

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.
- 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.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

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

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

If "Other", specify:

3. **Date Received:** 09/26/2019

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

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

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

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

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Elizabeth/Union County CoC

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

	c. Organizational DUNS:	086217044	PLUS 4	
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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

Applicant: Elizabeth/Union County Continuum of Care

NJ-515

Project: Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PH-RRH 2019

171659

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: Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PH-RRH 2019

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 09/01/2020

b. End Date: 08/31/2021

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: 09/26/2019

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:

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: \$281,791.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PH-RRH 2019 10 Elizabethtown Plaza Elizabeth New Jersey

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Private contributions, Corporate funding, Foundation funding/grant, individual donation & volunteers/General Funds/County Funds	Other	\$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	492128.0	Funds will be used to provide match and fund provision of services.
NJ Division of Family Development/ UC Division of Social Services	Emergency Assistance	\$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.

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 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: 07/30/2019

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

Sites for Work Performance.

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

I 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.



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: 09/26/2019

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: 09/26/2019

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.

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 Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the "Submit Without Changes" process.

In general, HUD expects a project's proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year's FY 2018 information, e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that select "Fully Consolidated" on the Grant Consolidation screen may not use the "Submit Without Changes" process and esnaps will automatically be set to "Make Changes". However, if the applicant selects "Individual Renewal", this project application(s) can use the "Submit Without Changes" process. In addition, esnaps will automatically be set to "Make Changes" if the project applicant indicates on the Renewal Expansion Screen, this project application is for a "Combined Renewal Expansion" project application. However, the stand-alone renewal expansion project application(s) can use the "Submit Without Changes" process.

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

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

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

The APR is not due yet. The Project will end September 30, 2019.

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

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

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

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.



No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No**
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$279,943

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

2A. Project Subrecipients Detail

a. Organization Name: Elizabeth Coalition to House the Homeless

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

c. Employer or Tax Identification Number: 22-2305176

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

Street 1: 188 Division St

Street 2:

City: Elizabeth

State: New Jersey

Zip Code: 07201

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

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

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

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

j. Contact Person

Prefix: Ms.

First Name: Linda

Middle Name:

Last Name: Flores-Tober

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

2A. Project Subrecipients Detail

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

c. Employer or Tax Identification Number: 22-1487381

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

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

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

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

h. Has the subrecipient ever received a federal grant, either directly from a federal Yes

agency or through a State/local agency?

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

j. Contact Person

Prefix: Ms.

First Name: Krystal

Middle Name:

Last Name: Canady

Suffix:

Title: Chief Executive Officer

E-mail Address: Kcanady@tgfymca.org

Confirm E-mail Address: Kcanady@tgfymca.org

Phone Number: 908-355-9622

Extension:

Fax Number:

3A. Project Detail

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

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

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

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

3. Project Name: Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PH-RRH 2019

4. Project Status: Standard

5. Component Type: Joint TH & PH-RRH

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

7. Does this project include Replacement Reserves? No

3B. Project Description

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

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

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

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

Other: Working poor - both individuals and families

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

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

4A. Supportive Services for Participants

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Bi-monthly
Assistance with Moving Costs		
Case Management	Subrecipient	Weekly
Child Care	Non-Partner	As needed
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Subrecipient	Monthly
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Non-Partner	As needed

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

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

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

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

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

training in the past 24 months.

4B. Housing Type and Location

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

	TH	RRH	Total	
Total Units:	10	15	25	
Total Beds:	23	22	45	
Housing Type	Housing Type (JOINT)		Units	Beds
---	Single Room Occup...		3	3
---	Clustered apartments		7	20
---	Scattered-site ap...		15	22

4B. Housing Type and Location Detail

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

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

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

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

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

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

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

a. Units: 3

b. Beds: 3

5. Address:

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

Street 1: 135 Madison Ave.

Street 2:

City: Elizabeth

State: New Jersey

ZIP Code: 07207

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

4B. Housing Type and Location Detail

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

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

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

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

2. Housing Type: Clustered apartments

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

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

a. Units: 7

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: 135, 110 & 114 Madison Ave.

Street 2:

City: Elizabeth

State: New Jersey

ZIP Code: 07207

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

4B. Housing Type and Location Detail

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

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

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

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

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

a. Units: 15

b. Beds: 22

5. Address:

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

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

Street 1: 135 Madison Ave.

Street 2:

City: Elizabeth

State: New Jersey

ZIP Code: 07207

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

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	6	4		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	8	4		12
Persons ages 18-24				0
Accompanied Children under age 18	16			16
Unaccompanied Children under age 18				0
Total Persons	24	4	0	28

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeless Non- Veterans	Chronic ally Homeless Veterans	Non- Chronic ally Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Develop mental Disability	Persons not represented by listed subpopulations
Adults over age 24				2		2	2	2		4
Persons ages 18-24										
Children under age 18										16
Total Persons	0	0	0	2	0	2	2	2	0	20

Click Save to automatically calculate totals

Persons in Households without Children

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

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeless Non- Veterans	Chronic ally Homeless Veterans	Non- Chronic ally Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Develop mental 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	0

Describe the unlisted subpopulations referred to above:

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

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

6A. Funding Request

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

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

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

4. Renewal Grant Term: 1 Year

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

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

6C. Rental Assistance Budget

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

Total Request for Grant Term:		\$99,240	
Total Units:		7	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NJ - Newark, NJ HUD Metro FMR Area (3...	7	\$99,240

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$741	\$741	x	12	=	\$0
0 Bedroom		x	\$988	\$988	x	12	=	\$0
1 Bedroom	4	x	\$1,082	\$1,082	x	12	=	\$51,936
2 Bedrooms	3	x	\$1,314	\$1,314	x	12	=	\$47,304
3 Bedrooms		x	\$1,685	\$1,685	x	12	=	\$0
4 Bedrooms		x	\$1,950	\$1,950	x	12	=	\$0
5 Bedrooms		x	\$2,243	\$2,243	x	12	=	\$0
6 Bedrooms		x	\$2,535	\$2,535	x	12	=	\$0
7 Bedrooms		x	\$2,828	\$2,828	x	12	=	\$0
8 Bedrooms		x	\$3,120	\$3,120	x	12	=	\$0
9 Bedrooms		x	\$3,413	\$3,413	x	12	=	\$0
Total Units and Annual Assistance Requested	7							\$99,240
Grant Term								1 Year
Total Request for Grant Term								\$99,240

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$70,448
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$70,448

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	general funds	07/21/2019	\$39,695
Yes	Cash	Private	General Funds	08/19/2019	\$28,098
Yes	Cash	Government	Discretionary Funds	09/06/2019	\$2,655

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: general funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 07/21/2019
- 6. Value of Written Commitment: \$39,695

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: General Funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/19/2019
- 6. Value of Written Commitment: \$28,098

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: Discretionary Funds

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/06/2019

6. Value of Written Commitment: \$2,655

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$99,240
3. Supportive Services	\$65,000
4. Operating	\$100,000
5. HMIS	\$0
6. Sub-total Costs Requested	\$264,240
7. Admin (Up to 10%)	\$17,551
8. Total Assistance plus Admin Requested	\$281,791
9. Cash Match	\$70,448
10. In-Kind Match	\$0
11. Total Match	\$70,448
12. Total Budget	\$352,239

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	GW IRS	08/21/2018
2) Other Attachmenbt	No	ECHH IRS	08/21/2018
3) Other Attachment	No	Match Letters	09/26/2019

Attachment Details

Document Description: GW IRS

Attachment Details

Document Description: ECHH IRS

Attachment Details

Document Description: Match Letters

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Edward Oatman

Date: 09/26/2019

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 statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

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.

X

Submission Without Changes

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

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

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

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

Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

All sections have been reviewed and updated to include the most current information.

- 2A. Subrecipients
- 3A. Project Detail
- 3B. Description
- 3C. Dedicated Plus
- 4A. Services
- 4B. Housing Type
- 5A. Households
- 5B. Subpopulations
- 6A. Funding Request
- 6D. Match
- 6E. Summary Budget
- 7A. Attachment(s)
- 7B. Certification

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/30/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/30/2019
1E. SF-424 Compliance	07/30/2019
1F. SF-424 Declaration	07/30/2019
1G. HUD-2880	07/30/2019
1H. HUD-50070	07/30/2019
1I. Cert. Lobbying	07/30/2019
1J. SF-LLL	09/26/2019
Recipient Performance	09/26/2019
Renewal Expansion	07/30/2019
Renewal Grant Consolidation	07/30/2019
2A. Subrecipients	07/30/2019
3A. Project Detail	07/30/2019
3B. Description	09/26/2019
4A. Services	07/30/2019
4B. Housing Type	07/31/2019
5A. Households	07/30/2019
5B. Subpopulations	07/30/2019
6A. Funding Request	07/30/2019
6C. Rental Assistance	07/30/2019
6D. Match	09/26/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/26/2019
7B. Certification	09/26/2019
Submission Without Changes	07/30/2019

CERTIFICATE OF INCORPORATION

OF THE

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

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

FIRST: The name of this corporation is

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

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

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

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

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

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

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

Signed, sealed and delivered in the presence of,

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

State of New Jersey

County of Union

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

Robt. G. Bell,

Master in Chancery of New Jersey.

State of New Jersey

SS:

County of Union

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

Geo. Schmidt, Jr.,

M. C. C. of N. J.

State of New Jersey
SS:
County of Union

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

Robt. G. Bell,

Master in Chancery of N. J.

State of New Jersey
SS:
County of Union

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

Theodore C. English,

Master in Chancery of N. J.

Endorsed

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

William Howard,

Clerk."

"Filed Dec 11 1901,

Georgs Wurts,

Secretary of State."

STATE OF NEW JERSEY

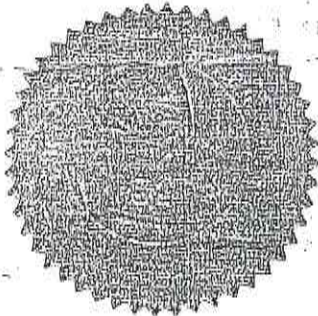


DEPARTMENT OF STATE

I, GEORGE WURTS Secretary of State of the State of New Jersey, do hereby Certify, that the foregoing is a true copy of the Certificate of Incorporation of "Johnnie Davis Christian Association of Elizabeth - N. J."

and the endorsements thereon, as the same is taken from and compared with the original filed in my office on the 6th day of December A. D. 1911, and now remaining on file therein.

In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal, at Trenton, this 6th day of December A. D. 1911



George Wurts
Secretary of State.

AUG 20 1990

RESTATED CERTIFICATE OF INCORPORATION
OF

JOAN HABERLE
Secretary of State

YOUNG MEN'S CHRISTIAN ASSOCIATION OF EASTERN UNION COUNTY

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

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

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

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

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

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

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

135 Madison Avenue
Elizabeth, New Jersey 07201

The registered agent therein is
Kathleen A. Dunn

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CERTIFICATE OF ADOPTION OF RESTATED
CERTIFICATE OF INCORPORATION,

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

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

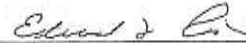
IN WITNESS WHEREOF, the undersigned has made this certificate this 31st day of May, 1990.

ATTEST:

YOUNG MEN'S CHRISTIAN
ASSOCIATION OF EASTERN UNION
COUNTY



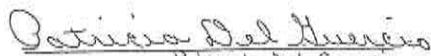
Calvin D. Sierra, Secretary

By: 
Edward F. Cash, President

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

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

Sworn to and subscribed before me,
the date aforesaid.


Notary Patricia del Huerto


Calvin Sierra Secretary

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

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

ATTEST:

YOUNG MEN'S CHRISTIAN
ASSOCIATION OF EASTERN UNION
COUNTY



Calvin D. Sierra, Secretary

By: 
Edward F. Cash, President

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

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

Sworn to and subscribed before me,
the date aforesaid.


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


Calvin D. Sierra, Secretary

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: March 1, 2003

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

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

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

RECEIVED
MAR 10 2003

BY:-----

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

Dear Sir or Madam:

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

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

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

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

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

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

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

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

FILED

CERTIFICATE OF AMENDMENT

JAN 23 1997

TO

CERTIFICATE OF INCORPORATION

LONNA R. HOOKS
Secretary of State

OF

ALTERNATE LIVING PROGRAM
A NEW JERSEY NON PROFIT CORPORATION

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

FIRST: The name of the Corporation is

Elizabeth Coalition To House The Homeless INC.

2. The Corporation does not have members.

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

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

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

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

DATED: November 26, 1996

District Director

Date: SEP 23 1982

Employer Identification Number:
22-2305176

Accounting Period Ending:
December 31,

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

Advance Ruling Period Ends:
December 31, 1984

Person to Contact:
C. Anderson

Contact Telephone Number:
(201) 645-3183

Alternate Living Program
6 Claremont Place
Montclair, New Jersey 07042

Dear Applicant:

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

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

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

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

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



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

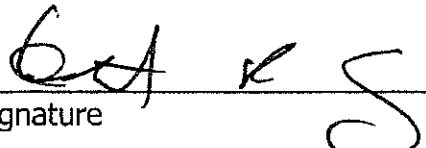
Union County Department of Human Services/Division of Planning
Attn: CoC/Homeless Unit
10 Elizabethtown Plaza - 4th Floor, Elizabeth, NJ 07207

RE: Match for FY2019 SuperNOFA CoC Application

Project Name:	Elizabeth Coalition to House the Homeless/Gateway YMCA Joint TH & PH-RRH 2019
Project Operating Year:	10/01/2020 - 09/30/2021
Type of Commitment: (check where applicable)	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> In-Kind Services
Date of Commitment:	July 31, 2019

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

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

7/21/19
Date

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



Elizabeth Coalition to House the Homeless

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

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



RECEIVED AUG 19 2019

Union County Department of Human Services/Division of Individual and Family Support Services
 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]	Continuum of Care: Transitional and
Project Operating Year:	10 / 1 /2020- 9 / 30 /2021
Type of Commitment: (check where applicable)	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> In-Kind Services
Date of Commitment:	8 / 9 /2019

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

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

Linda M. Flores-Tober

 Signature

8/9/2019

 Date



COUNTY OF UNION

DEPARTMENT OF HUMAN SERVICES

Debbie-Ann Anderson, Director

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

**BOARD OF
CHOSEN FREEHOLDERS**

BETTE JANE KOWALSKI
Chair

ALEXANDER MIRABELLA
Vice Chairman

ANGEL G. ESTRADA

ANGELA R. GARRETSON

SERGIO GRANADOS

CHRISTOPHER HUDAK

KIMBERLY PALMIERI-MOUDED

ANDREA STATEN

REBECCA WILLIAMS

EDWARD T. OATMAN
County Manager

AMY C. WAGNER
Deputy County Manager

ROBERT E. BARRY, ESQ.
County Counsel

JAMES E. PELLETTIERE, RMC
Clerk of the Board

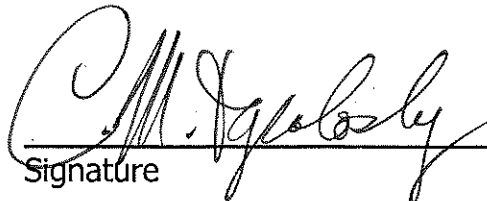
CHRISTINA M. TOPOLOSKY
Division Director

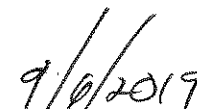
RE: Match for FY2019 SuperNOFA CoC Application

Project Name: [Name, e.g., Elizabeth Housing Authority/Homefirst – 4U 2016]	Bridgeway/Gateway YMCA Joint TH & PH-RRH FY2019
Project Operating Year:	Proposed: 9/1/2020-8/31/2021
Type of Commitment: (check where applicable)	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> In-Kind Services
Date of Commitment:	9/6/2019

Match Source	Name of Source (Specify)	Match Amount
Federal		
State		
Local	County of Union	\$2,655
Match Grand Total:		\$2,655

I, Christina M. Topolosky, Director of Union County Department of Human Services/Division of Individual & Family Support Services certify the value of the match funds that have been committed for the above mentioned project with the source(s) as detailed above.


Signature


Date

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DIVISION OF INDIVIDUAL & FAMILY SUPPORT SERVICES

Elizabethtown Plaza

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

www.ucnj.org

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