

## **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 via 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 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.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

- 1. **Type of Submission:** Application
- 2. **Type of Application:** Renewal Project Application

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

If "Other", specify:

3. **Date Received:** 09/18/2018

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** NJ0563

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

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

6. **Date Received by State:**

7. **State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Elizabeth/Union County CoC

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

	<b>c. Organizational DUNS:</b>	077552842	<b>PLUS 4</b>	
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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 2018

161665

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**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-6200-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 2018

**16. Congressional District(s):**

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

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

**17. Proposed Project**

**a. Start Date:** 09/01/2019

**b. End Date:** 08/31/2020

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Edward

**Middle Name:** T.

**Last Name:** Oatman

**Suffix:**

**Title:** County Manager

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

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

**Email:** eoatman@ucnj.org

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

**Date Signed:** 09/18/2018



# 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:** Edward

**Middle Name:** T.

**Last Name:** Oatman

**Suffix:**

**Title:** County Manager

**Organizational Affiliation:** Elizabeth/Union County CoC

**Telephone Number:** (908) 527-4200

**Extension:**

**Email:** eoatman@ucnj.org

**City:** Elizabeth

**County:** Union

**State:** New Jersey

**Country:** United States

**Zip/Postal Code:** 07207

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

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$279,943.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PH-RRH 2018 10 Elizabethtown Plaza Elizabeth New Jersey

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
Private contributions, Corporate funding, Foundation funding/grant, individual donation & volunteers/General Funds/County Funds	Other	\$285,486.00	Funds will be used to provide match and fund provision of services.
New Jersey Division of Mental Health & Addiction Services	Grant funds	592617.0	Funds will be used to provide match and fund provision of services.
NJ Division of Family Development/ UC Division of Social Services	Emergency Assistance	\$115,572.00	Funds will be used to provide match and fund provision of services.
Service Match (space, case management, supportive services, enrichment activities, & gifts)	Other	\$125,660.00	Funds will be used to provide match and fund provision of services.
New Jersey Division of Child Protection and Permanency	Grant funds	\$25,081.00	Funds will be used to provide match and fund provision of services.

**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%

**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:** Edward Oatman, County Manager

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

**Date Signed:** 09/14/2018

# 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>	

### 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**

X

**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:** Edward

**Middle Name:** T.

**Last Name:** Oatman

**Suffix:**

**Title:** County Manager

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

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

**Email:** eoatman@ucnj.org

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

**Date Signed:** 09/18/2018

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

**Applicant's Organization:** Elizabeth/Union County CoC

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

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

**Date Signed:** 09/18/2018

# 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:** Edward

**Middle Name:** T.

**Last Name:** Oatman

**Suffix:**

**Title:** County Manager

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

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

**Email:** eoatman@ucnj.org

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

**Date Signed:** 09/18/2018

## **Information About Submission without Changes**

**After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.**

**If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.**

## Recipient Performance

**1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** No

**Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.**

This is a 1st time renewal. The Project will begin September 1, 2019. Therefore no APR has been submitted.

**2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

**3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** No

**Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.**

This is a 1st time renewal. The Project will begin September 1, 2019. No drawdowns have been submitted.



**4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

## Renewal Grant Consolidation Screen

**HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).**

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If “No” click on “Next” or “Save & Next” below to move to the next screen.** No

## 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: \$279,943**

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

## 2A. Project Subrecipients Detail

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

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

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

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

**Street 1:** 188 Division St

**Street 2:**

**City:** Elizabeth

**State:** New Jersey

**Zip Code:** 07201

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

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

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

**i. Expected Sub-Award Amount:** \$121,167

### j. Contact Person

**Prefix:** Ms.

**First Name:** Linda

**Middle Name:**

**Last Name:** Flores-Tober

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

## 2A. Project Subrecipients Detail

**a. Organization Name:** The Gateway Family YMCA  
**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 22-1487381

	<b>* d. Organizational DUNS:</b>	085659811	<b>PLUS 4</b>
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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** Yes

**agency or through a State/local agency?**

**i. Expected Sub-Award Amount:** \$158,776

**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:**



### 3A. Project Detail

**1. Project Identification Number (PIN) of expiring grant:** NJ0563

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2a. CoC Number and Name:** NJ-515 - Elizabeth/Union County CoC

**2b. CoC Collaborative Applicant Name:** County of Union New Jersey

**3. Project Name:** Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PH-RRH 2018

**4. Project Status:** Standard

**5. Component Type:** Joint TH & PH-RRH

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

**7. Will this renewal project be part of a new application for a Renewal Expansion Grant?** 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 employment 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. Does your project have a specific population focus? Yes**

**2a. Please identify the 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 with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

**3. Housing First**

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

**3b. 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"/>

**3c. 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"/>

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

## 4A. Supportive Services for Participants

**1. 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	Subrecipient	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Subrecipient	Monthly
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Non-Partner	As needed

**2. Please identify whether the project includes the following activities:**

**2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

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

**3a. Has the staff person providing the technical assistance completed SOAR?** Yes

**training in the past 24 months.**

## 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	
<b>Total Units:</b>	10	15	25	
<b>Total Beds:</b>	15	22	37	
Housing Type	Housing Type (JOINT)		Units	Beds
---	Single Room Occup...		5	5
---	Clustered apartments		5	10
---	Scattered-site ap...		15	22

## 4B. Housing Type and Location Detail

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

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

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

1b. Is this a private or semi private rooms? Yes

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

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

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

a. Units: 5

b. Beds: 5

### 5. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 135 Madison Ave.

**Street 2:**

**City:** Elizabeth

**State:** New Jersey

**ZIP Code:** 07207

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

## 4B. Housing Type and Location Detail

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

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

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

**1b. Is this a private or semi private rooms?** Yes

**2. Housing Type:** Clustered apartments

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

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

**a. Units:** 5

**b. Beds:** 10

### 5. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing



cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 135, 110 & 114 Madison Ave.

**Street 2:**

**City:** Elizabeth

**State:** New Jersey

**ZIP Code:** 07207

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

## 4B. Housing Type and Location Detail

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

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

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

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

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

**a. Units:** 15

**b. Beds:** 22

**5. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location

is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 135 Madison Ave.

**Street 2:**

**City:** Elizabeth

**State:** New Jersey

**ZIP Code:** 07207

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

## 5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Total Number of Households</b>	4	6		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
<b>Adults over age 24</b>	4	6		10
<b>Adults ages 18-24</b>				0
<b>Accompanied Children under age 18</b>	5			5
<b>Unaccompanied Children under age 18</b>				0
<b>Total Persons</b>	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	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24				1		1	1	1		2
Adults ages 18-24										
Children under age 18										5
<b>Total Persons</b>	0	0	0	1	0	1	1	1	0	7

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24				1		1			1	4
Adults ages 18-24										
<b>Total Persons</b>	0	0	0	1	0	1	0	0	1	4

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

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

Persons served in this Joint TH & PH-RRH will not necessarily have a documented disability. The target population is working poor individuals;

individuals who are unemployed, under-employed and anyone ineligible for emergency assistance via mainstream services.

## 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 (TH and SSO Projects Only)
	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.
100%	Total of above percentages

## 6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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

4. Renewal Grant Term: 1 Year

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

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

## 6C. 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.

<b>Total Request for Grant Term:</b>		\$97,392	
<b>Total Units:</b>		7	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NJ - Newark, NJ HUD Metro FMR Area (3...	7	\$97,392



## Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

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

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$755	\$755	x	12	=	\$0
0 Bedroom		x	\$1,007	\$1,007	x	12	=	\$0
1 Bedroom	4	x	\$1,063	\$1,063	x	12	=	\$51,024
2 Bedrooms	3	x	\$1,288	\$1,288	x	12	=	\$46,368
3 Bedrooms		x	\$1,655	\$1,655	x	12	=	\$0
4 Bedrooms		x	\$1,886	\$1,886	x	12	=	\$0
5 Bedrooms		x	\$2,169	\$2,169	x	12	=	\$0
6 Bedrooms		x	\$2,452	\$2,452	x	12	=	\$0
7 Bedrooms		x	\$2,735	\$2,735	x	12	=	\$0
8 Bedrooms		x	\$3,018	\$3,018	x	12	=	\$0
9 Bedrooms		x	\$3,301	\$3,301	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	<b>7</b>							<b>\$97,392</b>
<b>Grant Term</b>								<b>1 Year</b>
<b>Total Request for Grant Term</b>								<b>\$97,392</b>

**Click the 'Save' button to automatically calculate totals.**

## 6D. Sources of Match

**The following list summarizes the funds that will be used as Match for 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

<b>Total Value of Cash Commitments:</b>	\$41,889
<b>Total Value of In-Kind Commitments:</b>	\$28,098
<b>Total Value of All Commitments:</b>	\$69,987

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Gateway YMCA Gene...	08/22/2018	\$39,695
Yes	In-Kind	Private	Elizabeth Coaliti...	08/24/2018	\$28,098
Yes	Cash	Government	Union County	08/27/2018	\$2,194

## 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 YMCA General Funds  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/22/2018
- 6. Value of Written Commitment: \$39,695

## Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Elizabeth Coalition General Funds  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/24/2018
- 6. Value of Written Commitment: \$28,098

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

## Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Government

**4. Name the Source of the Commitment:** Union County  
**(Be as specific as possible and include the office or grant program as applicable)**

**5. Date of Written Commitment:** 08/27/2018

**6. Value of Written Commitment:** \$2,194

## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$97,392
3. Supportive Services	\$65,000
4. Operating	\$100,000
5. HMIS	\$0
6. Sub-total Costs Requested	\$262,392
7. Admin (Up to 10%)	\$17,551
8. Total Assistance plus Admin Requested	\$279,943
9. Cash Match	\$41,889
10. In-Kind Match	\$28,098
11. Total Match	\$69,987
12. Total Budget	\$349,930

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	GW IRS	08/21/2018
2) Other Attachmenbt	No	ECHH IRS	08/21/2018
3) Other Attachment	No	Match Letters	09/11/2018

## **Attachment Details**

**Document Description:** GW IRS

## **Attachment Details**

**Document Description:** ECHH IRS

## **Attachment Details**

**Document Description:** Match Letters

## 7A. In-Kind Match MOU Attachment

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



## Attachment Details

### Document Description:

## 7B. 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 578.33(d) or 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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.

**C. Explanation.**

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** Edward Oatman

**Date:** 09/18/2018

**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 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).**

X
---

## Submission Without Changes

**1. Are the requested renewal funds reduced from the previous award as a result of reallocation?** No

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

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

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>

6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

6D. Match: Updated Match Letters

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

## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required

<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/14/2018
<b>1E. SF-424 Compliance</b>	09/14/2018
<b>1F. SF-424 Declaration</b>	09/14/2018
<b>1G. HUD-2880</b>	09/14/2018
<b>1H. HUD-50070</b>	09/14/2018
<b>1I. Cert. Lobbying</b>	09/14/2018
<b>1J. SF-LLL</b>	09/14/2018
<b>Recipient Performance</b>	09/14/2018
<b>Renewal Grant Consolidation</b>	09/14/2018
<b>2A. Subrecipients</b>	09/14/2018
<b>3A. Project Detail</b>	09/14/2018
<b>3B. Description</b>	09/14/2018
<b>4A. Services</b>	09/14/2018
<b>4B. Housing Type</b>	09/14/2018
<b>5A. Households</b>	09/14/2018
<b>5B. Subpopulations</b>	09/14/2018
<b>5C. Outreach</b>	09/14/2018
<b>6A. Funding Request</b>	09/14/2018
<b>6C. Rental Assistance</b>	09/14/2018
<b>6D. Match</b>	09/14/2018
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/14/2018
<b>7A. In-Kind Match MOU Attachment</b>	No Input Required
<b>7B. Certification</b>	09/14/2018
<b>Submission Without Changes</b>	09/14/2018



CERTIFICATE OF INCORPORATION

OF THE

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

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

FIRST: The name of this corporation is

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

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

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

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

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

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

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

Signed, sealed and delivered in the presence of,

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

State of New Jersey

County of Union

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

Robt. G. Bell,

Master in Chancery of New Jersey.

State of New Jersey

SS:

County of Union

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

Geo. Schmidt, Jr.,

M. C. C. of N. J.

State of New Jersey  
SS:  
County of Union

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

Robt. G. Bell,

Master in Chancery of N. J.

State of New Jersey  
SS:  
County of Union

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

Theodore C. English,

Master in Chancery of N. J.

Endorsed

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

William Howard,

Clerk."

"Filed Dec 11 1901,

Georgs Wurts,

Secretary of State."



STATE OF NEW JERSEY



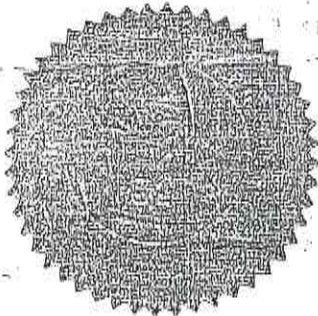
DEPARTMENT OF STATE

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

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

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

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



*George Wurts*  
Secretary of State.

AUG 20 1990

RESTATED CERTIFICATE OF INCORPORATION  
OF

JOAN HABERLE  
Secretary of State

YOUNG MEN'S CHRISTIAN ASSOCIATION OF EASTERN UNION COUNTY

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

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

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

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

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

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

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

135 Madison Avenue  
Elizabeth, New Jersey 07201

The registered agent therein is  
Kathleen A. Dunn

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CERTIFICATE OF ADOPTION OF RESTATED  
CERTIFICATE OF INCORPORATION,

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

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

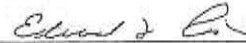
IN WITNESS WHEREOF, the undersigned has made this certificate this 31st day of May, 1990.

ATTEST:

YOUNG MEN'S CHRISTIAN  
ASSOCIATION OF EASTERN UNION  
COUNTY



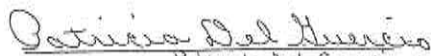
Calvin D. Sierra, Secretary

By:   
Edward F. Cash, President

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

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

Sworn to and subscribed before me,  
the date aforesaid.

  
Notary Patricia del Huerto

  
Calvin Sierra Secretary



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

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

ATTEST:

YOUNG MEN'S CHRISTIAN  
ASSOCIATION OF EASTERN UNION  
COUNTY


  
Calvin D. Sierra, Secretary

By:   
Edward F. Cash, President

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

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

Sworn to and subscribed before me,  
the date aforesaid.

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

  
Calvin D. Sierra, Secretary

Internal Revenue Service

Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

Date: March 1, 2003

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

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

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

RECEIVED  
MAR 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:

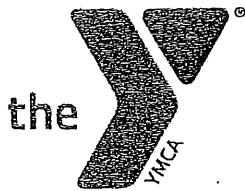
Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

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 - 4<sup>th</sup> Floor, Elizabeth, NJ 07207

**RE: Match for FY2018 SuperNOFA CoC Application**

<b>Project Name:</b> [Name, e.g., Elizabeth Housing Authority/Homefirst - 4U 2018]	Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PHRRH 2018
<b>Project Operating Year:</b>	09/01/2019 - 08/31 /2020
<b>Type of Commitment:</b> (check where applicable)	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind Services
<b>Date of Commitment:</b>	August 22, 2018

Match Source	Name of Source (Specify)	Match Amount
Federal		\$
State		\$
Local	YMCA General funds	\$ 39,695
Other		\$
<b>Match Grand Total:</b>		<b>\$39,695</b>

I, Krystal R. Canady, CEO of 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]  
 Signature

8/21/18  
 Date

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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



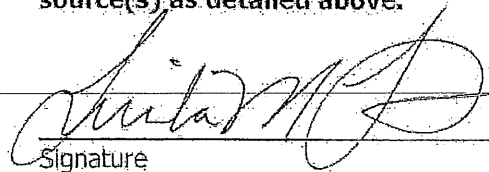
Union County Department of Human Services/Division of Planning  
 Attn: CoC/Homeless Unit  
 10 Elizabethtown Plaza - 4<sup>th</sup> Floor, Elizabeth, NJ 07207

**RE: Match for FY2018 SuperNOFA CoC Application**

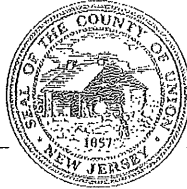
<b>Project Name:</b> <small>[Name, e.g., Elizabeth Housing Authority/Homefirst - 4U-2018]</small>	Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PHRRH 2018.
<b>Project Operating Year:</b>	09/01/2019 - 08/31/2020
<b>Type of Commitment:</b> <small>(check where applicable)</small>	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> In-Kind Services
<b>Date of Commitment:</b>	8 / 24 / 2018

Match Source	Name of Source <small>(Specify)</small>	Match Amount
Federal		\$
State		\$
Local		\$
Other	General Funds	\$
<b>Match Grand Total:</b>		<b>\$28,098</b>

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

  
 \_\_\_\_\_  
 Signature

8/24/2018  
 \_\_\_\_\_  
 Date



# COUNTY OF UNION

DEPARTMENT OF HUMAN SERVICES  
Debbie-Ann Anderson, Director

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

**BOARD OF  
CHOSEN FREEHOLDERS**

SERGIO GRANADOS  
Chairman

BETTE JANE KOWALSKI  
Vice Chairman

BRUCE H. BERGEN

ANGEL G. ESTRADA

ANGELA R. GARRETSON

CHRISTOPHER HUDAK

MOHAMED S. JALLOH

ALEXANDER MIRABELLA

REBECCA WILLIAMS

EDWARD T. OATMAN  
County Manager

AMY C. WAGNER  
Deputy County Manager

ROBERT E. BARRY, ESQ.  
County Counsel

JAMES E. PELLETIERE, RMC  
Clerk of the Board

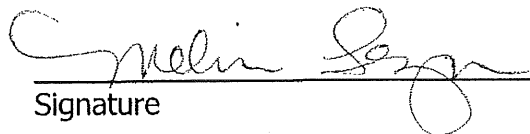
MELISSA LESPINASSE  
Division Director

**RE: Match for FY2018 SuperNOFA CoC Application**

<b>Project Name:</b> [Name, e.g., Elizabeth Housing Authority/Homefirst – 4U 2016]	Gateway-ECHH Joint (2018-563)
<b>Project Operating Year:</b>	Proposed: 9/1/2019-8/31/2020
<b>Type of Commitment:</b> (check where applicable)	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> In-Kind Services
<b>Date of Commitment:</b>	8/27/2018

Match Source	Name of Source (Specify)	Match Amount
Federal		\$
State		\$
Local	County of Union	\$2,194
<b>Match Grand Total:</b>		<b>\$2,194</b>

**I, Melissa Lespinasse, Director of Union County Department of Human Services/Division of Planning certify the value of the match funds that have been committed for the above mentioned project with the source(s) as detailed above.**

  
Signature

8/27/18  
Date

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**DIVISION OF PLANNING**

Administration Building  
Elizabethtown Plaza    Elizabeth, NJ 07207    (908)527-4842    fax(908)558-2562    www.ucnj.org  
*We're Connected to You!*

