

Hudson County Winter Emergency System Protocols

November 15, 2017- March 31, 2018

The **Hudson County Winter Emergency System** will be in effect continuously from **November 15, 2017 - March 31, 2018**. The system may also be enacted before or after this time period if the forecast calls for temperatures **below 32 degrees pursuant to NJ Code Blue Legislation A815**. The intent of the system is to provide shelter for those who seek it, and provide outreach to engage those who typically refuse shelter with the goal of preventing anyone from sleeping on the street throughout the winter months.

Homeless Street Outreach

Garden State Episcopal Community Development Corporation (GSECDC) will provide **street outreach** to unsheltered homeless individuals from **3:00 PM – 11:00 PM, 7 days a week**.

The GSECDC Outreach Team will coordinate with Covenant House to ensure that any homeless youth (ages 18-24) are connected to services and housing most appropriate to their needs.

Daytime Centers

The following centers are open daily and provide a warm place for individuals to obtain food and access a variety of services:

Name	Address	Hours of Operation
GSECDC Hudson CASA Drop in Center	514 Newark Ave, Jersey City	Mon - Fri 9:00 AM - 4:00 PM
Hudson County Integrated Services Center	124 Claremont Ave, Jersey City	Mon - Fri 7:30 AM -5:00 PM Sat 10:00 AM – 2:00 PM
Hoboken Shelter	300 Bloomfield St, Hoboken	Mon - Thurs 9:00 AM – 9:00 PM Fri - Sun 9:00 AM – 8:00 PM
PERC Shelter	117 37 th St, Union City	7 days a week from 7 AM – 3 PM
St. Lucy's Shelter	619 Grove St, Jersey City	Mon - Fri 9:00 AM - 3:00 PM

In the event of extremely cold daytime temperatures, or significant daytime snowfall, all three homeless shelters listed below will also remain open during the day.

Regular Overnight Shelter Overflow

As in the past, any individual seeking shelter should be directed to one of the shelters below. St. Lucy's and PERC will accept overflow clients throughout the winter and will not turn anyone away unless they demonstrate that they are a threat to themselves or others. In this situation, appropriate emergency professionals will be contacted. Once capacity is reached at any given shelter, staff will work to coordinate transportation to a facility that has space.

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Name	Capacity	Address	Hours of Operation	Latest Walk in Accepted
St. Lucy's Shelter	80 Regular 30 Overflow	619 Grove St, Jersey City	24 hours	11: 00 PM
PERC Shelter ^{1,2}	40 Regular 80 Overflow	111 37th St, Union City	6:00 PM to 7:00 AM <i>Open for dinner at 6:00 PM</i>	No cut-off time.
Hoboken ¹ Shelter	50 Regular 5 Overflow	300 Bloomfield St, Hoboken	Mon - Th 9:00 AM – 9:00 PM Fri - Sun 9:00 AM – 8:00 PM	7:00 PM

¹ Shelters are ADA accessible

² Shelter overflow consists of chairs or mats, not beds

The Warming Center

The Warming Center is located at the Naval Reserve Facility in the Town of Kearny and will be operated by the Urban Renewal Corporation (URC). The goal of the warming center is to provide a warm and safe place for unsheltered homeless individuals to spend the night during the winter months. The warming center is designed to be a place of last resort for unsheltered homeless, and therefore all emergency shelter beds and overflow slots throughout Hudson County must be filled to the greatest extent possible prior to a client being transported to the Warming Center.

Access to the warming center will be controlled by the existing Homeless Outreach Team currently operated by Garden State Episcopal Community Development Corporation. The URC will coordinate closely with the Outreach Team to manage evening pick up for the warming center.

The warming center has limited capacity to shelter individuals per night. Therefore, coordination with the existing shelters is necessary to ensure that the regular and overflow shelter beds are occupied before going to the Kearny Warming Center.

Hudson County Severe Weather Plan

"Assembly Bill No. 815 of 2016 (A815_R1) requires county emergency management coordinators to establish a Code Blue Program for at-risk individuals who require shelter during a severe weather event. The purpose of the Code Blue Program is to identify at-risk individuals prior to, or during, a severe weather event and assist those individuals in voluntarily finding appropriate shelter.

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The Hudson County Office of Emergency Management (OEM) shall declare a code blue alert within 24 hours prior to the onset of a severe weather event. A severe weather event is defined as snow emergency, excessive cold, etc. The code blue alert shall continue until 8 a.m. the following day after the declaration, unless the severe weather event worsens or continues for a prolonged period of time. Upon the declaration of a code blue alert, the Hudson County Office of Homeless Services (OHS) will inform each law enforcement agency within the county of any amendments to the existing plan to identify and/or coordinate with the local outreach team to locate at-risk individuals who may be in need of shelter during a severe weather event.

Special Populations

While all individuals over 18 are eligible for the Winter Emergency System services, additional and more appropriate resources are available for specific populations. Specifically Victims of Domestic Violence will be referred to WomenRising or the NJ Domestic Violence Hotline. Youth (ages 18-24) will be connected to Covenant House.

Name	Phone
WomenRising NJ Domestic Violence Hotline	(201) 333-5700 (800) 572-SAFE (7233)
Covenant House	(609) 513-7373

Transportation

Transportation to the Warming Center should be provided according to the following schedule:

- From Hoboken Shelter: 8:00 pm (line formation begins at 7:45 pm)
- From Journal Square (Sip and Bergen Avenues): 10:00 pm (line formation begins at 9:45 pm)

Overnight clients will be brought back to Jersey City and Hoboken beginning at **7:30 AM** and dropped off at existing drop-in centers or existing providers, including, but not limited to:

- Hudson County Welfare Administration: 257 Cornelison Avenue, Jersey City
- Five Corners (Library, other neighboring services): Bus stop at Summit and Newark Avenues, Jersey City
- Hoboken Shelter: 300 Bloomfield Street, Hoboken

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Services

Meals (brown bag meal in the evenings and breakfast in the morning) will be provided to each individual. URC may also work with service agencies that wish to provide additional meals; however, URC must ensure that the food is handled properly.

Hygiene kits will be distributed upon arrival every night (as needed).

Community Referrals

Weekdays before 4 PM

Individuals or families in need of shelter who present or call providers during the day should be directed to PERC Shelter (111 37th Street, Union City) or Garden State Episcopal CDC (514 Newark Avenue, Jersey City).

Evenings and Weekends

- Unsheltered individuals with no other options for housing for that night who seek assistance from providers after 4:00 PM should be assisted by the outreach team.
- If a family calls needing shelter after 4:30 PM, direct them to the Hudson County Homeless hotline 1 (800) 624-0287.
- A list of available weekend service providers has been provided to URC staff to bring clients to on Saturdays and Sundays.

After 10 PM

- If an individual is found to be in need of shelter after the Outreach Team has finished for the day, they can be brought to the PERC Shelter or contact the Hudson County Homeless hotline 1 (800) 624-0287. Should transportation not be available, please contact the local police department or the hotline for assistance. They have been provided information regarding the available resources in the community.

Sistema de Emergencia de Invierno

Estará en efecto empezando el
15 de Noviembre

Lugar y horas de recojida

Refugio Hoboken, 300 Bloomfield Calle a las **7:45 PM**



Journal Square, Parada de Taxi a Avenida Sip a las **9:45 PM**



Sistema de Emergencia de Invierno

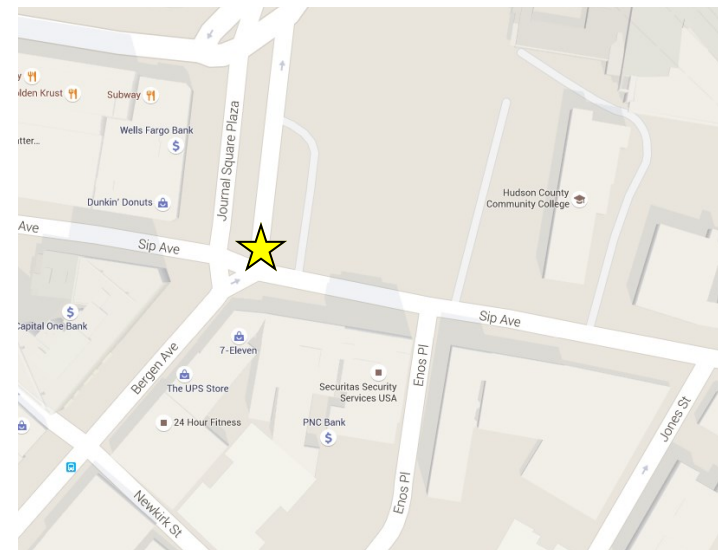
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Refugio Hoboken, 300 Bloomfield Calle a las **7:45 PM**



Journal Square, Parada de Taxi a Avenida Sip a las **9:45 PM**



Sistema de Emergencia de Invierno

Servicios disponibles durante el día

Nombre de Servicios	Dirección	Horas de Operación
GSECDC Hudson CASA Centro de Estadía	514 Avenida Newark, Ciudad de Jersey	Lunes a Viernes 9:00 AM - 4:00 PM
Centro de Bienstar del Condado de Hudson	124 Avenida Claremont , Ciudad de Jersey	Lunes a Viernes 7:30 AM –5:00 PM Sábado 10:00 AM – 2:00 PM
Refugio Hoboken	300 Calle Bloomfield, Ciudad de Hoboken	Lunes a Jueves 9:00 AM – 9:00 PM Viernes a Domingo 9:00 AM – 8:00 PM
La Ubicación de Martin	398 Martin Luther King Dr, Ciudad de Jersey	Lunes a Viernes 8:30 AM - 4:30 PM
Red Metropolitana de Salud Familiar (Servicio medico)	857 Avenida Bergen, Ciudad de Jersey	Lunes a Viernes 8:30 AM - 4:30 PM Cada otro Sabado 8:30 AM-1:30 PM
Casa del Convenio (adolescentes sin hogar)	797 Avenida Lado Oeste, Ciudad de Jersey	Lunes a Viernes 10:00 AM-5:00 PM
Bienestar del Condado de Hudson	257 Avenida Cornelison, Ciudad de Jersey	Lunes a Viernes 8:30 AM - 4:30 PM
Biblioteca de Cinco Esquinas	678 Avenida Newark, Ciudad de Jersey	Lunes, 9:00 AM – 8:00 PM Martes a Jueves 10:00 AM – 6:00 PM Viernes y Sábado 9:00 AM – 5:00 PM
Compartiendo Lugar	440 Avenida Hoboken, Ciudad de Jersey	Los Últimos dos Sábados del mes 7:30AM-12:00 PM
Refugio PERC	111 Calle Trientaisiete, Ciudad de Union	Diariamente 7:00 AM—3:00 PM
Refugio de Santa Lucía	619 Calle Arboleda, Ciudad de Jersey	Lunes a Viernes 9:00 AM - 3:00 PM

Sistema de Emergencia de Invierno

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2017 - 2018

Winter Emergency System

will be in effect starting

November 15th

Pick Up Locations and Times

Hoboken Shelter, 300 Bloomfield St. at **7:45 PM**



2017 - 2018

Winter Emergency System

will be in effect starting

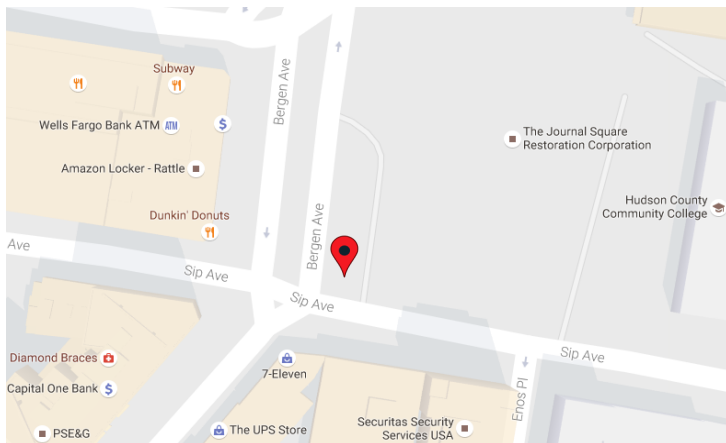
November 15th

Pick Up Locations and Times

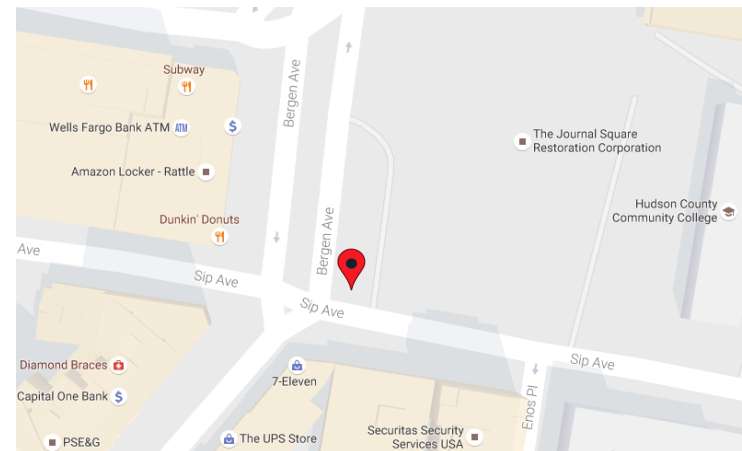
Hoboken Shelter, 300 Bloomfield St. at **7:45 PM**



Journal Square, Taxi Stand at Sip Ave. at **9:45 PM**



Journal Square, Taxi Stand at Sip Ave. at **9:45 PM**



Available Day-time Services for the Homeless

Name	Address	Hours of Operation
GSEDC Hudson CASA	514 Newark Ave, Jersey City	Weekdays 9:00 AM - 4:00 PM
Hudson County Integrated Services	124 Claremont Ave, Jersey City	Weekdays 7:30 AM –5:00 PM Saturday 10:00 AM – 2:00 PM
Hoboken Shelter	300 Bloomfield St, Hoboken	Mon—Thurs 9:00 AM – 9:00 PM Fri—Sun 9:00 AM – 8:00 PM
Martin’s Place	398 Martin Luther King Dr, Jersey City	Mon—Fri 8:30 AM - 4:30 PM
Metropolitan Family Health Network	857 Bergen Ave, Jersey City	Mon—Fri 8:30 AM - 4:30 PM Every other Saturday 8:30 AM-1:30 PM
Covenant House	797 West Side Ave, Jersey City	Mon—Fri 10:00 AM-5:00 PM
Hudson County Welfare	257 Cornelison Ave, Jersey City	Mon—Fri 8:30 AM - 4:30 PM
Five Corners Library	678 Newark Ave, Jersey City	Mon, 9:00 AM – 8:00 PM Tues—Thurs 10:00 AM – 6:00 PM Fri—Sat 9:00 AM – 5:00 PM
Sharing Place	440 Hoboken Ave, Jersey City	Last two (2) Sat of the month 7:30AM-12:00 PM
PERC Shelter	111 37th St, Union City	Drop-in: Daily 7:00 AM—3:00 PM
St. Lucy’s Shelter	619 Grove St., Jersey City	Drop-in: Mon—Fri 9:00 AM - 3:00 PM

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COUNTY OF HUDSON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
830 BERGEN AVENUE
JERSEY CITY, NEW JERSEY 07306

THOMAS A. De GISE
County Executive

PHONE: (201) 369-5280

DARICE TOON
Director

FAX: (201) 369-5281

NICOLE HARRISON-GARCIA
Deputy Director

February 1, 2016

Lane Jacobs
Chief Executive Officer
Urban Renewal Corporation
53 South Hackensack Avenue
Keamy, NJ 07032

Re: 2015 – 2016 Warming Center Operations
Provider Contract: CDHHS-UR-15

Dear Mr. Jacobs:

Enclosed please find a copy of the fully executed 2015 - 2016 county donor contract for Urban Renewal Corporation. If you have any questions regarding this document, please do not hesitate to contact Jonique Mosley, Homeless Coordinator at 201-369-5280 ext 4257 or by email at jmosley@hcnj.us.

Sincerely,

Darice Toon,
Director

Enclosure (1)

**COUNTY OF HUDSON
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ANNEX A
STANDARD LANGUAGE PURCHASE OF SERVICE CONTRACT**

PART 1: GENERAL AGENCY INFORMATION

SECTION 1: IDENTIFICATION

Contract Ceiling: \$277,838.00 Effective Dates 11/15/2015 to 3/31/2016

Provider Agency: Urban Renewal Corp.

Mailing Address: 53 S. Hackensack Avenue
Kearny, New Jersey 07032

Federal Identification #: 27-3288857

Charitable Registration #: _____

Type of Corporation: () Non-Profit () Religious Non-Profit () Profit
() Public () Hospital Based

List Fiscal Year End (FYE) date of most recent:

P7.06 Audit: 2014

Chief Executive Officer: Lane Jacobs

Title: CEO

Address: 53 S. Hackensack Avenue
Kearny, New Jersey 07032

Telephone #: 973-632-9343

Official Notices relevant to this contract should be sent to:

Name: Lane Jacobs

Title: CEO

Address: 53 S. Hackensack Avenue
Kearny, New Jersey 07032

Telephone #: 973-632-9343

PART I: GENERAL AGENCY INFORMATION

SECTION 2: AGENCY AUTHORIZED SIGNATURES

List name and position of each person authorized to sign the following. Then list the number of signatures required for each transaction.

	NAME	POSITION	# OF SIGNATURES REQUIRED
Standard Language Contract	1. <u>Lane Jacobs</u>	<u>CEO</u>	<u>1</u>
	2. _____	_____	
Annex B and Estimated Claim Forms	1. <u>Melvin J. Oliver</u>	<u>Financial Officer</u>	<u>1</u>
	2. <u>Lane Jacobs</u>	<u>CEO</u>	
	3. _____	_____	
Annex A Level of Service Reports	1. <u>Warren R. Thompson, Jr.</u>	<u>Program Director</u>	<u>1</u>
	2. <u>Melvin J. Oliver</u>	<u>Financial Officer</u>	
Financial Reports	1. <u>Melvin J. Oliver</u>	<u>Financial Officer</u>	<u>1</u>
	2. <u>Lane Jacobs</u>	<u>CEO</u>	
	3. _____	_____	
Contract Modifications	1. <u>Melvin J. Oliver</u>	<u>Financial Officer</u>	<u>1</u>
	2. <u>Lane Jacobs</u>	<u>CEO</u>	
	3. <u>Antoinette Ward</u>	<u>Office Manager</u>	
Checks	1. <u>Lane Jacobs</u>	<u>CEO</u>	<u>1</u>
	2. _____	_____	
	3. _____	_____	
Other Contracts/Agreements	1. <u>Lane Jacobs</u>	<u>CEO</u>	<u>1</u>
	2. <u>Melvin J. Oliver</u>	<u>Financial Officer</u>	
	3. _____	_____	

PART 1: GENERAL AGENCY INFORMATION

SECTION 3: ESSENTIAL AGENCY DOCUMENTS

The following two (2) pages list the essential documents, which must be part of your official files and must be updated as they change. Please use the following codes to indicate the names of each document. Documents that are followed by an asterisk must be current and submitted as a part of this contract package. If a particular document is pending, list the Anticipated Submission Date in the appropriate space.

- (1) Document is unchanged and was submitted to Hudson County - DHHS.
- (2) Document is changed and attached.
- (3) Current document pending or not yet submitted to Hudson County - DHHS.
- (4) Not applicable.

<u>Status</u>	<u>Name of Document</u>	<u>Anticipated Submission Date</u>
---------------	-------------------------	------------------------------------

Permanent Documents

- | | | |
|-------|---|-------|
| (1) | Certificate of Incorporation ✓ | _____ |
| (1) | Tax Exempt Certificate or Letter ✓ | _____ |
| (1) | Agency Wide Organizational Chart ✓ | _____ |
| (1) | Local Certificate of Occupancy ✓ | _____ |
| (1) | New Jersey Certificate of Good Standing ✓ | _____ |

Agency Policies Which Affect the Contract:

- | | | |
|-------|---|-------|
| (1) | Agency By-Laws ✓ | _____ |
| (3) | Personnel Policies ✓ | _____ |
| (3) | Affirmative Action policy ✓ | _____ |
| (3) | Conflict of Interest ✓ | _____ |
| (3) | Code of Ethics Policy ✓ | _____ |
| (1) | Federal Affirmative Action Approval Letter ✓ | _____ |
| (1) | Drug Free Workplace Policy ✓ | _____ |
| (1) | American disability Act (ADA) Policy ✓ | _____ |
| (1) | W-9: Request for Taxpayer Identification Number and Certification ✓ | _____ |
| (3) | EEO ✓ | _____ |
| (1) | Business Registration Certificate ✓ | _____ |
| (1) | Fiscal Policies/Accounting Manual ✓ | _____ |
| (1) | Agency Procurement Standards ✓ | _____ |
| (1) | Transportation Policy ✓ | _____ |
| (3) | Discharge/Termination Policy ✓ | _____ |

Annual and Periodic Documents

- | | | |
|-------|---|---------------------|
| (2) | Annual Report (if available) ✓ | _____ |
| (1) | List of Names, Addresses and Terms of Current Board Members ✓ | _____ |
| (2) | Current Audit ✓ 2/12/2013 | _____ |
| (2) | Current IRS 990 Form (Private Non-Profit Agencies only) ✓ | _____ |
| (2) | Annual Report of Charitable Organization (Private Non-Profit Agencies only) ✓ | _____ |
| (4) | Lease or Mortgage (s) ✓ | _____ |
| (3) | Consultant Agreement (s) ✓ | <u>January 2016</u> |
| (4) | Sub-contracts ✓ | _____ |
| (1) | Job Descriptions ✓ | _____ |

SECTION 3: ESSENTIAL AGENCY DOCUMENTS (continued)

Agency Insurance Policies:

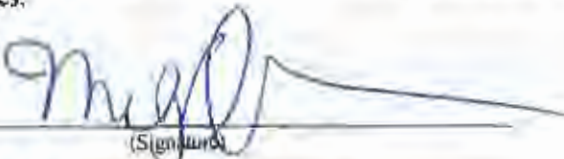
Please attach the Agency's Insurance Summary Sheet indicating State of New Jersey is "also named Insured". Actual policies should remain in the agency file unless specifically required.

- (2) General Liability
- (4) Bonding Certificate
- (4) Fire and Theft
- (2) Workmen's Compensation
- (2) Vehicle
- () Other: Please list: _____

Affiliation Agreements: List any existing affiliation agreements below

<u>Program Component</u>	<u>Other Affiliate</u>
Hudson County	

I certify, as an authorized representative of the governing body, that the information contained in this section is current, complete and in accordance with the appropriate existing Federal, State, or Local regulations or/and policies.

BY: 
(Signature)

Title: Financial Officer
(Print Title)

Melvin J. Oliver
(Print Name)

Date: 12/29/15

PART 1: GENERAL AGENCY INFORMATION

SECTION 5: PERSONNEL INFORMATION SHEET

<u>Program Component #¹</u>	<u>List Full/Part Time Positions</u>	<u>Name of Person in Position</u>	<u>Work Hours Daily From - To</u>	<u>Related Degrees, Licenses, Certificates</u>	<u>Additional Credits, Training and Pertinent Experience</u>
1	SEE ATTACHED	SEE ATTACHED	SEE ATTACHED		

¹ If an employee is a direct service provider within a specific component list the program component (PC) number & that component. (see Part 2, Section 2) If the direct service employee is shared list each number.

PART 1: GENERAL AGENCY INFORMATION

SECTION 6: ADDITIONAL INFORMATION

Contract Compliance Calendar

Agency Name: Urban Renewal Corp.

The Compliance Calendar is an outline of known tasks (i.e. reports due, facility inspections) which must be completed by the dates indicated in order to remain in compliance with the contract and may be used for the purpose of delineating contract or component conditions, remediation plans or other special circumstances designated by the County Office.

Indicate if prepared:

Agency-wide

Component, Specify by Name Warming Center

Month 1 : Continuum of Care Meeting – every 3rd Wednesday of the month.

Month 2 : Continuum of Care Meeting – every 3rd Wednesday of the month.

Month 3 : Continuum of Care Meeting – every 3rd Wednesday of the month.

Month 4 : Continuum of Care Meeting – every 3rd Wednesday of the month.

Month 5 : Continuum of Care Meeting – every 3rd Wednesday of the month.

Month 6 :

Month 7 :

Month 8 :

Month 9 :

Month 10:

Month 11:

Month 12:

Agreed to by: Lane Jacobs

Date: 11/13/2015

PART 2: PROGRAM COMPONENT INFORMATION

Complete Section 1A and Section 1B for each component.

SECTION 1A: PROGRAM COMPONENT SUMMARY SHEET

Please Note: The purpose of this section is to summarize the basic contents of the Amex A program description section. It will be used for distribution throughout the system and is not intended to replace the program description section of this document.

Effective Dates: 11/15/2015 to 3/31/2016

Agency Name: Urban Renewal Corp. Federal ID #: 22-3288857

Program Component Name: Warming Center

Type of Service: Emergency nightly shelter for the chronically homeless population

Program Component Reimbursable Ceiling: \$277,838.00

Funding Type: County Other, Specify _____

Program Component Contact Person: Lane Jacobs

Phone #: 973-632-9343

Site Address: 53 S. Hackensack Avenue Site Address: _____
Kearny, NJ 07032

Service Catchment Area: Hudson County

Program Component Capacity: 75 individuals nightly Age Range: 18 to no limit
 Male Female

Target Population:

Chronically homeless in Hudson County

A brief overview of program component services:

Urban Renewal Corp. will operate a low barrier warming center for up to 75 unsheltered homeless individuals, as identified by the Department of Health and Human Services, Office of Homeless Services. The goal of the warming center is to provide a warm and safe place for unsheltered homeless individuals to spend the night during the winter months. The warming center is designed to be a place of last resort for unsheltered homeless individuals.

The Warming Center will offer the following services: Social Services-including medical, mental health, HIV/AIDS Services, substance abuse treatment and therapeutic services. Education-Adult Basic Education and GED prep, as well as Life Skills and Job Readiness. Job Training-Computer Technology Training, basic technology classes including computer-repair, refurbish and recycle. Addiction Services-Counseling and Referral Service. Transportation; some of the services may be referred out.

PART 2: PROGRAM COMPONENT INFORMATION

SECTION 1B: PROGRAM COMPONENT SUMMARY SHEET (use if applicable)

Referrals may be processed through the following Provider Agency Representative.

Name/Position: Warren R. Thompson, Jr.

Phone #: 973-494-6470

Describe the Referral/Admissions Procedure for this program component: **Urban Renewal Corp. will work with the Garden State ECDC Homeless Street Outreach Team for new clients and follow up of clients.**

The following documents are required to process a referral: **The HMIS System will be utilized for Case Management and Intake. Required documents are either/combination of Photo ID, Birth Certificate or a Social Security Card.**

Indicate which documents must accompany the client upon admission:
Either/combination Photo ID, Birth Certificate or a Social Security Card

PART 2: PROGRAM COMPONENT INFORMATION

SECTION 2: PROGRAM COMPONENT CALENDAR

Complete Section 2 for each Program Component

PC # 1

Program Component: Warming Center **Type of Service:** Emergency Shelter

Service will be provided as follows (fill in time):

Sunday 9pm-9am **Monday** 9pm-9am **Tuesday** 9pm-9am **Wednesday** 9pm-9am
Thursday 9pm-9am **Friday** 9pm-9am **Saturday** 9pm-9am

Emergency Provisions: _____

See attached

Service will not be provided on the following days:

<u>H/T/C/ *</u>	<u>Occasion</u>	<u>Date(s)</u>
N/A		

Mark each occasion either 'H' for a holiday, 'T' for a non-service (training day) or 'C' for closing other than holiday or training day.

Part 2: PROGRAM COMPONENT INFORMATION

**SECTION 3: STANDARD PROGRAM COMPONENT
MONTHLY CONTRACT LEVEL OF SERVICE**

Use for all other Purchase of Service Components.

Agency Name: Urban Renewal Corp.

Program Name: Warming Center

Component Services: Emergency Shelter for chronically homeless of Hudson County

Unit of Service: 1 chair per person nightly **Unit Descriptions:** Program referrals, arrange services, terminate cases, budget cases.

(1) Contracted Month, Year	(2) Possible Services Days	(3) Approved 'H/T' Days	(4) Monthly Service	(5) Total Monthly Units
1 ST (November)	16	N/A	16	960
2 ND (December)	31	N/A	31	1860
3 RD (January)	31	N/A	31	2325
4 TH (February)	29	N/A	29	2175
5 TH (March)	31	N/A	31	2325
6 TH				
7 TH				
8 TH				
9 TH				
10 TH				
11 TH				
12 TH				
Annual Totals:	138		138	9645

County of Hudson
 Provider Annex B

Budget Summary

Program Year: 2015-2016
 Agency Name: Urban Renewal Corp.
 Project Name: Warming Center
 (if applicable)
 Budget Period: 11/15/2015-3/31/16

Budget Category	HC-DHHS	Non-DHHS Funds	Total
A Personnel	\$ 203,236.00	\$ -	\$ 203,236.00
B Consultants & Professional Services	\$ -	\$ -	\$ -
C Materials & Supplies	\$ 27,000.00	\$ -	\$ 27,000.00
D Facilities Costs	\$ 38,560.00	\$ -	\$ 38,560.00
E Specific Assistance to Clients	\$ -	\$ -	\$ -
F Other	\$ -	\$ -	\$ -
G General & Administrative Cost Allocation	\$ 9,040.00	\$ -	\$ 9,040.00
H Total Operating Costs	\$ 277,836.00	\$ -	\$ 277,836.00
I Equipment	\$ -	\$ -	\$ -
J Total Costs	\$ 277,836.00	\$ -	\$ 277,836.00
K Less Revenue	\$ -	\$ -	\$ -
L Net Cost	\$ 277,836.00	\$ -	\$ 277,836.00
M Profit	\$ -	\$ -	\$ -
N Reimbursable Ceiling (Total Project Budget)*	\$ -	\$ -	\$ -

*reimbursable ceiling should not exceed total DHHS allocation

<p style="text-align: center;"><small>Drawings Use Only</small></p> <p>Contract Number: <u>CRHS-15</u> Budget Number: <u>11/16</u> Project Manager: <u>[Signature]</u> Project Coordinator: <u>[Signature]</u> Date: _____</p> <p>Fixed Office: _____ Date: _____</p>	<p style="text-align: center;"><small>Supplier: Verify that the contract is in compliance with the contract budget, is current, and is properly used. If you are not a supplier, you are not authorized to sign.</small></p> <p><u>[Signature]</u> Agency Approval/Signature</p>
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**Section 1:
PROGRAM DESCRIPTION AND LOCATION**

Program Year: 2015-2016

Agency Name: Urban Renewal Corp.

Project Name: Warming Center

(If applicable)

Address: 53 S. Hackansack Avenue
Kearny, NJ 07032

Describe project activities and services:

The Warming Center will offer the following services: Social Services-including Medical, mental health, HIV/AIDS Services, substance abuse treatment and therapeutic services. Education- Adult Basic Education and GED prep, as well as Life Skills and Job Readiness, job Training- Computer Technology Training, basic technology classes including computer-repair, refurbish and recycle. Addiction Services-Counseling and Referral Service. Transportation. Some of the services may be referred out .

Indicate which SSH eligible activities are proposed for this project:

Program Component	Yes/No
Emergency Shelter	Yes
Emergency Food Assistance	Yes
Case Management (Outreach and/or Coordinated Assessment)	Yes
Administrative Costs	Yes
Other (Specify):	

**Section 2:
PROJECT SCHEDULE & GOALS**

Program Year: 2015-2016
 Agency Name: Urban Renewal Corp.
 Project Name: Warming Center
 (If applicable)
 Starting Date: 11/15/2015
 Completion Date: 3/31/2016

Describe Project Goals:

The goal of the Warming Center is to help fill the gap in shelter housing in Hudson County for 75 adults during dangerous temperature and weather conditions that can be life threatening to the homeless population and provide them with services and training. (See Section 1)

Projected # of Individuals	Projected # of Families	Units Projected	Unit Cost
175 unduplicated		345	N/A

Section 3:
Program Operations - HC-DHHS

Personnel

Position Title	Name	FTE	Salary	HC-DHHS	Non-DHHS Funds	Total
Driver #1	See attached list	40.00	\$ 1,170.00	\$ 21,060.00		\$ 21,060.00
Driver #2	See attached list	40.00	\$ 1,170.00	\$ 21,060.00		\$ 21,060.00
Caseworker #1	See attached list	40.00	\$ 1,838.00	\$ 29,484.00		\$ 29,484.00
Caseworker #2	See attached list	40.00	\$ 1,838.00	\$ 29,484.00		\$ 29,484.00
Caseworker #3	See attached list	40.00	\$ 1,838.00	\$ 29,484.00		\$ 29,484.00
Project Manager	Warren R. Thompson, Jr.	20.00	\$ 1,170.00	\$ 21,060.00		\$ 21,060.00
Asst. Proj. Mgr./Fiscal	Melvin J. Oliver	20.00	\$ 938.00	\$ 18,848.00		\$ 18,848.00
Security #1	See attached list	40.00	\$ 1,030.00	\$ 18,540.00		\$ 18,540.00
Security #2	See attached list	35.00	\$ 901.00	\$ 18,218.00		\$ 18,218.00
Total						\$ 203,238.00

Consultant and Professional Services

Consultant and Professional Fees	Basis for Costs	HC-DHHS	Non-DHHS Funds	Total
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

Materials and Supplies

Materials and Supplies	HC-DHHS	Non-DHHS Funds	Total
Laundrying linen and supplies	\$ 25,200.00		\$ 25,200.00
Miscellaneous Program Supplies	\$ 1,800.00		\$ 1,800.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total			\$ 27,000.00

Facilities Costs

Facilities Costs	HC-DHHS	Non-DHHS Funds	Total
Cleaning facility and supplies	\$ 25,200.00		\$ 25,200.00
Rubbish removal	\$ 13,360.00		\$ 13,360.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total			\$ 38,560.00

**Section 4:
Revenue**

Description	Source (i.e. Private, Fundraiser, government, etc)	Total
N/A		0.00

COUNTY OF HUDSON
DEPARTMENT OF HEALTH & HUMAN SERVICES
STANDARD LANGUAGE DOCUMENT

This CONTRACT is effective as of the date recorded on the signature page between the County of Hudson and the Provider Agency identified on the signature page.

WHEREAS the County of Hudson (the County) has been duly designated under the authority of NJSA 30:1A-1, 30:1-11, and 30:1-20 to administer or supervise the administration of social service and training programs and has, in turn, designated the County to be directly responsible for the funding, implementation and administration of certain social service and training programs, including the program(s) covered by this contract; and

WHEREAS the County desires that the Provider Agency provide services and the Provider Agency has agreed to provide services in accordance with the terms and conditions contained in this Contract;

THEREFORE the County and the Provider Agency agree as follows:

I. Definition

For the purposes of this document, the following terms, when capitalized, shall have meanings as stated:

Annex(es) means the attachment(s) to this document containing programmatic and financial information.

Contract means this document, the Annex(es), any additional appendices or attachments (including any approved assignments, subcontracts or modifications) and all supporting documents. The Contract constitutes the entire agreement between the parties.

Notice means an official written communication between the County and the Provider Agency. All Notices shall be delivered and directed to the persons and addresses specified for such purpose in the Annex(es) or to such other persons as either party may designate in writing.

Termination means an official cessation of this Contract, resulting either from routine expiration or from action taken by the County or the Provider Agency, in accordance with provisions contained in this Contract, to nullify the Contract prior to term.

II. BASIC OBLIGATIONS OF THE COUNTY

Section 2.01 Payment. As established in the Annex(es), payment for Contract services delivered shall be based on allowable expenditures or the specified rate per unit of service delivered. Such payment(s) shall be authorized by the County in accordance with the time frames specified in the Annex(es). Total payments shall not exceed the maximum Contract amount, if any specified in the Annex(es). All payments authorized by the County under this Contract shall be subject to revision on the basis of an audit or audits conducted under Section 3.06 Audit or on the basis of a County monitoring or evaluation of the Contract.

Section 2.02 Referenced materials. Upon written request of the Provider Agency, the County shall make available to the Provider Agency copies of federal and State regulations and other material specifically referenced in this document.

III. BASIC OBLIGATIONS OF THE PROVIDER AGENCY

Section 3.01 Contract Services. The Provider Agency shall provide services to eligible persons in accordance with all specifications contained in this contract.

Section 3.02 Reporting. The Provider Agency shall submit to the County programmatic and financial reports on forms provided by the County. The reporting frequency and due date(s) are specified and sample forms to be used are included in the Annex(s).

Section 3.03 Compliance with Laws. The Provider Agency agrees in the performance of this Contract to comply with all applicable federal, State and local laws, rules and regulations (collectively, "laws"), including but not limited to the following: State and local laws relating to licensure; federal and State laws relating to safeguarding of client information; the federal Civil Rights Act of 1964 (as amended); P.L. 1975, chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et seq.) and associated executive order pertaining to affirmative action and nondiscrimination in public contracts; the federal Equal employment Opportunity Act; Section 504 of the federal Rehabilitation Act of 1973 pertaining to non-discrimination on the basis of handicap, and regulations thereunder. Failure to comply with the laws, rules and regulations referenced above shall be grounds to terminate this Contract.

If any provision of this Contract shall conflict with any federal or State law(s) or shall have the effect of causing the State to be ineligible for federal financial participation in payment for Contract services, the specific Contract provision shall be considered amended or nullified to conform to such law(s). All other Contract provisions shall remain unchanged and shall continue in full force and effect.

Section 3.04 State Policies and Procedures. In the administration of this Contract, the Provider Agency shall comply with all applicable policies and procedures issued by the State including, but not limited to, the policies and procedures contained in the State's Contract Reimbursement Manual (as from time to time amended) and the State's Contract Policy and Information Manual (as from time to time amended). Failure to comply with these policies and procedures shall be grounds to terminate this Contract.

Section 3.05 Financial Management System. The Provider Agency's financial management system shall provide for the following:

- (a) Accurate, current and complete disclosure of the financial results of this Contract and any other contract, grant, program or other activity administered by the Provider Agency;
- (b) records adequately identifying the source and application of all Provider Agency funds and all funds administered by the Provider Agency. These records shall contain information pertaining to all contract and grant awards, authorizations, obligations, unobligated balances, assets, liabilities, outlays and income;
- (c) effective internal and accounting controls over all funds, property and other assets. The Provider Agency shall adequately safeguard all such assets and shall ensure that they are used solely for authorized purposes;
- (d) comparison of actual outlays with budgeted amounts for this Contract and for any other contract, grant, program or other activity administered by the Provider Agency;
- (e) accounting records supported by source documentation;
- (f) procedures to minimize elapsed time between any advance payment issued and the disbursement of such advance funds by the Provider Agency;
- (g) procedures consistent with the provisions of any applicable County policies and procedures for determining the reasonableness, allowability and allocability of costs under the Contract.

Section 3.06 Audit. At any time during the Contract term, the Provider Agency's overall operations, its compliance with

specific Contract provisions, and the operations of any assignees or subcontractors engaged by the Provider Agency under Section 5.02 Assignment and subcontracts may be subject to audit by the County, by any other appropriate unit or agency of State or federal government, and/or by a private firm or firms retained or approved by the Department for such purpose.

Whether or not such audits are conducted during the Contract term, a final financial and compliance audit of Contract operations, including the relevant operations of any assignees or subcontractors, may be conducted after Contract Termination. The Provider Agency is subject to audit up to four years after Termination of the Contract. If any audit has been begun but not completed or resolved before the end of the four year period, the Provider Agency continues to be subject to such audit until it is completed and resolved.

The County may require submission of the Provider Agency's annual organization-wide audit.

Audits shall be conducted in accordance with general accepted auditing standards as specified in the Statements on Auditing Standards as specified by the American Institute of Certified Public Accountants and Government Auditing Standards issued by the Comptroller General of the United States.

VI. TERMINATION

Section 4.01 Termination by Provider Agency. The Provider Agency may terminate this Contract upon 60 calendar days' advance Notice to the County. If the Contract is terminated under this section, the Provider Agency shall settle all accounts with the County in the manner specified by County and shall be subject to a final audit under Section 3.06 Audit.

Section 4.02 Termination for Cause. If the Provider Agency is not or has not been in compliance with any provision(s) of this Contract, the County may, by Notice, place the Provider Agency in default of the Contract and, in accordance with County policy and procedures, may reduce Contract funding or terminate the Contract.

Section 4.03 Reduction or Termination Due to Fiscal Constraints. Anything to the contrary in this Contract notwithstanding, the parties recognize and agree that the Department's ability to honor the terms and conditions of this Contract is contingent upon receipt of federal funds and/or appropriations of the State Legislature. If during the term of this Contract, therefore, the federal and/or the State government reduces its allocation to the County, the County reserves the right, upon Notice to the Provider Agency, to reduce or terminate the Contract.

V. MISCELLANEOUS

Section 5.01 Application of New Jersey Law. This Contract shall be governed, construed and interpreted in accordance with

the laws of the State of New Jersey including the New Jersey Contractual Liability Act (N.J.S.A. 59:13-1 et seq.).

Section 5.02 Assignment and subcontracts. This Contract may not be assigned by the Provider Agency, in whole or in part, without the prior written consent of the County. Such consent, if granted, shall not relieve the Provider Agency of its responsibilities under the Contract. All approved assignments and subcontracts shall become part of this contract, and the Provider Agency shall bear full responsibility, without recourse to the State (including the County), for their performance. The Provider Agency shall forward copies of all assignment and subcontract documents to the County and shall retain copies of them on file together with this Contract.

Section 5.03 Client Fees. Other than as provided for in the Annex(es), the Provider Agency shall impose no fees or charges of any kind upon recipients of Contract services.

Section 5.04 Insurance. The Provider Agency shall maintain adequate insurance coverage. The State shall be included as an additional named insured on any insurance policy applicable to this Contract. Should the Provider Agency fail to pay any premium on any insurance policy when due, the county may pay the premium and, upon Notice to the Provider Agency, reduce payment to the Provider Agency by the amount of the premium payment.

Section 5.05 Indemnification. The Provider Agency shall defend, indemnify and otherwise save harmless the County, its any and all claims or actions at law, whether for personal injury, property damage or liabilities, including the costs of defence (a) which arise from acts or omissions, whether negligent or not, of the Provider Agency or its agents, employees, servants, subcontractors, material suppliers or other working for the Provider Agency, irrespective of whether such risks are within or beyond the control of the Provider Agency, or (b) which arise from any failure to performance.

Notwithstanding the Provider Agency's responsibilities outlined above in this section, the County reserves the right to provide its own attorney(s) to assist in the defence of any legal actions which may arise as a result of this Contract,


Section 5.06 Statement of Non-Influence. No person employed by the County has been or will be paid any fee, commission, or compensation of any kind or granted any gratuity by the Provider Agency or any representative thereof in order to influence the awarding or administration of this Contract.

Section 5.07 Exercise of Rights. A failure or a delay on the part of the County or the Provider Agency in exercising any right, power or privilege under this Contract shall not waive that right, power or privilege. Moreover, a single or a partial exercise shall not prevent another or a further exercise of that or of any other right, power or privilege.

Section 5.08 Sufficiency of Funds. The Provider Agency agrees that this Contract is contingent upon availability of appropriated funding and fulfillment of the following procedure: A letter shall be sent by the County to the Provider Agency prior to the effective date of the contract. That confirmation shall include the Contract term and the negotiated Contract reimbursable ceiling. The confirmation letter shall be signed by the authorized Provider Agency signatory and returned to the Office of Finance and Accounting. The Contract shall not be valid or binding and no payment(s) will be approved until the County is in receipt of a properly executed Contract from the Provider Agency.


CONTRACT SIGNATURES AND DATES

The terms of this Contract and the attached Addendum and Guidelines have been read and understood by the persons whose signatures appear below. The parties agree to comply with the terms and conditions of the contract set for on the preceding pages in Articles I through V, the attached Addendum and Guidelines, and any related Annexes.

BY: 

(signature)
LANE JACOBS

(type name)

BY: 

(signature)
Abraham Antun

(type name)

TITLE: CEO

(type)

TITLE: County Administrator

(type)

PROVIDERS
AGENCY: URBAN RENEWAL CORP.

(type)


DEPARTMENTAL
COMPONENT: County of Hudson

(type)

DATE: 11-13-15

DATE: 1/20/16

ATTEST

By: 

ALBERTO G. SANTOS, CLERK
BOARD OF CHOSEN FREEHOLDERS

Contract Effective Date: _____
Contract Expiration Date: _____
Contract Number: _____