

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) 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 2018 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 2018 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: 09/18/2018

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

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: PROCEED, Inc. 2018

16. Congressional District(s):

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

17. Proposed Project

a. Start Date: 10/01/2019
b. End Date: 09/30/2020

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: \$302,528.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Private contributions, Corporate funding, Foundation funding/grant, individual donation & volunteers/General Funds/County Funds	Other	\$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	\$592,617.00	Funds will be used to provide match and fund provision of services.
NJ Division of Family Development/ UC Division of Social Services	Emergency Assistance	\$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.

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: Edward Oatman, County Manager

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

Date Signed: 03/27/2018

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

2. Sites for Work Performance.

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

I hereby certify that all the information stated herein, as well as any information provided in

X

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: 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

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.

X

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

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: \$302,528

Organization	Type	Sub-Award Amount
PROCEED, Inc.	M. Nonprofit with 501C3 IRS Status	\$302,528

2A. Project Subrecipients Detail

a. Organization Name: PROCEED, Inc.

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

c. Employer or Tax Identification Number: 22-2088378

	* d. Organizational DUNS:	043980531	PLUS 4:	
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e. Physical Address

Street 1: 1126 Dickinson Street

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: \$302,528

j. Contact Person

Prefix: Ms.

First Name: Teresa

Middle Name:

Last Name: Soto Vega
Suffix:
Title: Executive Director
E-mail Address: tsotovega@proceedinc.com
Confirm E-mail Address: tsotovega@proceedinc.com
Phone Number: 908-351-7727
Extension:
Fax Number: 908-351-7620

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.

PROCEED, Inc. requests \$ 302,528 in new bonus project funds for the “Comprehensive Homelessness Intervention Program” (CHIP) to promote a community-wide commitment to the goal of ending homelessness under the program component of permanent housing category. The project aims to provide tenant-based rental assistance-short, medium and long-term-to homeless individuals and families to quickly rehouse them using the “Housing First Approach.” The goal is to provide rapid rehousing services to individuals and families, assisting them to obtain and maintain stable housing while allowing them to live as independently as possible. With this service, PROCEED will provide housing search, relocation and rental assistance to homeless persons and families and help them move as rapidly as possible into permanent housing.

PROCEED has been serving the target population of literally homeless individuals and families with Federal, State, and County funds for the last 40 years. Very specifically, in the area of rapid rehousing, since, 2012, the agency has provided short and medium term rental assistance to homeless families and individuals, alongside comprehensive case management support, through the New Jersey Division of Housing and Community Resources funds called Homeless Prevention and Rapid Rehousing Program. The very recently concluded HPRP 2 program provided assistance to 53 clients through rapid rehousing funds. These clients were assisted with security deposit, short and medium term rental support that allowed them to move toward permanent housing.

PROCEED has successfully administered and provided critical homeless prevention and intervention programs and services for over three decades through the Social Services for the Homeless Program (SSH) , Ryan White Title I, HEARTH Emergency Solutions (HES) Grant, Homeless Prevention Program (HPP), and Housing Opportunities for Persons with AIDS (HOPWA).

The following is a snap shot on the numbers of persons served with prevention and intervention programs between 1/1/2015 through 6/30/2018, with a total funding amount of approximately \$ 2.5 M:

- 1.SSH funds: 1,130
- 2.SSH-EXT Prevention: 19,
- 3.State of NJ, DCA HPP: 303
- 4.State of NJ, DCA-HPRP 2-Prevention: 106
- 5.State of NJ, DCA HPRP 2-Rapid Rehousing: 239
- 6.HES 1 time assistance: 22
- 7.HES-Prevention Funds: 58
- 8.HES Rapid Rehousing Funds: 147
- 9.Ryan White: 100 unduplicated individuals per contract year

10.HOPWA: 25 individuals/families per contract year

PROCEED has used a collective approach to serving individuals and families through these homeless programs over the years. The contracted levels of services have consistently been met and/or exceeded. PROCEED strives to serve as a “One Stop” resource for the community it serves. Through case management, clients were also linked to additional services in-house and outside of the agency.

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

PROCEED’s Comprehensive Homelessness Intervention Program (CHIP) ensures an integrated system of continuum of care from prevention through intervention for homeless individuals and families in Union County. Under the broad umbrella of the CHIP program, the agency has administered prevention, intervention and rapid rehousing programs through Federal, State and County supported funds. We have identified individuals and families in Union County who are at risk of becoming homeless or who are homeless in order to provide them with culturally and linguistically appropriate services leading to a reduction or elimination of homelessness, as defined by HUD - through prevention, diversion, and rapid re-housing interventions. These funds to assist families and individuals has been leveraged appropriately to provide the maximum support and benefit to families and individuals needing the most support. For the last four years, the agency has been able to leverage private funds through the Kellogg Foundation funds in Union County and Union County Freeholder Funds to operate a Family Success Center.

The goal of the success center is to connect families and individuals to concrete and supportive services so that they are self-sufficient in the long run. The family success provides employment services, job fairs, English classes, computer classes, parenting skills training, family nights, financial classes, credit counseling, tenant rights training, and critical and information to community residents who are vulnerable and most at-risk. During the calendar year of 2017, 895 individuals/families were served at the family success center.

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.

PROCEED Inc., founded in 1970, is a non-profit organization that provides direct services to youth & families. In response to the evolving diversity within UC, PROCEED shifted its service paradigm from one that addressed the needs of the Latino community to offering programs that are linguistically & culturally congruent to the needs of individuals of any race or ethnicity. The agency’s services are rendered through 6 depts: Community Development housing/rental, weatherization/heating assistance & senior services; Community Health Initiatives HIV/AIDS counseling, testing & notification, STI screening, transportation for health services, & care management; Multi Services emergency food, living assistance, employment services, & immigration assistance; Community Education child development services; Individual and Family Development youth counseling services, adult & child protective

services, & preventive services; &, National Center for Training, Support, and Technical Assistance (NCTSTA)- training, capacity building, & technical assistance in organizational development & program delivery to community-based organizations locally, regionally, nationally, including the U.S. Virgin Islands & Puerto Rico. The agency functions under a volunteer-based Board of Trustees. The Board consists of seven (7) members who serve in a fiduciary capacity by being responsible for the agency's sustainability, consumer representation & advocacy, policy development, public & media relations, & the macro growth of the organization. Members participate in monthly meetings to review & discuss written & financial reports & to provide guidance based on their respective areas of expertise. The Executive Director has authority over day-to-day agency operation, including the management of its finances & human resources. The Deputy Director manages the Information and Technology Infrastructure & supervises the Dept. Directors, whom oversee approximately 40 programs & supervise a workforce of 125 employees. Each member of the management team has over 10 years of service within the organization with experience in public administration, counseling, training, & community development. PROCEED is an Equal Opportunity Employer. Its Human Resources Dept. is governed by a board-approved Personnel Policy & Procedure Manual, which details PROCEED's service delivery model, expectations & rights of employees, terms of employment, & the rights of clients, including ethical & legal responsibilities. PROCEED's commitment to quality service delivery has attracted funding from local, state, federal, & private foundation sources that amounts to an annual budget of approximately \$11 million. The budget is managed by the Fiscal Department. In order to ensure fiscal integrity & institute internal financial controls, PROCEED Inc. abides by a Fiscal Policies and Procedures Manual that dictates the agency's fiscal management system & delineates the responsibilities of employees in preventing fraud.

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: PROCEED, Inc. 2018

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

PROCEED, Inc. requests \$ 302,528 in new bonus project funds for the “Comprehensive Homelessness Intervention Program” (CHIP) to promote a community-wide commitment to the goal of ending homelessness under the program component of permanent housing category. The project aims to provide tenant-based rental assistance-short, medium and long-term-to homeless individuals and families to quickly rehouse them using the “Housing First Approach.” The goal is to provide rapid rehousing services to individuals and families, assisting them to obtain and maintain stable housing while allowing them to live as independently as possible. With this service, PROCEED will provide housing search, relocation, rental assistance, case management, and identified supportive services to homeless persons and families to help them move as rapidly as possible into permanent housing. The clients served in this program will meet with the case manager at least once a month for the duration of the project.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	90			
Participant enrollment in project begins?	120			
Participants begin to occupy leased units or structure(s), and supportive services begin?	120			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				

New construction started?				
New construction completed?				

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 checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

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="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.

N/A

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

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? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

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

PROCEED will provide TRA short, medium & long-term to homeless individuals & families to rapidly rehouse them. The goal is to assist them to obtain & maintain stable housing & allow them to live independently. PROCEED will provide housing search, & RRH to homeless persons to help them move into permanent housing. Participants will be screened & those eligible for other programs such as SNAP, LIHEAP, etc. will be referred accordingly. Case management will be provided to assist with obtaining & maintaining permanent housing & facilitating access to services by providing referrals. We will assist individuals/families to achieve self-sufficiency & keep permanent housing by providing services such as: Information & referral; Eligibility determination & assessment of need; Intake & case plan development; Counseling & landlord/tenant rights, budgeting, &; Follow-up services through MONTHLY follow-up. Utilizing a Family Success Center model, families will achieve long-term success.

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

With more than 5,000 persons per square mile on average, UC is one of the most densely populated counties in America. Despite being a high-income county, the ratio of persons living in poverty in Union County exceeds the state average. A recent study from Legal Services of NJ stated that 144,119 county residents, or 27% are below the poverty level, directly affecting the number of SNAP, Medicaid and other emergency applications being submitted to the

County Welfare Office. Union County's poor and working poor are in constant need of services, especially in the areas of medical, food and housing services. Being unable to pay the rent due to low income and thus becoming homeless is a situation faced by a multitude of families. The cycle of poverty begets additional hardships on families. Families who are experiencing homelessness have weak connections to the workforce, and work-related barriers prevent them from finding and retaining employment. This project will assist individuals with job opportunities by providing employment referrals and job search activities on a case-by-case basis alongside hosting job fairs with local employers and staffing companies. The goal is to create "intentional" partnerships with workforce programs and families in crises. PROCEED has been successful in implementing this approach through targeted job fairs onsite with companies who are looking for ready hires. With the provision of providing computer literacy classes, job-related English Language classes, computer-based job application support and advocacy to potential employers-all under the banner of concrete support services through the family strengthening model, 87 clients found employment in local companies. Client needs will be assessed at the time of intake. An intake form is used by PROCEED, INC. The level of case management will be identified during the assessment and will be based on risk factors. A service plan will be developed for clients requiring multiple visits and will incorporate a step-down strategy designed to move the client toward self-sufficiency. Every time the case manager makes contact with the client, a services appointment form is filled out with the date and services offered. The data intake form that is used at PROCEED provides the basic demographic information on the client, followed by a screening/assessment form that provides the level of "intervention" necessary to move the client toward self-sufficiency. The case manager maintains a detailed "client action plan" with critical information developed with the client that incorporates the identified problem, the goals, the intervention strategies and follow-up action as recorded in 30, 60 and 90 days periods. The case management will also incorporate individual sessions and group sessions offering training in various areas including resume building, budgeting, job search activities, and so on based on identified client needs/and strategies.

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	Weekly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	Weekly
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Bi-weekly

Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	As needed
Subrecipient	Weekly
Subrecipient	As needed
Subrecipient	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? No

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? No

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. Yes

4B. Housing Type and Location

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

Total Units: 15

Total Beds: 26

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	15	26

4B. Housing Type and Location Detail

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

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

a. Units: 15

b. Beds: 26

3. Address

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

Street 1: 1126 Dickinson Street

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)**

343252 Union Township, 340798 Elizabeth,
349039 Union County

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	8	7		15
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	6	6		12
Adults ages 18-24	2	2		4
Accompanied Children under age 18	10			10
Unaccompanied Children under age 18				0
Total Persons	18	8	0	26

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	1			2	1	2				
Adults ages 18-24						1			1	
Children under age 18									5	5
Total Persons	1	0	0	2	1	3	0	0	6	5

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	3			1		1			1	
Adults ages 18-24									2	
Total Persons	3	0	0	1	0	1	0	0	3	0

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:

These individuals (children) are not disabled.

5C. Outreach for Participants

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

15%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
10%	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
25%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	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.

For this project, targeted outreach will be conducted among emergency shelter providers, essential service providers, homelessness prevention and rapid re-housing assistance providers, 24-hour homeless hotline response, other homeless assistance providers, and mainstream service and housing providers. It is anticipated that service providers will ensure linkages/activities and/or mainstream services to program participants served under this project.

PROCEED has an extensive history of partnership and collaboration with county, state and federal government entities for grant funded initiatives, as well as numerous partnerships with local businesses, educational, and faith-based institutions. These have included relationships with UWGUC, Rutgers University, Kean University, Union County College, Elizabeth Housing Authority, Trinitas Regional Medical Center, Greater Elizabeth Chamber of Commerce, YWCA, Elizabeth Public Schools and many more. For this project, we will continue to leverage our collaborative established relationship with these agencies. Additionally, we will continue to be present at employment fairs and agency fairs to outreach to the target population on the proposed services.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? 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:**

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<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:			\$199,452
Total Units:			15
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NJ - Newark, NJ HUD Metro FMR Area (3...	15	\$199,452

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

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$755	x	12	=	\$0
0 Bedroom	4	x	\$1,007	x	12	=	\$48,336
1 Bedroom	7	x	\$1,063	x	12	=	\$89,292

2 Bedrooms	4	x	\$1,288	x	12	=	\$61,824
3 Bedrooms		x	\$1,655	x	12	=	\$0
4 Bedrooms		x	\$1,886	x	12	=	\$0
5 Bedrooms		x	\$2,169	x	12	=	\$0
6 Bedrooms		x	\$2,452	x	12	=	\$0
7 Bedrooms		x	\$2,735	x	12	=	\$0
8 Bedrooms		x	\$3,018	x	12	=	\$0
9 Bedrooms		x	\$3,301	x	12	=	\$0
Total Units and Annual Assistance Requested	15						\$199,452
Grant Term							1 Year
Total Request for Grant Term							\$199,452

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	FTE @33%+Fringe: 4 hrs x 15/indiv/families x \$14 per hr x 12 months	\$11,475
2. Assistance with Moving Costs	\$100 Truck rental for moving for 15 program participants	\$1,500
3. Case Management	FTE @100%+Fringe: 11 hrs x 15 clients x 12 months @ \$18 per hr and Follow-up	\$44,226
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	100 Food cards for 15 program participants.	\$1,500
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		

13. Outreach Services		
14. Substance Abuse Treatment Services	FTE @24%+Fringe: 3 hrs x 15/ind/families x 12 months @\$35.25 per hr	\$20,700
15. Transportation		
16. Utility Deposits	167 utility deposits for 15 program participants	\$2,500
17. Operating Costs		
Total Annual Assistance Requested		\$81,901
Grant Term		1 Year
Total Request for Grant Term		\$81,901

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:	\$75,632
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$75,632

1. Will 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	Government	NJ/State Social S...	08/24/2018	\$75,632

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:** NJ/State Social Services for the Homeless 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:** \$75,632

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	\$199,452	1 Year	\$199,452
4. Supportive Services	\$81,901	1 Year	\$81,901
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$281,353
8. Admin (Up to 10%)			\$21,175
9. Total Assistance Plus Admin Requested			\$302,528
10. Cash Match			\$75,632
11. In-Kind Match			\$0
12. Total Match			\$75,632
13. Total Budget			\$378,160

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	PROCEED, Inc. IRS	08/27/2018
2) Other Attachment(s)	No	PROCEED, Inc.	08/27/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description: PROCEED, Inc. IRS

Attachment Details

Document Description: PROCEED, Inc.

Attachment Details

Document Description:

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 part 578 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.

15-Year Operation Rule.

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.

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 provide

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

X

**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
1A. SF-424 Application Type	No Input Required
New Project Application FY2018	Page 51
	09/18/2018

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2018
1E. SF-424 Compliance	08/16/2018
1F. SF-424 Declaration	08/16/2018
1G. HUD 2880	08/16/2018
1H. HUD 50070	08/16/2018
1I. Cert. Lobbying	08/16/2018
1J. SF-LLL	08/16/2018
2A. Subrecipients	08/21/2018
2B. Experience	08/21/2018
3A. Project Detail	08/20/2018
3B. Description	08/20/2018
3C. Expansion	08/20/2018
4A. Services	09/18/2018
4B. Housing Type	08/20/2018
5A. Households	08/20/2018
5B. Subpopulations	08/20/2018
5C. Outreach	08/20/2018
6A. Funding Request	08/20/2018
6E. Rental Assistance	08/20/2018
6F. Supp Srvcs Budget	08/22/2018
6I. Match	08/27/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/27/2018
7D. Certification	08/27/2018

Internal Revenue Service

Date: September 27, 2005

PUERTO RICAN ORG FOR COMMUNITY
EDUCATIONAL & ECONOMIC
DEVELOPMENT
P R O C E E D INC
1126 DICKINSON ST
ELIZABETH NJ 07201-2404

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Ms. Lumpkins # 31-08344
Customer Service Representative

Toll Free Telephone Number:

8:30 a.m. to 5:30 p.m. ET
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

22-2088378

Dear Sir:

This is in response to your request of September 27, 2005, regarding your organization's tax-exempt status.

In April 1984 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

Internal Revenue Service

Date: September 27, 2005

PUERTO RICAN ORG FOR COMMUNITY
EDUCATIONAL & ECONOMIC
DEVELOPMENT
P R O C E E D INC
1126 DICKINSON ST
ELIZABETH NJ 07201-2404

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Ms. Lumpkins # 31-08344
Customer Service Representative

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Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services



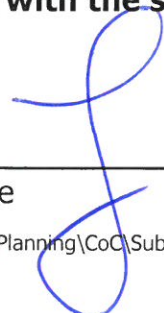
Union County Department of Human Services/Division of Planning
 Attn: CoC/Homeless Unit
 10 Elizabethtown Plaza - 4th Floor, Elizabeth, NJ 07207

RE: Match for FY2018 SuperNOFA CoC Application

Project Name: [Name, e.g., Elizabeth Housing Authority/Homefirst – 4U 2018]	PROCEED, Inc. 2018
Project Operating Year:	09/ 01/2019 - 08/31/2020
Type of Commitment: (check where applicable)	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> In-Kind Services
Date of Commitment:	09/01/2019

Match Source	Name of Source (Specify)	Match Amount
Federal		\$
State	SSH	\$75,632
Local		\$
Other		\$
Match Grand Total:		\$75,632

I, Teresa Soto Vega, Executive Director of PROCEED Inc. certify the value of the match funds that have been committed for the above mentioned project with the source(s) as detailed above.



 Signature

 Date

S:\Planning\Planning\CoC\Subcontract\SuperNOFA\2018\Application\Match Ltr Template-FY2018.doc

Carlos N. Sanchez, Chairman
 Teresa Soto Vega, MPA, Executive Director

1122 East Grand Street
 Elizabeth, New Jersey 07201

1126 Dickinson Street
 Elizabeth, New Jersey 07201