

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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2018 CoC Program grant competition.
- 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- 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 the instructions found on each individual screen
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2018 CoC Program NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning 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:

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	
--------------------------------	-----------	--------	--

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: Union County Planning Project 2018

16. Congressional District(s):

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

17. Proposed Project

a. Start Date: 04/01/2019
b. End Date: 03/31/2020

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: \$151,264

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Union County Planning Project 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? 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.

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: 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;	

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

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 Official: Considered signed upon submission in e-snaps.

Date Signed: 09/18/2018

2A. Project Detail

- 1a. CoC Number and Name:** NJ-515 - Elizabeth/Union County CoC
1b. Collaborative Applicant Name: County of Union New Jersey
- 2. Project Name:** Union County Planning Project 2018
- 3. Component Type:** CoC Planning Project Application

2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

Union County Continuum of Care (UC-CoC) consists of 21 municipalities within its geographic area. In 1998, the UC Comprehensive Emergency Assistance Systems Committee (CEAS) decided it was imperative to create a “collaborative” of provider organizations. This would better serve the needs of the community & aid in submitting a stronger application for McKinney-Vento funding. CEAS selected UC Department of Human Services (UCDHS) as the lead entity, thus creating UC-CEAS/CoC. UCDHS was named, by CEAS, as the lead entity for HMIS in 2003. The UC-CoC intends to continue to expand the efficiency & effectiveness of a coordinated, community-based system providing housing & services to the homeless. A Coordinated Assessment System has been developed & implemented. The expansion of the CoC’s evaluation component & data assessment will be the goal of this project. Funds from this project will further grow the effort to combat homelessness by supplementing existing resources. It is anticipated that the number of participants served & enter into permanent housing will also increase. The CoC will continue to coordinate the housing & services system to meet the needs. This effort will include but not limited to outreach, engagement & assessment; in conjunction with shelter, permanent housing, supportive services & prevention strategies. The CoC organizes, conducts & analyzes the annual PIT Count of homeless persons. The CoC providers host 2 outreach events, 1 on each end of UC, to engage those not housed or connected to mainstream services available throughout the CoC. Outreach events have a number of services at each site: hot food, HIV testing/medical screening, Veterans services, coats/hats, etc., legal advice, employment opportunities, health care, SNAP applications & eye exams. In 2007, the UC-CoC was the 1st in NJ to establish a Code Blue (CB) program. CB has run every cold season since it was established & is 100% funded by County discretionary funds. This initiative was developed to provide those seeking emergency housing from the cold weather, as well as linkages to mainstream services. A CB is called when the overnight temperature is predicted to be below 25 degrees or below 32 degrees with precipitation. The CoC actively participates annually in the UC & City of Elizabeth (CoE) Consolidated Plan (ConP) process. Staff & provider organizations from the CoC participate in the ConP taskforce meetings where goals/priorities are set. Similarly, they participate in the CoC meetings which help to ensure goals set are in sync, providing a better system of services for consumers. This is a year-round effort by all parties. The CoC works closely with the State, County & CoE to ensure ESG funds are allocated in a strategic fashion to best serve consumers. This project will assist with continued efforts to implement strategic action by analyzing data & focusing on areas within the CoC that need strengthening to best ensure that homelessness is prevented.

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

The proposed start of this project is 4/1/2019, with an end date of 3/31/2020. County staff and provider organizations serving on the Union County CEAS/CoC's Planning/CoC subcommittee will meet quarterly to review HMIS data entered by all homeless social service providers in the CoC. The subcommittee will review services provided to ensure services are in line with proposed activities and determine if there are any road blocks in meeting the proposed benchmarks. The committee will brainstorm and seek solutions when road blocks are discovered. This process will help CoC funded organizations to assure effective and timely completion of services. Ongoing technical assistance has been available to the providers, as needed, to ensure they meet the HUD regulations and requirements. A Coordinated Assessment System has been implemented in the CoC. Progress in making the tool efficient is ongoing.

3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?

Funds secured for this project will improve the CoC's ability to evaluate the outcomes of CoC & ESG projects through the expansion of the UCDHS Continuum of Care Unit. A full time Program Development Specialist will be hired and dedicated to evaluating the outcomes of CoC & ESG projects. Currently on-site review is conducted annually, however this new position will allow the CoC to fully assess the entire system to best see how all homeless services can be directed for the biggest impact. System mapping and developing a vulnerability scale for persons accessing shelter and housing are continuing goals for the CoC. As noted in the previous question, by providing training and ongoing technical assistance to providers, the CoC anticipates that the evaluation process of the CoC and ESG projects will improve and sub-recipients will be more successful in preventing homelessness. Including HMIS activities in this year's proposed project will assist in improving data quality for the CoC. The New Jersey Statewide Homeless Management Information (HMIS) Collaborative is a unique technology partnership between state agencies and local communities. It includes the New Jersey Housing and Mortgage Finance Agency (HMFA), the New Jersey Department of Human Services (DHS), the New Jersey Department of Community Affairs (DCA) and 11 Continuum of Care (CoC) local homeless planning communities. Participating CoC's in New Jersey include: Atlantic, Burlington, Cape May, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, and Warren counties. The NJ HMIS Collaborative was established in 2003 to collect data on homelessness throughout the participating counties to guide local and state planning efforts to reduce and end homelessness. The New Jersey HMIS Statewide Collaborative will assist UC-CoC's provider agencies to meet U.S Department of Housing and Urban Development (HUD) HMIS requirements needed to receive HUD McKinney-Vento Homeless Assistance funding.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

The Union County Department of Human Services will research new/additional financial resources to continue the planning activities and efforts beyond the expiration of this project term. The County of Union has secured the services of a consulting firm, specifically employed to seek and secure funding for all

County initiatives. This firm will be charged with assisting UCDHS and the CoC in locating possible funding to ensure program continuation. The research will be completed during the proposed project time frame to prevent gaps in activities and assist the CoC to remain in compliance with HEARTH interim regulations.

3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Bi-Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

a. Written agendas of CoC meetings? Yes

b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

c. Process for monitoring outcomes of ESG recipients? Yes

d. CoC policies and procedures? Yes

e. Written process for board selection? Yes

f. Code of Conduct for board members that includes a recusal process? Yes

g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Coordinated Assessment Committee	The CAS subcommittee developed the Coordinated Assessment System utilized by the CoC. The subcommittee monitors the utilization and effectiveness of the Coordinated Assessment System.	Quarterly	Gateway YMCA, Salvation Army, Central Jersey Legal Services, Union County Division of Planning, Union County Office of the Director, Bridgeway Rehabilitation Services, Elizabeth Coalition to House the Homeless and Community Access Unlimited
UC CEAS/CoC Committee	The Union County Comprehensive Emergency Assistance System and Continuum of Care Committee (CEAS/CoC Committee) serves as the primary vehicle for planning and coordinating the delivery of emergency services to the homeless including designated core social services for the homeless and those at-risk of homelessness. The CEAS/CoC Committee is a network of public and private (not-for-profit, for-profit, consumer advocate, volunteer, homeless/formerly homeless persons) entities responsible for integrated social services including housing and prevention of homelessness, as well as the development of service priorities and spending plan priorities for homeless funds.	Bi-Monthly	BWY, CCS, CJLS, CAU, Family Promise, FISH, YWCA, PHA, EHA, HFT, JFS, CHLP, Comm. Hope, CH, Eliz. Coalition to House the Homeless, NJDOE, NJHMFA, VOA, Prev. Links, PROCEED, Salvation Army, Gateway YMCA
UC Homeless Trust Fund	The Union County Homeless Trust Fund Advisory Board was established based on NJ state legislation permitting local County's to create a County Homeless Trust Fund. The Advisory Board is a network of public & private (private notfor profit, for-profit, consumer advocate, volunteer, homeless/formerly homeless persons) entities responsible for overview of the additional financial resource to assist in moving homeless or formerly homeless individuals toward the goal of permanent affordable housing & selfsufficiency. These funds are utilized in order to provide: rental assistance; supportive services; &prevention services to homeless individuals/families in order to obtain/maintain, or both, affordable & permanent housing.	Semi-Annually	Donna Morris, Stanley Neron, Mary Ellen Tango, Joanne Rajoppi, Stelio P, Cory Storch, Sid Blanchard, Janice Chapin, Linda Flores- Tober, Maureen Glenn, Janice Lilien, Brandon Givens

<p>UC Code Blue/Emergency Shelter Subcommittee</p>	<p>In an effort to respond to the plight of homeless individuals and families during severe winter weather, UC Dept. of Human Service, in concert with the Div. of Emergency Management and UC Police implemented a CoC wide Code Blue System in December 2007 to prevent death and injury among homeless people during periods of extreme weather conditions. Such conditions include overnight temperatures below 25 degrees Fahrenheit or temperatures of below 32 degrees Fahrenheit with precipitation. The Code Blue/Emergency Shelter Committee meets monthly during the winter season to discuss Code Blue referrals, identify CH Individuals and Families and case conference solutions to provide shelter and housing to those served during Code Blue periods.</p>	<p>Semi-Annually</p>	<p>UCDSS, UC Legal Services, Gateway YMCA, Salvation Army, Family Promise, YWCA, Elizabeth Coalition to House the Homeless, Bridgeway Rehabilitation Services</p>

4A. 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:	\$37,816
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$37,816

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Union County	09/10/2018	\$37,816

Sources of Match Details

- 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:** 09/10/2018
- 6. Value of Written Commitment:** \$37,816

4B. Funding Request

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

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

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	CoC Coordinator @15.5% FTE + Fringe	\$12,732
2. Project Evaluation	Program Development Specialist @10.65% FTE + Fringe, Program Development Specialist @100% FTE + Fringe	\$65,638
3. Project Monitoring Activities	Assistant Program Analyst @15.5% FTE + Fringe	\$10,733
4. Participation in the Consolidated Plan		
5. CoC Application Activities	Management Specialist @5.7% FTE + Fringe	\$9,660
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System		
8. HUD Compliance Activities	Management Specialist @6% FTE + Fringe; HMIS - HMIS Collaborative expenses: equipment, license, support/training, staff, space/operational costs	\$52,501
Total Costs Requested		\$151,264
Cash Match		\$37,816
In-Kind Match		\$0
Total Match		\$37,816
Total Budget		\$189,080

Click the 'Save' button to automatically calculate the Total Assistance

5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	Match Letters	09/18/2018
2. Other Attachment(s)	No		

Attachment Details

Document Description: Match Letters

Attachment Details

Document Description:

5B. 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.

1-Year Operation Rule.

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

D. Explanation.

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

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

6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/18/2018
1E. SF-424 Compliance	07/24/2018
1F. SF-424 Declaration	07/24/2018
1G. HUD 2880	07/24/2018
1H. HUD 50070	07/24/2018
1I. Cert. Lobbying	07/24/2018
1J. SF-LLL	07/24/2018
2A. Project Detail	07/24/2018

2B. Description	09/18/2018
3A. Governance and Operations	07/24/2018
3B. Committees	09/18/2018
4A. Match	09/11/2018
4B. Funding Request	09/18/2018
5A. Attachment(s)	09/18/2018
5B. Certification	08/27/2018



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 – 4th 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

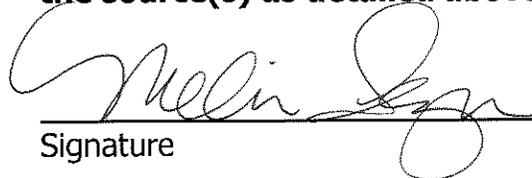
MELISSA LESPINASSE
Division Director

RE: Match for FY2018 SuperNOFA CoC Application

Project Name: [Name, e.g., Elizabeth Housing Authority/Homefirst – 4U 2016]	Union County CoC Planning
Project Operating Year:	TBD
Type of Commitment: (check where applicable)	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> In-Kind Services
Date of Commitment:	9/10/2018

Match Source	Name of Source (Specify)	Match Amount
Federal		\$
State		\$
Local	County of Union	\$37,816
Match Grand Total:		\$37,816

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

9/11/18

Date

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

DIVISION OF PLANNING

Elizabethtown Plaza

Administration Building
Elizabeth, NJ 07207 (908)527-4842 fax(908)558-2562

www.ucnj.org

We're Connected to You!