utilizing leasing/rental assistance funds, and serving youth with high data quality.

🔑 **1. Exceeding Required Match (Up to 5 Points)**

- HUD requires a **minimum 25 % match** (excluding leasing). Projects demonstrating match **above 25 %** may earn bonus points.
- Data Source: **APR – Match Percentage**

This rewards agencies that leverage additional community resources and strengthen overall system capacity.

🔑 **2. Leasing / Rental Assistance Utilization (Up to 5 Points)**

- Evaluates whether the project fully utilized HUD leasing or rental assistance funds.
- Data Source: **LOCCS – Unspent Percentage of Total Funds**

This ensures projects maximize housing resources and avoid under-utilization.

**FY2026 Continuum of Care (CoC) SuperNOFO Application
Ranking Score Sheet**

Renewal Projects

Name Project: 157, 158, 159, 162, 171, 173, 174, 271, 311, 334, 389, 392, 538, 563

Evaluator's Number: _____

1. Performance Measures and Project Effectiveness		_____
(40 points)		
2. Serving High Need Populations	(25 points)	_____
3. Project Financial Information	(20 points)	_____
5. Participation in Local Priorities	(15 points)	_____
6. Bonus Points	(up to 10 points)	_____

Has the agency demonstrated compliance with the published evaluation criteria?

- | | |
|--|---|
| <ul style="list-style-type: none">• Coordinated Entry participation• Referral acceptance rate• Referral response time• Timely Submission:<ul style="list-style-type: none">o Subcontracto Voucher packet (including reporting)o Monitoring response | <ul style="list-style-type: none">• Evaluates responsiveness to phone calls and emails.• Housing Clients & Service Fair Participation• Number of Clients Served (Not Just CoC)• Accuracy of Voucher Forms & IMU Responses• Street Outreach Participation• Serving People Who Do Not Speak English• HMIS Dollars – CAU |
|--|---|

Comments:

**FY2026 Continuum of Care (CoC) SuperNOFO Application
Ranking Score Sheet**

NEW Project(s)

Name Project: _____

Evaluator's Number: _____

1. Performance Measures and Project Effectiveness		_____
(40 points)		
2. Serving High Need Populations	(25 points)	_____
3. Project Financial Information	(20 points)	_____
5. Participation in Local Priorities	(15 points)	_____
6. Bonus Points	(up to 10 points)	_____

Comments:

UNION COUNTY CONTINUUM OF CARE (CoC) SUPERNOFO REALLOCATION PROCESS & PROCEDURE

CoC PRIORITY RANKING COMMITTEE'S ROLE

The Union County Continuum of Care Priority Ranking (CPR) Committee serves as the primary body responsible for reviewing, evaluating, and recommending the reallocation of Continuum of Care projects within the Union County Continuum of Care (UC-CoC). The CPR Committee operates as an Ad Hoc Subcommittee under the Union County Comprehensive Emergency Assistance System and Continuum of Care (CEAS/CoC) Committee.

The CPR Committee is composed of a network of public and private entities that do not submit project applications and do not receive HUD Continuum of Care Homeless Assistance Program funding. To ensure impartiality and maintain the integrity of the ranking and reallocation process, all CPR Committee members are required to sign conflict of interest forms identifying any potential conflicts that may affect their participation in deliberations or decision-making.

REALLOCATION PROCESS

The UC-CoC considers reallocation through meetings of the Continuum of Care Priority Ranking (CPR) Committee. The reallocation review process includes an examination of HUD policy priorities, a gaps analysis of homeless populations and the housing and services available within the community, utilization rates, quarterly reviews of HMIS data—including PIT and HIC counts and trends over time—annual monitoring results, threshold review data for CoC and ESG-funded programs, and an assessment of the needs of identified subpopulations.

Any decision to reallocate is deliberated and recommended by the CPR Committee. The recommendation is then presented to the full CEAS/CoC Committee for review and approval. This will be consistent with the published scoring criteria, HUD requirements, and adopted reallocation policy.

Voluntary Reallocation

CoC-funded projects may voluntarily request reallocation. A currently funded project applicant that wishes to voluntarily reallocate must notify the UC-CoC **in writing** no later than two (2) weeks prior to the due date of HUD's **Grant Inventory Worksheet (GIW)**. The GIW serves as the UC-CoC's tool for identifying each Project Applicant's intent to reapply for CoC Program funding and is used to confirm whether a project will continue, reduce, or voluntarily reallocate its award.

❖ Preference for Voluntary Reallocation

For the purpose of reallocating funds to create a new permanent housing project, strong preference will be given to currently funded projects that voluntarily request reallocation.

❖ **General Objectives of the Reallocation Policy**

This Reallocation Policy and Procedure incorporates the following general objectives:

- ❖ **Consistency with HUD Requirements** — To ensure that the UC-CoC submits an application to HUD that is consistent with HUD guidelines and the requirements of the HEARTH Act.
- ❖ **Sufficient Funding for Permanent Housing** — To ensure that any amount reallocated is adequate to support the creation and operation of effective permanent housing (PH) projects.
- ❖ **Positioning Transitional Housing Programs** — To best position existing transitional housing (TH) programs for continued HUD funding in an environment of evolving federal strategies and shifting system priorities.

Review of Renewal Projects for Reallocation

All renewal projects are reviewed by the Union County Department of Human Services (UCDHS) to determine whether a project should be considered for reallocation. UCDHS staff provide technical assistance throughout this process, including correcting technical inaccuracies when they arise and reminding funded agencies of their responsibilities when actions or requests fall outside their authority.

Through the reallocation process, the UC-CoC ensures that projects included in the CoC Collaborative Application align with HUD Continuum of Care funding priorities and contribute to a competitive submission that secures HUD resources to address and end homelessness in Union County. Decisions regarding reallocation are based on alignment with HUD guidelines, performance measures, and the presence of unspent project funds. Reallocated projects will be encouraged to seek alternative funders that support the contributions these programs make to the CoC.

FY2026 Continuum of Care SuperNOFO Project Ranking

#	Project Name	Expiring Grant #	Project Type	Component Type	Amount Requested	CoC Recommendation	Amount Ranked	Running Total	%	Scores
1	Bridgeway/Elizabeth Housing Authority 20U-TRA	157	Rental Assistance	PSH	\$ 285,975.11	\$ 285,975.00	\$ 285,975.00	\$ 285,975.00	5.66%	95.75
2	Bridgeway/Elizabeth Housing Authority 45U-TRA	158	Rental Assistance	PSH	\$ 688,916.64	\$ 688,916.00	\$ 688,916.00	\$ 974,891.00	19.30%	95.00
3	Gateway Family YMCA 14U-CH Family	311	Leasing	PSH	\$ 706,208.00	\$ 711,385.00	\$ 711,385.00	\$ 1,686,276.00	33.38%	91.75
4	Bridgeway/Plainfield Housing Authority 15U-TRA	271	Rental Assistance	PSH	\$ 181,969.00	\$ 181,969.00	\$ 181,969.00	\$ 1,868,245.00	36.98%	89.75
5	YWCA Union County	174	Leasing	PSH	\$ 330,450.00	\$ 342,511.00	\$ 342,511.00	\$ 2,210,756.00	43.76%	88.00
6	Community Access Unlimited-Colonial/Morse	334	Operations	PSH	\$ 49,583.00	\$ 49,583.00	\$ 49,583.00	\$ 2,260,339.00	44.74%	87.25
7	Bridgeway/Plainfield Housing Authority 25U-TRA	159	Rental Assistance	PSH	\$ 315,755.00	\$ 315,755.00	\$ 315,755.00	\$ 2,576,094.00	50.99%	85.25
8	Bridgeway/Plainfield Housing Authority 11U CH-F-TRA	389	Rental Assistance	PSH	\$ 127,700.00	\$ 127,700.00	\$ 127,700.00	\$ 2,703,794.00	53.52%	84.75
9	Gateway Family YMCA Ind.-PH	173	Leasing	PSH	\$ 171,197.00	\$ 181,091.00	\$ 181,091.00	\$ 2,884,885.00	57.11%	82.75
10	Community Access Unlimited-PSH	162	Operations/SS/HMIS	PSH	\$ 258,862.00	\$ 258,862.00	\$ 258,862.00	\$ 3,143,747.00	62.23%	79.75
11	Bridgeway/Plainfield Housing Authority 35U-TRA	171	Rental Assistance	PSH	\$ 421,035.00	\$ 421,035.00	\$ 421,035.00	\$ 3,564,782.00	70.56%	81.00
12	Gateway Family YMCA Madison	392	Supportive Services	PSH	\$ 89,976.00	\$ 97,283.00	\$ 97,283.00	\$ 3,662,065.00	72.49%	79.50
13	UC Connected Human Services Model – No Wrong Door (SSO)	n/a	Supportive Services	SSO	\$ 1,042,356.00	n/a	\$ 1,042,356.00	\$ 4,704,421.00	93.12%	88.75
14	Union County CoC-Planning Project	n/a	Planning	Planning	\$ 347,452.00	n/a	\$ 347,452.00	\$ 5,051,873.00	100.00%	83.75
15	Bridges-ECHH UC Coordinated Street Outreach-SSO	n/a	Supportive Services	SSO	\$ 540,690.00	n/a	\$ -	\$ 5,051,873.00	100.00%	82.50
16	UWGUC Fire Displacement Housing Stability Initiative (PH-RRH)	n/a	Leasing/SS/HMIS	PH-RRH	\$ 512,275.00	n/a	\$ -	\$ 5,051,873.00	100.00%	78.78
17	Regeneration One TH Sober Living	n/a	Leasing/SS/HMIS	TH	\$ 500,000.00	n/a	\$ -	\$ 5,051,873.00	100.00%	58.75

Tier 1: \$3,511,042

CoC-Approved Consolidated Application on 8/11/2026