

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/27/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Elizabeth/Union County CoC

b. Employer/Taxpayer Identification Number (EIN/TIN): 22-6002481

	c. Organizational DUNS:	077552842	PLUS 4:	
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d. Address

Street 1: 10 Elizabethtown Plaza

Street 2: Administration Building

City: Elizabeth

County: Union

State: New Jersey

Country: United States

Zip / Postal Code: 07207

e. Organizational Unit (optional)

Department Name: Department of Human Services

Division Name: Division of Planning

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

Prefix: Ms.

First Name: Melissa

Middle Name:

Last Name: Lespinasse

Suffix:

Title: Director Division of Planning, UCDHS

Organizational Affiliation: Elizabeth/Union County CoC

Telephone Number: (908) 527-4883

Applicant: Elizabeth/Union County Continuum of Care

NJ-515

Project: Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PH-RRH

152495

Extension:

Fax Number: (908) 558-2562

Email: mlespinasse@ucnj.org

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): New Jersey
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PH-RRH

16. Congressional District(s):

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

17. Proposed Project

a. Start Date: 07/01/2018
b. End Date: 06/30/2019

18. Estimated Funding (\$)

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Alfred

Middle Name: J

Last Name: Faella

Suffix:

Title: County Manager

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

Fax Number: (908) 289-0180
(Format: 123-456-7890)

Email: afaella@ucnj.org

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

Date Signed: 09/27/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Elizabeth/Union County CoC

Prefix: Mr.

First Name: Alfred

Middle Name: J

Last Name: Faella

Suffix:

Title: County Manager

Organizational Affiliation: Elizabeth/Union County CoC

Telephone Number: (908) 527-4200

Extension:

Email: afaella@ucnj.org

City: Elizabeth

County: Union

State: New Jersey

Country: United States

Zip/Postal Code: 07207

2. Employer ID Number (EIN): 22-6002481

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance \$282,967.00

Requested/Received:

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NJ Department of Children & Families/Division of Child Protection and Permanency	Grant funds	\$62,863.00	Funds will be used to provide match and fund provision of services.
New Jersey Division of Mental Health & Addiction Services	Grant funds	\$555,722.00	Funds will be used to provide match and fund provision of services.
NJ Division of Family Development/ UC Division of Social Services	Emergency Assistance	\$39,940.00	Funds will be used to provide match and fund provision of services.
Service Match (space, case management, supportive services, enrichment activities, & gifts)	Other	\$129,464.00	Funds will be used to provide match and fund provision of services.
Private contributions, Corporate funding, Foundation funding/grant, individual donation & volunteers/General Funds/County Funds	Other	\$290,046.00	Funds will be used to provide match and fund provision of services.

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
N/A	N/A	N/A	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Alfred Faella, County Manager

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

Date Signed: 09/27/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Elizabeth/Union County CoC

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p>	<p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p>
<p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p>	

2. Sites for Work Performance.

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

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

I hereby certify that all the information stated

herein, as well as any information provided in the accompaniment herewith, is true and accurate.



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Alfred

Middle Name: J

Last Name: Faella

Suffix:

Title: County Manager

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

Fax Number: (908) 289-0180
(Format: 123-456-7890)

Email: afaella@ucnj.org

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

Date Signed: 09/27/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction

imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Elizabeth/Union County CoC

Name / Title of Authorized Official: Alfred Faella, County Manager

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

Date Signed: 09/27/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

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

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

Legal Name: Elizabeth/Union County CoC

Street 1: 10 Elizabethtown Plaza

Street 2: Administration Building

City: Elizabeth

County: Union

State: New Jersey

Country: United States

Zip / Postal Code: 07207

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

I certify that this information is true and

complete.

Authorized Representative

Prefix: Mr.

First Name: Alfred

Middle Name: J

Last Name: Faella

Suffix:

Title: County Manager

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

Fax Number: (908) 289-0180
(Format: 123-456-7890)

Email: afaella@ucnj.org

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

Date Signed: 09/27/2017

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$282,967

Organization	Type	Sub-Award Amount
Elizabeth Coalition to House the Homeless	M. Nonprofit with 501C3 IRS Status	\$124,608
The Gateway Family YMCA	M. Nonprofit with 501C3 IRS Status	\$158,359

2A. Project Subrecipients Detail

a. Organization Name: Elizabeth Coalition to House the Homeless

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

c. Employer or Tax Identification Number: 22-2305176

	* d. Organizational DUNS:	018019641	PLUS 4:	
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e. Physical Address

Street 1: 118 Division Street

Street 2: 2nd floor

City: Elizabeth

State: New Jersey

Zip Code: 07207

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

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$124,608

j. Contact Person

Prefix: Ms.

First Name: Linda

Middle Name:

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

2A. Project Subrecipients Detail

a. Organization Name: The Gateway Family YMCA
b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 22-1487381

	* d. Organizational DUNS:	085659811	PLUS 4:	
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e. Physical Address

Street 1: 144 Madison Ave.
Street 2:
City: Elizabeth
State: New Jersey
Zip Code: 07207

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

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$158,359

j. Contact Person

Prefix: Ms.

First Name: Krystal

Middle Name:

Last Name: Canady

Suffix:

Title: Chief Executive Officer

E-mail Address: Kcanady@tgfymca.org

Confirm E-mail Address: Kcanady@tgfymca.org

Phone Number: 908-355-9622

Extension:

Fax Number:

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The Gateway Family YMCA is a not-for-profit 501 (c) (3) organization, incorporated in 1898. The Elizabeth Branch has been providing a broad range of residential housing and social services to vulnerable individuals and families in need in our community for decades. The Y offers emergency shelter, transitional, supportive and permanent housing opportunities in five buildings located on Madison Ave in Elizabeth. We are the largest shelter provider in Union County.

The YMCA currently has annual housing federal CoC subcontracts for over \$772,000 for three successful Permanent Supportive Housing programs; over \$30,000 in annual FEMA EFSP food and shelter funding; and \$45,000 in annual ESG funding; nearly \$100,000 in annual CSBG funding and \$54,000 in annual State SSH funding.

The YMCA has extensive experience providing homeless families and individuals with the resources and support they require to become self-sufficient and independent. The YMCA provides coordination of direct support services including personal and family case management and referral services, as well as assisting and locating affordable housing, homeless advocacy, pre-school and school age child care, drug prevention and education, employment and training, basic life skills training, household budget maintenance, etc.

The Elizabeth Coalition to House the Homeless has provided case management services and housing counseling to the homeless and imminently homeless for 35 years. During the last 4 years we have developed a service matrix that follows the household progress on several domains: housing, food, income, etc. Results indicate that we have moved 80% of our clients from a '0' (literally homeless) to a '3' which is permanently housed with supports. The Matrix uses a 5 point scale. The Coalition serves 600-800 households with case management services and housing counseling services annually. Other programs include Transitional Housing for the working homeless, an emergency winter shelter, an afterschool program and summer day camp for homeless youth, community education and ESL classes. Currently, we have expanded our programs to include permanent affordable housing.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

With a budget of \$14.5 million, the Y has successfully provided matching funds annually for all federal grants by leveraging other private, federal and state sector funding for more than a decade.

The Elizabeth Coalition to House the Homeless has managed funding from Federal, State, Local, and Private funding without deficiencies since 1982.

These funds will allow us to expand our work with the homeless connecting them with permanent housing and providing them with supportive services in the first months of their independence. We will match funds from our Outreach program to assist with monitoring the household to ensure that they are able to hold on to the permanent housing.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The YMCA, with it's budget size and federal funding, has an annual single audit, competed by an independent, outside auditing firm. The organization is governed by a board of directors and has a senior management team with combined experience of over 75 years. The YMCA financial system provides monthly monitoring and reporting to the board of directors and includes all balancing of receivables and cash accounts.

c.The Elizabeth Coalition uses a traditional approach to financial accounting. We use GAAP and Governmental Accounting Principles. The Board monitors the daily accounting on a monthly and weekly basis. The agency is audited by an independent auditor annually.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

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

1b. CoC Collaborative Applicant Name: County of Union New Jersey

2. Project Name: Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PH-RRH

3. Project Status: Standard

4. Component Type: Joint TH & PH-RRH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

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

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

The Gateway Family YMCA and the Elizabeth Coalition to House the Homeless are both currently providing all of the proposed services and activities for the homeless that we would be providing in the new Joint program. All of the transitional housing spaces and services are available and all of the Rapid Rehousing programs services are also up and running.

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>

Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input checked="" type="checkbox"/>

Other: Non- Emergency Assistance Eligible/Working Single Adults and Families

5. Housing First

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

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

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

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

During the period of transitional housing, participants will be required to live in current housing buildings at the Gateway Family YMCA – SRO's and studio in 135 Madison, as well as apartments in 110 and 114 Madison Ave. in Elizabeth. These are existing, available or underutilized, transitional housing spaces.

8. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? No

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Coordinated entry, Provide additional supportive services to homeless persons, Increase the number of homeless persons served

Increase number of homeless persons served

Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	24
# of units	8
# of beds	24
New effort	
# of additional persons served at a point in time that this project will provide	30
# of additional units this project will provide	15
# of additional beds this project will provide	30

Additional supportive services to homeless persons

Indicate how the project is proposing to "provide additional supportive services to the homeless persons served." Increase number of and/or expand variety of supportive services provided, Increase frequency and/or intensity of supportive services, Coordinated entry

Describe the reason for the supportive service increase indicated above.

Additional supportive service to homeless persons:
We will be increasing the supportive services relating to housing search, 3 months' rent and security plus continuing case management and follow up beyond the period of Transitional Housing.

4A. Supportive Services for Participants

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

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

Households will receive housing search counseling to obtain permanent housing. Supportive Case Management, continuing opportunities for financial education and referrals and additional services as needed.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

All participating households will be prioritize for the job readiness and connection program, Project Ready, at the Coalition’s sister agency St. Joseph Social Service Center. Case management assessments will include identifying and addressing barriers to work. Eligible household members for cash assistance programs (such as SSI) will be identified and assisted through application process.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Monthly
Assistance with Moving Costs		
Case Management	Subrecipient	Weekly
Child Care	Non-Partner	As needed

Education Services
Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Subrecipient	As needed
Subrecipient	As needed
Subrecipient	As needed
Subrecipient	As needed
Non-Partner	As needed
Subrecipient	As needed
Partner	As needed
Non-Partner	As needed
Subrecipient	Monthly
Non-Partner	As needed
Subrecipient	As needed
Non-Partner	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Use of a single application form for four or more mainstream programs? Yes

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

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

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

	TH	RRH	Total
Total Units:	10	15	25
Total Beds:	15	22	37
Housing Type	Units		Beds
Single Room Occupancy (SRO)...	5		5
Clustered apartments	5		10
Scattered-site apartments (...)	15		22

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units
Is this a private or semi private room? Yes

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

a. Units: 5

b. Beds: 5

3. Address

Street 1: 135 Madison Ave.

Street 2:

City: Elizabeth

State: New Jersey

ZIP Code: 07201

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

340798 Elizabeth

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments
Is this a private or semi private room? Yes

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

a. Units: 5

b. Beds: 10

3. Address

Street 1: 135, 110 & 114 Madison Ave.

Street 2:

City: Elizabeth

State: New Jersey

ZIP Code: 07201

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

340798 Elizabeth

4B. Housing Type and Location Detail

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

Is this a private or semi private room? Yes

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

a. Units: 15

b. Beds: 22

3. Address

Street 1: Scattered Site

Street 2:

City: Elizabeth

State: New Jersey

ZIP Code: 07201

***4. Select the geographic area(s) associated with the address. For new**

**projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

340798 Elizabeth

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	4	6	0	10
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	4	6		10
Adults ages 18-24				0
Accompanied Children under age 18	5		0	5
Unaccompanied Children under age 18			0	0
Total Persons	9	6	0	15

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	1	0	1	1	1	0	2
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	0			0	0	0	0	0	0	5
Total Persons	0	0	0	1	0	1	1	1	0	7

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	1	0	1	0	0	1	4
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	1	0	1	0	0	1	4

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

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

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

10%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
35%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing.
5%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

The Elizabeth Coalition to House the Homeless provides services to more than 600 households in the drop-in service office. Many of these households would be eligible for the Joint Transitional Housing-Rapid Re-Housing Project. Further, the Coalition has a robust street Outreach Program that is privately funded. This project is a much needed resource to the community and we anticipate that there will be more eligible and willing participants than we have openings.

5D. Discharge Planning Policy

1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs? Yes

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2019? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus? Permanent Housing Bonus

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

4. Select a grant term: 1 Year

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

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

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$100,416
Total Units:			7
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NJ - Newark, NJ HUD Metro FMR Area (3...	7	\$100,416

Rental Assistance Budget Detail

Instructions:

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

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

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

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

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

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

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request
New Project Application FY2017		Page 43		09/27/2017

						(Applicant)	
SRO		x	\$783	x	12	=	\$0
0 Bedroom		x	\$1,044	x	12	=	\$0
1 Bedroom	4	x	\$1,099	x	12	=	\$52,752
2 Bedrooms	3	x	\$1,324	x	12	=	\$47,664
3 Bedrooms		x	\$1,695	x	12	=	\$0
4 Bedrooms		x	\$1,922	x	12	=	\$0
5 Bedrooms		x	\$2,210	x	12	=	\$0
6 Bedrooms		x	\$2,499	x	12	=	\$0
7 Bedrooms		x	\$2,787	x	12	=	\$0
8 Bedrooms		x	\$3,075	x	12	=	\$0
9 Bedrooms		x	\$3,364	x	12	=	\$0
Total Units and Annual Assistance Requested	7						\$100,416
Grant Term							1 Year
Total Request for Grant Term							\$100,416

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

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

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

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

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	3 hrs x 15/indiv/families x \$35 per hr.	\$1,575
2. Assistance with Moving Costs		
3. Case Management	2 hrs. x 15 clients x 12 months @ \$50 per hr. and Follow-up Case Management for 2 hrs. x \$21. x 15 x 12 months RRH individuals/families	\$25,500
4. Child Care		
5. Education Services		
6. Employment Assistance	2 hr. x 10 clients x 12 months @ \$35. per hr.	\$8,400
7. Food	Food cards/Food pantry support	\$3,125
8. Housing/Counseling Services	Housing Search and Housing Counseling Services for 15 individuals/families 2 hrs. x \$21. x 15 x 12 months RRH individuals/families	\$7,500
9. Legal Services		
10. Life Skills	3 hrs. x 15 clients/family members x 12 months @ \$35. per hr.	\$18,900

Applicant: Elizabeth/Union County Continuum of Care

NJ-515

Project: Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PH-RRH

152495

11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$65,000
Grant Term		1 Year
Total Request for Grant Term		\$65,000

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

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

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

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

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

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

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

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Cleaning, Property Maintenance - portion of 3 buildings	\$25,000
2. Property Taxes and Insurance	Liability, Property, Workers Comp., etc. Insurance	\$23,000
3. Replacement Reserve	Replacement Reserves	\$5,000
4. Building Security	24/7 Security, portion of 3 buildings	\$15,000
5. Electricity, Gas, and Water	Portion for 3 buildings	\$25,000
6. Furniture	Mattresses, Beds, Chest, etc. Replacement as needed	\$2,000
7. Equipment (lease, buy)	Replacement Purchases of Appliances as needed	\$5,000
Total Annual Assistance Requested		\$100,000
Grant Term		1 Year
Total Request for Grant Term		\$100,000

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$70,742
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$70,742

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Gateway Family YM...	09/18/2017	\$39,275
Yes	Cash	Private	Elizabeth Coaliti...	09/18/2017	\$31,467

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: Gateway Family YMCA Private
(Be as specific as possible and include the office or grant program as applicable) Donations/General funds
- 5. Date of Written Commitment: 09/18/2017
- 6. Value of Written Commitment: \$39,275

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: Elizabeth Coalition to House the Homeless -
(Be as specific as possible and include the office or grant program as applicable) Private Funds
- 5. Date of Written Commitment: 09/18/2017
- 6. Value of Written Commitment: \$31,467

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$100,416	1 Year	\$100,416
4. Supportive Services	\$65,000	1 Year	\$65,000
5. Operating	\$100,000	1 Year	\$100,000
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$265,416
8. Admin (Up to 10%)			\$17,551
9. Total Assistance Plus Admin Requested			\$282,967
10. Cash Match			\$70,742
11. In-Kind Match			\$0
12. Total Match			\$70,742
13. Total Budget			\$353,709

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	ECHH IRS	09/18/2017
3) Other Attachment(s)	No	GWY-ECHH Match- B...	09/20/2017
2) Other Attachment(s)	No	GWY IRS	09/20/2017

Attachment Details

Document Description: ECHH IRS

Attachment Details

Document Description: GWY-ECHH Match- BW Support letters

Attachment Details

Document Description: GWY IRS

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Alfred Faella

Date: 09/27/2017

Title: County Manager

Applicant Organization: Elizabeth/Union County CoC

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am

X

aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).



8B. Submission Summary

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

Page	Last Updated	
New Project Application FY2017	Page 56	09/27/2017

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/18/2017
1E. SF-424 Compliance	08/31/2017
1F. SF-424 Declaration	08/31/2017
1G. HUD 2880	08/31/2017
1H. HUD 50070	08/31/2017
1I. Cert. Lobbying	08/31/2017
1J. SF-LLL	08/31/2017
2A. Subrecipients	09/19/2017
2B. Experience	09/18/2017
3A. Project Detail	09/05/2017
3B. Description	09/19/2017
3C. Expansion	09/18/2017
4A. Services	09/20/2017
4B. Housing Type	09/19/2017
5A. Households	09/19/2017
5B. Subpopulations	09/06/2017
5C. Outreach	09/19/2017
5D. Discharge Policy	08/31/2017
6A. Funding Request	08/31/2017
6E. Rental Assistance	09/18/2017
6F. Supp Srvcs Budget	09/19/2017
6G. Operating	09/18/2017
6I. Match	09/15/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/20/2017

Applicant: Elizabeth/Union County Continuum of Care

NJ-515

Project: Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PH-RRH

152495

7D. Certification

09/06/2017

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: March 1, 2003

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

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

Fax Number:
513-263-3756
Federal Identification Number:
22-2305176

RECEIVED
MAR 1 0 2003

BY:-----

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

Dear Sir or Madam:

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

Our records indicate that a determination letter issued in May 1985 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

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

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

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

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

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

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

FILED

CERTIFICATE OF AMENDMENT

JAN 23 1997

TO

CERTIFICATE OF INCORPORATION

LONNA R. HOOKS
Secretary of State

OF

ALTERNATE LIVING PROGRAM
A NEW JERSEY NON PROFIT CORPORATION

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

FIRST: The name of the Corporation is

Elizabeth Coalition To House The Homeless INC.

2. The Corporation does not have members.

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

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

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

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

DATED: November 24, 1996

District Director

Date: SEP 23 1982

Employer Identification Number:
22-2305176

Accounting Period Ending:
December 31,

Foundation Status Classification:
509(a)(1) and 170(b)(1)(A)(vi)

Advance Ruling Period Ends:
December 31, 1984

Person to Contact:
C. Anderson

Contact Telephone Number:
(201) 645-3183

Alternate Living Program
6 Claremont Place
Montclair, New Jersey 07042

Dear Applicant:

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

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

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

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

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1) * organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) * status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) * organization.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

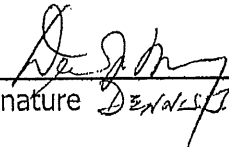
Union County Department of Human Services/Division of Planning
Attn: CoC/Homeless Unit
10 Elizabethtown Plaza – 4th Floor, Elizabeth, NJ 07207

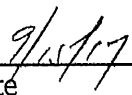
RE: Match for FY2017 SuperNOFA CoC Application

Project Name: <small>[Name, e.g., Elizabeth Housing Authority/Homefirst – 4U 2017]</small>	The Gateway Family YMCA
Project Operating Year:	July / 1 /2018 - June / 30 /2019
Type of Commitment: <small>(check where applicable)</small>	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> In-Kind Services
Date of Commitment:	/ /2017

Match Source	Name of Source <small>(Specify)</small>	Match Amount
Federal		\$
State		\$
Local		\$
Other	YMCA Funds	\$ 39,275
Match Grand Total:		\$39,275

I, Dennis McNany, Chief Financial Officer, The Gateway Family YMCA, certify the value of the match funds that have been committed for the above mentioned project with the source(s) as detailed above.


 Signature Dennis McNany, CFO


 Date 9/15/17

S:\Planning\Planning\Coc\Subcontract\SuperNOFA\2017\Application\Match Ltr Template-FY2

THE GATEWAY FAMILY YMCA
www.tgfymca.org

Association Office
144 Madison Avenue
Elizabeth, NJ 07201
P 908.249.4800
F 908.351.6366

Elizabeth Branch
135 Madison Avenue
Elizabeth, NJ 07201
P 908.355.9622
F 908.355.3572

Five Points Branch
201 Tucker Avenue
Union, NJ 07083
P 908.688.9622
F 908.851.9377

Rahway Branch
1564 Irving Street
Rahway, NJ 07065
P 732.388.0057
F 732.388.9494

Wellness Center Branch
1000 Galloping Hill Rd.
Union, NJ 07083
P 908.349.9622
F 908.349.2277

WISE Center YMCA
2095B Berwyn Street
Union, NJ 07083
P 908.687.2997
F 908.688.6913



Elizabeth Coalition to House the Homeless

118 Division St., Elizabeth, NJ 07201
 (908) 355-2060

www.theelizabethcoalition.org
 Fax (908) 355-5094



Union County Department of Human Services/Division of Planning
 Attn: CoC/Homeless Unit
 10 Elizabethtown Plaza – 4th Floor, Elizabeth, NJ 07207

RE: Match for FY2017 SuperNOFA CoC Application

Project Name: [Name, e.g., Elizabeth Housing Authority/Homefirst – 4U 2017]	Elizabeth Coalition to House the Homeless
Project Operating Year:	7 /01/2018 - 6/30/2019
Type of Commitment: (check where applicable)	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> In-Kind Services
Date of Commitment:	09/ 15 /2017

Match Source	Name of Source (Specify)	Match Amount
Federal		\$
State		\$
Local		\$
Other	Outreach Healthcare Foundation of NJ	\$ 25,000
Other	ECTHTH Private Funds	\$ 6,467
Match Grand Total:		\$31,467

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

Linda M. Flores-Tober

 Signature

9/15/2017

 Date



Linda Flores – Tober
Executive Director
Elizabeth Coalition to House the Homeless
118 Division Street
Elizabeth, NJ 07201

September 8, 2017

Dear colleagues,

Bridgeway is pleased to be a service partner for the proposed new Rapid RE-housing/Transitional Housing project under the Union County Continuum of Care. WE offer wrap around supportive housing services to Union County residents who have a psychiatric disability and who have experienced homelessness.

As you know, Bridgeway has operated a PATH outreach program in Union County for many years. We have also developed a multi-disciplinary supportive housing program that assists people with complex needs to live successfully in permanent supportive housing. This service includes case management, 24 hour crisis response, career counseling, community living skills development and wellness services. Bridgeway also operates a Justice Involved Services team that accepts referrals from the county jail, probation and the prosecutor's office and which assists individuals with a mental health problem and criminal justice system involvement.

These programs are available to eligible individuals that are participating in the Rapid RE-housing/Transitional Housing project.

Good luck with your proposal.
Sincerely,

Cory Storch, President and CEO
Bridgeway Rehabilitation Services

Bridgeway Rehabilitation Services, Inc.
615 N. Broad Street, Elizabeth, NJ 07208
www.bridgewayrehab.org | 908-355-7886 | 908-355-6668

Bridgeway is a NJ State licensed nonprofit 501(c)3 organization providing psychiatric rehabilitation services since 1968
Union • Hudson • Passaic • Middlesex • Mercer • Somerset • Warren • Hunterdon • Essex • Sussex • Bergen



Susan Pepper
Senior Director of Housing and Social Services
Gateway YMCA
135 Madison Avenue
Elizabeth, NJ 07201

September 8, 2017

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CINCINNATI OH 45999-0038

In reply refer to: 0248222119
May 28, 2014 LTR 4168C 0
22-1487381 000000 00

00025357
BODC: TE

YOUNG MENS CHRISTIAN ASSOCIATION OF
EASTERN UNION COUNTY
135 MADISON AVE
ELIZABETH NJ 07201

Employer Identification Number: 22-1487381
Person to Contact: Kaye Keyes
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 16, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July, 1936.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

May 28, 2016 LTR 4168C 0

22-1487381 000000 00

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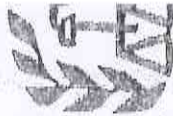
YOUNG MENS CHRISTIAN ASSOCIATION OF
EASTERN UNION COUNTY
135 MADISON AVE
ELIZABETH NJ 07201

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

Sincerely yours,



Norma J. Brudwick, Field Director
Accounts Management



Y

TREASURY DEPARTMENT
Washington
July 27, 1935

IT: E:RR
HVH

Young Men's Christian Association of
Elizabeth, New Jersey
Elizabeth, New Jersey

Sirs:

Reference is made to the evidence submitted by you for use in determining your status for the purpose of Federal income taxation, the question having arisen in connection with your claim for exemption from payment of the capital stock tax.

It is stated in an affidavit of the president of the board of directors that you were incorporated in 1901; that you are a regularly constituted Young Men's Christian Association and a member of the National Council of the Young Men's Christian Associations; that your income is derived from membership dues, private contributions and city Community Chests; and that your income is used entirely for maintenance and operating expenses. It appears that none of your income inures to the benefit of any private shareholder or individual.

Based upon the facts presented, it is held that you are entitled to exemption under the provisions of section 101 (6) of the Revenue Act of 1934 and the corresponding provisions of prior revenue acts. You are not, therefore, required to file returns for 1935 and prior years. Inasmuch as section 101 (6) of the Revenue Act of 1936 is similar to section 101 (6) of the Revenue Act of 1934, returns will not be required for 1936 and subsequent years so long as there is no change in your organization, your purposes or method of operation.

Any changes in your form of organization or method of operation, as shown by the evidence submitted, must be immediately reported to the collector of internal revenue for your district, in order that the effect of such changes upon your present exempt status may be determined.

The exemption referred to in this letter does not apply to taxes levied under other titles or provisions of the respective revenue acts; except insofar as exemption is granted expressly under



those provisions to organizations enumerated in section 101 of the Revenue Act of 1936 and the corresponding provisions of prior revenue acts.

Contributions made to your organization by individual donors are deductible by such individuals in arriving at their taxable net income in the manner and to the extent provided by section 23 (c) of the Revenue Act of 1936 and the corresponding provisions of prior revenue acts. The deductibility of contributions by corporations is governed by section 23 (q) of the Revenue Act of 1936.

It is also held that you are exempt from the payment of the excise tax imposed by section 901 of the Social Security Act, approved August 14, 1935, inasmuch as you come within the exception provided in section 907 (c) (7) of that Act.

A copy of this letter is being transmitted to the collector of internal revenue for your district.

By direction of the Commissioner.

Respectfully,

Wm. Sherwood
Acting Deputy Commissioner