

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/27/2019

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: | 086217044 | PLUS 4: | |
|--|--------------------------------|-----------|----------------|--|

d. Address

Street 1: 10 Elizabethtown Plaza

Street 2: 4th Floor

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 Individual & Family Support Services

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

Prefix: Ms.

First Name: Christina

Middle Name: M.

Last Name: Topolosky

Suffix:

Title: Director, Division of Individual & Family Support Services

Organizational Affiliation: Union County Department of Human Services

Telephone Number: (908) 527-4839

Extension:
Fax Number: (908) 558-2562
Email: ctopolosky@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-6300-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: Bridgeway/Gateway YMCA Joint TH & PH-RRH
FY2019

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: 12/01/2020
b. End Date: 11/30/2021

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:

Last Name: Oatman

Suffix:

Title: County Manager

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

Fax Number: (909) 289-0180
(Format: 123-456-7890)

Email: eoatman@ucnj.org

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

Date Signed: 09/27/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Elizabeth/Union County CoC

Prefix: Mr.

First Name: Edward

Middle Name:

Last Name: Oatman

Suffix:

Title: County Manager

Organizational Affiliation: Elizabeth/Union County CoC

Telephone Number: (908) 527-4200

Extension: 8

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: \$237,030.00

(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 | \$357,844.00 | Funds will be used to provide match and fund provision of services. |
| New Jersey Division of Mental Health & Addiction Services | Grant funds | \$492,128.00 | Funds will be used to provide match and fund provision of services. |
| NJ Division of Family Development/ UC Division of Social Services | Emergency Assistance | \$39,940.00 | Funds will be used to provide match and fund provision of services. |
| Service Match (space, case management, supportive services, enrichment activities, & gifts) | Other | \$127,805.00 | Funds will be used to provide match and fund provision of services. |
| Union County Division of Individual and Family Services | | \$35,555.00 | 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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

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

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

Date Signed: 09/27/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Elizabeth/Union County CoC

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

Last Name: Oatman

Suffix:

Title: County Manager

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

Fax Number: (909) 289-0180
(Format: 123-456-7890)

Email: eoatman@ucnj.org

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

Date Signed: 09/27/2019

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: 09/27/2019

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: 4th Floor
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:

Last Name: Oatman

Suffix:

Title: County Manager

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

Fax Number: (909) 289-0180
(Format: 123-456-7890)

Email: eoatman@ucnj.org

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

Date Signed: 09/27/2019

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: \$237,030

| Organization | Type | Sub-Award Amount |
|-----------------------------------|------------------------------------|------------------|
| The Gateway Family YMCA | M. Nonprofit with 501C3 IRS Status | \$108,296 |
| Bridgeway Rehabilitation Services | M. Nonprofit with 501C3 IRS Status | \$128,734 |

2A. Project Subrecipients Detail

a. Organization Name: The Gateway Family YMCA

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

c. Employer or Tax Identification Number: 22-1487381

| | | | | |
|--|----------------------------------|-----------|----------------|--|
| | * d. Organizational DUNS: | 085659811 | PLUS 4: | |
|--|----------------------------------|-----------|----------------|--|

e. Physical Address

Street 1: 144 madison Ave.

Street 2:

City: Elizabeth

State: New Jersey

Zip Code: 07207

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

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

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

i. Expected Sub-Award Amount: \$108,296

j. Contact Person

Prefix: Ms.

First Name: Krystal

Middle Name:

Last Name: Canady
Suffix:
Title: Chief Executive Officer
E-mail Address: kcanady@tgfymca.org
Confirm E-mail Address: kcanady@tgfymca.org
Phone Number: 908-355-9622
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Bridgeway Rehabilitation Services

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

c. Employer or Tax Identification Number: 22-2257891

| | | | | |
|--|----------------------------------|-----------|----------------|--|
| | * d. Organizational DUNS: | 039391719 | PLUS 4: | |
|--|----------------------------------|-----------|----------------|--|

e. Physical Address

Street 1: 615 North Broad Street

Street 2:

City: Elizabeth

State: New Jersey

Zip Code: 07207

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

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

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

i. Expected Sub-Award Amount: \$128,734

j. Contact Person

Prefix: Mr.

First Name: Cory

Middle Name:

Last Name: Storch

Suffix:

Title: CEO

E-mail Address: Cory.Storch@bridgewayrehab.org

Confirm E-mail Address: Cory.Storch@bridgewayrehab.org

Phone Number: 908-355-7886

Extension:

Fax Number: 908-355-6668

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.

PROJECT SUCCESS will offer 10 units of Transitional Housing that will be operated by the YMCA. During the transition period, the YMCA case managers will provide supportive services, stabilization and referrals to community service providers based on client needs. Eligible households will have up to 3 to 6 months stay in transitional housing at the YMCA. While they are transitioning through the YMCA, Bridgeway will begin the rapid-rehousing process and clients will receive case management, permanent housing search support, and employment counseling. Once placed in permanent housing, through the funding, Bridgeway will provide a security deposit and 3-6 months rent. Additionally, the rapid-rehousing case manager will continue to follow-up with the household for an additional 3 months to provide any needed support services or referrals.

The Gateway Family YMCA is a not- for-profit 501 (c) (3) organization, incorporated in 1898. The Elizabeth Branch has been providing a broad range of residential housing and social services to vulnerable individuals and families in need in our community for decades. The Y offers emergency shelter, transitional, supportive and permanent housing opportunities in five buildings located on Madison Ave in Elizabeth. We are the largest shelter provider in Union County. The YMCA currently has annual housing federal CoC subcontracts for over \$772,000 for three successful Permanent Supportive Housing programs; over \$30,000 in annual FEMA EFSP food and shelter funding; and \$45,000 in annual ESG funding; nearly \$100,000 in annual CSBG funding and \$54,000 in annual State SSH funding. The YMCA has extensive experience providing homeless families and individuals with the resources and support they require to become self-sufficient and independent. The YMCA provides coordination of direct support services including personal and family case management and referral services, as well as assisting and locating affordable housing, homeless advocacy, pre-school and school age child care, drug prevention and education, employment and training, basic life skills training, household budget maintenance, etc.

Bridgeway, Rehabilitation Services, Inc. is a private, non-profit Psychiatric Rehabilitation Service provider serving people with a mental health condition and a co-occurring problem (medical, substance abuse, homelessness, criminal justice involvement) in Union, Hudson, Hunterdon, Middlesex, Warren, Somerset, Passaic, Sussex and Bergen Counties. Services provided include: PATH (in Union, Hunterdon, Warren and Sussex Counties), Justice Involved Services, Partial Care (in Union and Sussex Counties), and Programs for Assertive Community Treatment, Co-Occurring Disorder services, Residential Intensive Support Teams, Enhanced Supportive Housing, Career Services, Early Intervention Support Services (Hudson) and Integrated Case

Management Services (Sussex). Bridgeway has provided 30 years of SAMHSA PATH (Projects for Assisting transitioning the Homeless) Services to adults between the ages of 18 and older who are literally, imminently, or in danger of becoming homeless in Union County. Bridgeway has partnered with both the Housing Authorities of Elizabeth and Plainfield to implement 5 continuum of care projects servicing 125 individuals who were homeless and had a diagnosis of a serious and persistent mental illness and placed them into independent housing with supports. In 2018, Bridgeway received a five year SAMHSA grant for serving homeless, transition aged youth for Union County.

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

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

Bridgeway is a longstanding participant in the Union County Continuum of Care as a service partner and has successfully implemented federal grants including a current 5 year SAMHSA grant serving homeless and at risk youth in Union County. Bridgeway has been providing SAMHSA PATH services for the past 30 years. Bridgeway has partnered with two housing authorities to implement shelter plus care program. Bridgeway has a 2019 annual operating budget is \$32 million.

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

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

Bridgeway is fiscally accountable to its funders and Board of Trustees and has had clean financial audits (no findings) for the past 20+ years. Bridgeway senior management has over 104 ears of experience. Bridgeway services are licensed by the New Jersey Division of Mental Health and Substance Abuse Services.

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: Bridgeway/Gateway YMCA Joint TH & PH-RRH
FY2019

3. Project Status: Standard

4. Component Type: Joint TH & PH-RRH

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

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 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

8. Does this project include Replacement Reserves? No

3B. Project Description

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

PROJECT SUCCESS will offer the joint services of The Gateway Family YMCA and Bridgeway Rehabilitation Services. The Project will offer 10 units of Transitional Housing, provided by the YMCA, to homeless, working poor individuals and families, not eligible for emergency assistance. The Rapid Re-Housing portion of the Project will be operated by Bridgeway. During the initial period, the YMCA case managers will provide the residents the resources, 24/7 support and wraparound services that they require to be stabilized and to go on to become self-sufficient in permanent housing. The YMCA provides direct case management and referrals to community service providers. Services include a bio-psych-social assessment; basic life skills training including household budget maintenance and parenting training; homeless advocacy; access to pre-school and school age child care and the coordination of other support services. Eligible households will have up to a 3 to 6 months stay in transitional housing at the YMCA. While they are transitioning, Bridgeway will begin the rapid-rehousing process and residents will receive case management, permanent housing search support, and employment counseling to be able to sustain permanent housing. Once placed in permanent housing, through the funding, Bridgeway will provide a security deposit and 3-6 months' rent. Additionally, the rapid-rehousing case manager will continue to follow-up with the household for an additional 3 months to provide any needed support services. Initial assessments for permanent housing will begin immediately in the Transitional Housing phase in order to ensure that permanent housing will be secured. BWY staff do a complete initial assessment with each individual referred to the program. This assessment includes identifying the needs in the areas of mental health, housing, financial, legal, substance abuse, physical health, community living skills, education and vocational. BWY's PATH staff, multi-disciplinary Program of Assertive Community Treatment teams, and Supportive Housing teams will provide on-going supportive counseling and outreach to residents. Staff are available 24 hours a day. Residents will be linked to outpatients' services, partial care day programs or doing volunteer work, school or employment. Bridgeway emphasizes vocational development as a crucial ingredient in the rehabilitation and recovery of people who have mental illness. Bridgeway will provide Supported Employment services including: Skills and qualifications assessment, Career counseling, application and interview preparation, educational goals, Job coaching and support. BWY and the YMCA will collaborate and coordinate on services for all individuals. Outcomes of the program include vocational/educational and maintaining linkages to mental health services. This project will successfully place 10 previously homeless households in permanent housing by the end of the contracted 12 months.

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? | 30 | 30 | | |
| Participant enrollment in project begins? | 30 | | | |
| Participants begin to occupy leased units or structure(s), and supportive services begin? | 30 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? | | 120 | | |
| 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 type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| Veterans | <input checked="" type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input checked="" 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="" 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? Yes

Explain how and why the project will implement this requirement.

All transitional housing is located at the Elizabeth branch of the Gateway Family YMCA.

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

3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type? 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.

Bridgeway fully endorses the supportive housing model, as outlined in the SAMHSA Supportive Housing Toolkit, in order to assist individuals to successfully live in their own homes. Bridgeway staff will accompany individuals to visit potential apartments and will assist with security deposits, obtaining utilities service and moving in services. Bridgeway partnered with landlords in all Union County. Apartments will be chosen based on preference of apartment, location, and proximity to the person's valued community resources. Bridgeway's staff has expertise in securing high quality housing and works closely with each tenant and landlord to meet their respective needs. When the individual has procured permanent housing, the team will help obtain furniture, household supplies, and will maintain high levels of contact with the individual. Bridgeway supportive employment services will work with the individual upon housing placement will assist individuals with finding community-based jobs.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

The Gateway YMCA and Bridgeway are active CoC partner agencies who regularly coordinate and integrate with other mainstream social services, etc. for all clients served through all programs offered. The YMCA and Bridgeway work closely with Trinitas Hospital which provides both mental health and physical health outpatient services. In addition, Bridgeway offers primary care services to all service recipients. Both agencies are also able to refer and link individuals to community based primary care, dental and specialists as per the residents

choice. Case management assessments will include identifying and addressing barriers to work and all eligible household members will be referred for cash assistance programs such as TANF, GA, food stamps, medicaid/care and social security, etc. and will be assisted through application process. Bridgeway staff are trained in SOAR which increases access to SSI/SSDI for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder. Bridgeway will provide supportive employment services to assist residents to choose, get and keep employment. In addition, Union County one stop program and the Union County Workforce development will assist person served with career resources, job recruitment opportunities, ESL classes, and training.

**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 | Bi-weekly |
| Assistance with Moving Costs | Non-Partner | As needed |
| Case Management | Subrecipient | Weekly |
| Child Care | Non-Partner | As needed |
| Education Services | Non-Partner | As needed |
| Employment Assistance and Job Training | Subrecipient | Weekly |
| Food | Subrecipient | Weekly |
| Housing Search and Counseling Services | Subrecipient | Weekly |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Subrecipient | Daily |
| Mental Health Services | Subrecipient | Weekly |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Subrecipient | Weekly |
| Substance Abuse Treatment Services | Subrecipient | As needed |
| Transportation | Non-Partner | As needed |
| Utility Deposits | Non-Partner | As needed |

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

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

5b. Regular follow-ups with participants to ensure mainstream Yes

benefits are received and renewed?

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.

List all CoC-funded and Non CoC-funded units and beds for this project

| | TH | RRH | Total |
|---------------------|----|-----|-------|
| Total Units: | 10 | 10 | 20 |
| Total Beds: | 20 | 20 | 40 |

| Housing Type | Housing Type (JOINT) | Units | Beds |
|--------------|----------------------|-------|------|
| --- | Clustered apartments | 10 | 20 |
| --- | Scattered-site ap... | 10 | 20 |

4B. Housing Type and Location Detail

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

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH
- 1a. Does this TH portion of the project have private rooms per household? Yes
- 1b. Is this a private or semi private room? Yes

2. Housing Type: Clustered apartments

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

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

a. Units: 10

b. Beds: 20

5. Address

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

Street 1: 110-135 Madison Ave.

Street 2:

City: Elizabeth

State: New Jersey

ZIP Code: 07201

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

340798 Elizabeth

4B. Housing Type and Location Detail

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

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

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

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

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

a. Units: 10

b. Beds: 20

5. Address

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

Street 1: 615 N Broad St.

Street 2:

City: Elizabeth
State: New Jersey
ZIP Code: 07208

**6. 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)**

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 | 5 | 5 | | 10 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 4 | 5 | | 9 |
| Persons ages 18-24 | 1 | | | 1 |
| Accompanied Children under age 18 | 10 | | | 10 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 15 | 5 | 0 | 20 |

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 | | | | 2 | | 3 | | 0 | | 0 |
| Persons ages 18-24 | | | | | | 1 | | | | 0 |
| Children under age 18 | | | | | | | | | | 10 |
| Total Persons | 0 | 0 | 0 | 2 | 0 | 4 | 0 | 0 | 0 | 10 |

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 | | | 1 | 1 | | 3 | | 0 | | 0 |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | 0 | 0 | 1 | 1 | 0 | 3 | 0 | 0 | 0 | 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:

Children who do not have a disability.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? CoC 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:**

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

6. If awarded, will this project require an initial grant term greater than 12 months? No

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: | | | \$70,488 |
|--------------------------------------|--|-----------------------|---------------|
| Total Units: | | | 5 |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | NJ - Newark, NJ HUD Metro FMR Area (3... | 5 | \$70,488 |

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

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

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

| | | | | |
|---------------|------------------------|----------------------|-----------|---------------------------|
| Size of Units | # of Units (Applicant) | FMR Area (Applicant) | 12 Months | Total Request (Applicant) |
|---------------|------------------------|----------------------|-----------|---------------------------|

| | | | | | | | |
|--|---|---|---------|---|----|---|----------|
| SRO | | x | \$741 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$988 | x | 12 | = | \$0 |
| 1 Bedroom | 3 | x | \$1,082 | x | 12 | = | \$38,952 |
| 2 Bedrooms | 2 | x | \$1,314 | x | 12 | = | \$31,536 |
| 3 Bedrooms | | x | \$1,685 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$1,950 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$2,243 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$2,535 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$2,828 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$3,120 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$3,413 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 5 | | | | | | \$70,488 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$70,488 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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 | | |
| 2. Assistance with Moving Costs | | |
| 3. Case Management | TH =\$25,000 for 10 households, \$50.00/hr over a 6 month period, .35 FTE. RRH=case management for 10 households x 23.33 hours service over 6 months per household x \$110/hr + 30% fringe, .3 FTE | \$58,362 |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | RRH-Employment services for 10 participants x 18 1 hr sessions each over 4 - 6 months x \$90/hr + 30% fringe benefits .2FTE | \$21,060 |
| 7. Food | | |
| 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 | | |
| 15. Transportation | | |
| 16. Utility Deposits | | |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$79,422 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$79,422 |

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

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

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

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

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

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

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

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

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

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

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|--|--|-----------------------------|
| 1. Maintenance/Repair | TH Cleaning, Property Maintenance - portion of 3 buildings | \$18,750 |
| 2. Property Taxes and Insurance | TH Liability, Property, Workers Comp., etc. Insurance | \$17,250 |
| 3. Replacement Reserve | | |
| 4. Building Security | TH 24/7 Security, portion of 3 buildings | \$11,250 |
| 5. Electricity, Gas, and Water | TH Portion for 4 buildings | \$18,750 |
| 6. Furniture | TH Mattresses, Beds, Chest, etc. Replacement as needed | \$4,528 |
| 7. Equipment (lease, buy) | | |
| Total Annual Assistance Requested | | \$70,528 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$70,528 |

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: | \$59,258 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$59,258 |

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 | Private | YMCA General Funds | 09/24/2019 | \$27,074 |
| Yes | Cash | Government | NJDHS Division of... | 09/26/2019 | \$32,184 |

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** YMCA General Funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/24/2019
- 6. Value of Written Commitment:** \$27,074

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:** NJDHS Division of Mental Health Services
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/26/2019
- 6. Value of Written Commitment:** \$32,184

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 | \$70,488 | 1 Year | \$70,488 |
| 4. Supportive Services | \$79,422 | 1 Year | \$79,422 |
| 5. Operating | \$70,528 | 1 Year | \$70,528 |
| 6. HMIS | \$0 | 1 Year | \$0 |
| 7. Sub-total Costs Requested | | | \$220,438 |
| 8. Admin (Up to 10%) | | | \$16,592 |
| 9. Total Assistance Plus Admin Requested | | | \$237,030 |
| 10. Cash Match | | | \$59,258 |
| 11. In-Kind Match | | | \$0 |
| 12. Total Match | | | \$59,258 |
| 13. Total Budget | | | \$296,288 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | YMCA IRS | 09/26/2019 |
| 3) Other Attachment(s) | No | Match Letters | 09/27/2019 |
| 2) Other Attachment(s) | No | BW IRS | 09/26/2019 |

Attachment Details

Document Description: YMCA IRS

Attachment Details

Document Description: Match Letters

Attachment Details

Document Description: BW IRS

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 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: 09/27/2019

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).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

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 FY2019 | Page 52 |
| | 09/27/2019 |

| | |
|---|-------------------|
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/24/2019 |
| 1E. SF-424 Compliance | 09/05/2019 |
| 1F. SF-424 Declaration | 09/05/2019 |
| 1G. HUD 2880 | 09/05/2019 |
| 1H. HUD 50070 | 09/05/2019 |
| 1I. Cert. Lobbying | 09/05/2019 |
| 1J. SF-LLL | 09/05/2019 |
| 2A. Subrecipients | 09/26/2019 |
| 2B. Experience | 09/26/2019 |
| 3A. Project Detail | 09/25/2019 |
| 3B. Description | 09/25/2019 |
| 3C. Expansion | 09/06/2019 |
| 4A. Services | 09/26/2019 |
| 4B. Housing Type | 09/26/2019 |
| 5A. Households | 09/26/2019 |
| 5B. Subpopulations | 09/26/2019 |
| 6A. Funding Request | 09/17/2019 |
| 6E. Rental Assistance | 09/26/2019 |
| 6F. Supp Srvcs Budget | 09/26/2019 |
| 6G. Operating | 09/25/2019 |
| 6I. Match | 09/27/2019 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/27/2019 |
| 7D. Certification | 09/27/2019 |

Internal Revenue Service

Department of the Treasury

District Director

Young Men's Christian Association
Of Eastern Union County
135 Madison Avenue
Elizabeth, N.J. 07201-2459

Person to Contact: L. Montgomery
Telephone Number: (301) 962-9423
Refer Reply to: EP/ED
Date: January 3, 1990

The following information regarding Tax Exempt Status:
Ruling date: July 1936; Classification 501(c)(3) Section 509(a)(2)
is furnished in response to your letter dated January 3, 1990
Call

- We have searched our files and can find no record that the organization is exempt from Federal Income Tax. In the event the organization wishes to apply for tax-exempt status, the appropriate forms and information are attached.
- A search of our files indicates that the organization is exempt from Federal Income Tax under Section _____ effective _____
- A fact sheet containing basic information about the organization's tax-exempt status is enclosed.
- A copy of our letter certifying the status of the organization is enclosed.
- A copy of our letter certifying the status of the organization is not available, however, this letter may be used to verify your tax-exempt status.
- Your change of address has been noted in our files. Our records now indicate your address as:

Sincerely yours,

Phil Bronck

District Director

YTREASURY DEPARTMENT
Washington
July 27, 1935IT: E:RR
HVHYoung Men's Christian Association of
Elizabeth, New Jersey
Elizabeth, New Jersey

Sirs:

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

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

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

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

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



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

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

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

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

By direction of the Commissioner.

Respectfully,

Wm. Sherwood
Acting Deputy Commissioner



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

RE: Match for FY2019 SuperNOFA CoC Application

| | |
|---|--|
| Project Name: [Name, e.g., Elizabeth Housing Authority/Homefirst - 4U 2018] | Bridgeway/Gateway YMCA Joint THAPH-RRH PROGRAM # 180132 |
| Project Operating Year: | 9/1/2020 - 8/31/2021 |
| Type of Commitment: (check where applicable) | <input checked="" type="checkbox"/> Cash <input type="checkbox"/> In-Kind Services |
| Date of Commitment: | 9-26-2019 |

| Match Source | Name of Source (Specify) | Match Amount |
|---------------------------|---|--------------------|
| Federal | | \$ |
| State | NJ DHS - DIVISION OF MENTAL HEALTH SERVICES | \$ \$32,184 |
| Local | | \$ |
| Other | | \$ |
| Match Grand Total: | | \$ \$32,184 |

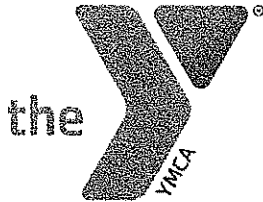
I, Cory Storch, Executive Director of Bridgeway Rehabilitation Services, Inc., certify the value of the match funds that have been committed for the above mentioned project with the source(s) as detailed above.

Cory Storch
Signature

9/26/19
Date

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

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



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

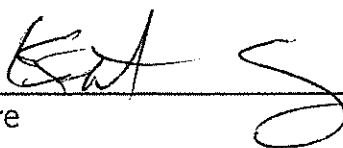
Union County Department of Human Services/Division of Planning
 Attn: CoC/Homeless Unit
 10 Elizabethtown Plaza - 4th Floor, Elizabeth, NJ 07207

RE: Match for FY2019 SuperNOFA CoC Application

| | |
|--|--|
| Project Name: | Bridgeway Rehabilitation Services/Gateway YMCA Joint TH & PH-RRH 2019 |
| Project Operating Year: | 9/01/2020 - 08/31/2021 |
| Type of Commitment: (check where applicable) | <input checked="" type="checkbox"/> Cash <input type="checkbox"/> In-Kind Services |
| Date of Commitment: | September 24, 2019 |

| Match Source | Name of Source (Specify) | Match Amount |
|---------------------------|-----------------------------|------------------|
| Federal | | \$ |
| State | | \$ |
| Local | | \$ |
| Other | YMCA General funds | \$ 27,074 |
| Match Grand Total: | | \$ 27,074 |

I, Krystal R. Canady, CEO of The Gateway Family YMCA certify the value of the match funds that have been committed for the above mentioned project with the source(s) as detailed above.



 Signature

9/25/19

 Date

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

THE GATEWAY FAMILY YMCA
 www.tgfyymca.org

- | | | | | | |
|---|---|--|---|--|--|
| Association Office 144 Madison Avenue Elizabeth, NJ 07201 P 908.249.4800 F 908.351.6366 | Elizabeth Branch 135 Madison Avenue Elizabeth, NJ 07201 P 908.355.9622 F 908.355.3572 | Five Points Branch 201 Tucker Avenue Union, NJ 07083 P 908.688.9622 F 908.851.9377 | Rahway Branch 1564 Irving Street Rahway, NJ 07065 P 732.388.0057 F 732.388.9494 | Wellness Center Branch 1000 Galloping Hill Rd. Union, NJ 07083 P 908.349.9622 F 908.349.2277 | WISE Center YMCA 20958 Berwyn Street Union, NJ 07083 P 908.687.2997 F 908.688.6913 |
|---|---|--|---|--|--|

Department of the Treasury
Internal Revenue Service

DEN UT 84201-0046

In reply refer to: 0424060201
July 31, 2003 LTR 252C
22-2257891 200212 67 000
03806
BODC: TE

BRIDGEWAY REHABILITATION SERVICES
INC
615 N BROAD ST
ELIZABETH NJ 07208-3409151

Taxpayer Identification Number: 22-2257891

Dear Taxpayer:

Thank you for the inquiry dated June 27, 2003.

We have changed your business name as requested. The number shown above is valid for use on all tax documents. For your convenience, we have ordered corrected Forms 8109, Federal Tax Deposit Coupons, for you to make your deposit. You should receive them in five to six weeks. REMINDER - Your new business name should also be used if you deposit electronically. You can make Electronic Funds Transfer (EFT) payments using the government's Electronic Federal Tax Payment System (EFTPS) through a financial agent designated to process tax payments.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Internal Revenue Service
District Director

Department of the Treasury

Date:

DEC 9 1981

Our Letter Dated:

January 25, 1980

Person to Contact:

J. Liboff

Contact Telephone Number:

(201) 645-3266

Bridgeway House
615 N. Broad Street
Elizabeth, New Jersey 07208

Gentlemen:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

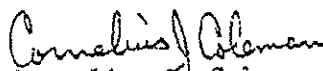
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) *. Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) * status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) * organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


Cornelius J. Coleman
District Director

*and 170(b)(1)(A)(vi)