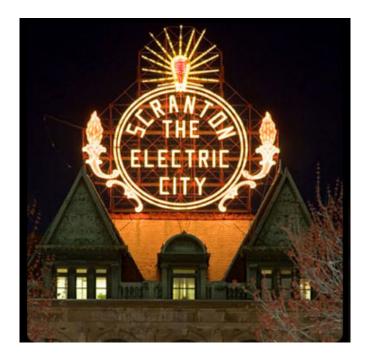
# CITY OF SCRANTON

Lackawanna County, Pennsylvania



# EMERGENCY SHELTER GRANT (ESG) APPLICATION FOR FUNDING 2011

**APPLICATIONS DUE FRIDAY, AUGUST 6, 2010** 

Christopher A. Doherty Mayor

Linda B. Aebli Executive Director Office of Economic and Community Development 538 Spruce Street, Suite 812 Scranton, Pennsylvania 18503

## Scranton, Pennsylvania EMERGENCY SHELTER GRANT

### The City of Scranton's Emergency Shelter Grant (ESG)

The Emergency Shelter Grant (ESG) is a federally funded program through the U.S. Department of Housing and Urban Development (HUD). The City of Scranton will receive approximately **\$150,000.00** for **2011** for use in emergency shelters for the homeless; for the payment of certain operating and social services expenses in connection with direct assistance to the homeless.

Scranton has developed its five-year Consolidated Plan (Plan) (2010-2014) as required by HUD, 24 Code of Federal Regulations, Part 91. The Plan serves as an application for Federal funds and as a strategic planning document which sets forth the program's goals, specific objectives, annual goals, and benchmarks for assessing performance in meeting the said goals and objectives. The One-Year Action Plan, which identifies our annual activities, must address the priority needs and specific objectives identified by the Plan. ESG regulations outline eligible activities that each project must meet.

#### ESG APPLICATION PROCESS: (One Original and One Copy are required for Submittal: No Facsimile Applications will be accepted). PROPOSED ESG APPLICANTS WILL ONLY BE CONSIDERED IF THE ESG APPLICATION HAS BEEN COMPLETED IN ITS ENTIRETY.

All applications must be submitted by mail or hand-delivered no later than <u>4:30 p.m. on Friday</u>, <u>August 6, 2010</u>.

#### City of Scranton Office of Economic and Community Development 538 Spruce Street Suite 812 Scranton, Pennsylvania 18503 Phone: 570/348-4216

Applications delivered after 4:30 p.m. or postmarked after the above deadline will not be considered for funding. It is the applicant's responsibility to ensure that the application is delivered or postmarked on time.

Applications will be available from the Office of Economic and Community Development or can be downloaded on line at <u>www.scrantonpa.gov</u>. Go to Department, OECD, Applications, ESG 2011 Application.

<u>NOTE</u>: Only the President, Vice President, or Directors of an entity has the authority to enter into and bind these entities to the subrecipient agreement. If an authority has been delegated, a copy of the resolution by the agency board must be submitted with the application.

#### ELIGIBLE ACTIVITIES:

There are four eligible activities of the ESG program. In order to be approved for funding, the project must meet the following criteria:

- 1. <u>Rehabilitation</u>: Renovation, major rehabilitation, or conversion of buildings for use as emergency shelters for the homeless.
- 2. <u>Essential Services</u> (30 percent cap): Includes services concerned with employment, health, drug abuse, and education, and may include (but are not limited to):
  - (a) Assistance in obtaining permanent housing.
  - (b) Medical and psychological counseling and supervision.
  - (c) Employment counseling.
  - (d) Nutritional counseling.
  - (e) Substance abuse treatment and counseling.
  - (f) Assistance in obtaining other Federal, State, and local assistance including mental health benefits; employment counseling; medical assistance; veterans' benefits, etc.
  - (g) Other services such as childcare, transportation, job placement, and job training.
  - (h) Staff salaries necessary to provide the above services.
- 3. <u>Operations</u>: The term "operating costs" means expenses incurred by a recipient operating a facility assisted under this subtitle with respect to :
  - (a) The administration, maintenance, rent, repair and security of such housing; and
  - (b) Utilities, fuels, furnishing, and equipment for such housing; and
  - (c) Not more than 10 percent of the grant amount may be used for costs of operational staff.
- 4. <u>Homeless Prevention</u> (30 percent cap): Efforts to prevent homelessness such as financial assistance to families who have received eviction notices or notices of termination of utility services if:
  - (a) The inability of the family to make the required payments is due to a sudden reduction in income;
  - (b) The assistance is necessary to avoid eviction or termination of services;
  - (c) There is a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and
  - (d) The assistance will not supplant funding for preexisting homelessness prevention activities from other sources.

#### REQUIRED FUNDING MATCH

Each ESG subrecipient must match the funding provided by HUD with an equal amount of funds from other sources. Furthermore, regulations require that all subrecipients provide HUD with details on the match – including the specific sources and amounts.

In general, matching funds provided by the subrecipient may include:

- (a) Amount of funds received from other sources;
- (b) Salary paid to staff (not included in the award) to carry out the project of the subrecipient;
- (c) Time contributed by volunteers (currently determined at the rate of \$5 per hour); and
- (d) The value of any donated material or building or of any lease calculated using a reasonable method to establish a fair market value.

# SCRANTON, PENNSYLVANIA OFFICE OF ECONOMIC AND COMMUNITY DEVELOPMENT (OECD) EMERGENCY SHELTER GRANT (ESG) APPLICATION - 2011

| 1.  | Name of agency, organization, or department submitting application:  |            |
|-----|--|------------|
| 2.  | Address of agency:   |            |
| 3.  | Federal ID No.:  |            |
| 4.  | DUNS No:   |            |
| 5.  | Contact person/title:  |            |
| 6.  | Name/Title of Authorized Signatory for subrecipient agreement:   |            |
| mu  | (Note: If the signatory is not the President, Vice President, or Director; Proof of Board st be submitted) | delegation |
| 7.  | Address for return of subrecipient agreement (if not the same as above):                                   |            |
| 8.  | Telephone number:  |            |
| 9.  | Fax number:  |            |
| 10. | E-mail:  |            |
| 11. | Is agency faith-based?   |            |
| 12. | Please briefly describe the services of your agency (Use separate page if necessary)                       |            |
|     |  |            |
|     |  |            |
|     |  |            |
|     |  |            |
|     |  |            |

| A. Project Description<br>(Attach additional pages as<br>needed.) |
|---|
| 1. Name of project to be funded:                                  |
| 2. Describe this project in detail:                               |
|   |
|   |
|   |

- 3. Provide a Problem Statement or Assessment of Need, addressing the following:
  - (a) Describe the overall problem your application proposes to address. Document the existence and extent of the problem through statistical evidence, information from studies, statements by experts or other data and indicate the sources for your data.

(b) Clearly define the part or parts of the overall problem on which your application intends to concentrate.\_\_\_

(c) Explain why financial assistance from the City is necessary to address this problem, including other funding sources which have been sought prior to or concurrently with this request for funding.

(d) Explain the effect on this project if the City does not select your application to receive funding or if funding awarded is substantially less than requested.

4. Location of project (specific street address, if applicable):

5. On February 9, 2006, HUD published the Consolidated Plan Revisions and Updates Final Rule, which was to streamline the consolidated planning process and make it more results oriented and useful to communities in assessing progress toward addressing the problems of low-income areas. On March 13, 2006, the provisions of the final rule became mandatory for all formula grantees and a final notice dealing with the Outcome Performance Measure System for Community Planning and Development Formula Grant Programs was published in the Federal Register/Vol. 71, No. 44. Grantees are required to incorporate the prescribed performance measurements into Consolidated or Annual Action Plans. The grantee is to determine which of the established Objectives and Outcomes best achieve the goals of the Consolidated Plan for each proposed activity based on the type of activity and its purpose. Objectives reflect the statutory goals of providing decent housing, a suitable living environment and expanding economic opportunity; outcomes refer to the benefits to the public/program participant that are external to the program; the outcome statement connects each outcome to an overarching objective to produce a statement that can be used by HUD to develop narratives which will document results of program activities on a national level.

#### **DOCUMENTATION OF HOMELESSNESS**

HUD encourages that ESG-funded recipients maintain adequate documentation to determine the eligibility of persons served by HUD's homeless assistance programs. Below, this Guide provides recommendations on documentation of homelessness.

The degree of documentation of homelessness depends on the type of short- or long-term shelter provided. Projects providing short-term emergency shelter or support services only need a lower standard of proof of the person's prior living situation.

#### Short-Term Emergency Shelter/Services

| Situation                    | Documentation   |
|------------------------------|---|
| Persons living on the street | Projects may provide short-term shelter and/or services - such as outreach, food health care, and clothing - to persons who reside on the streets or who are otherwise homeless. In these cases, it is not feasible to require documentation for each person obtaining such services offered by the project. It is sufficient for the grantee/recipient staff to confirm that the persons served, indeed, reside on the street or are otherwise homeless. |

#### Long-Term Emergency Shelter/Transitional Housing

| Situation  | Documentation  |
|--|--|
| Persons living on the street or in short-term emergency shelter  | Information should be obtained to indicate that the participant is living on the street or<br>in short-term emergency shelter. This may include names of organizations or outreach<br>workers who have assisted them in the past, whether the client receives any general<br>assistance checks and where the checks are delivered, or any other information<br>regarding the participant's activities in the recent past that might provide<br>documentation. If unable to verify that the person is living on the street or in short-term<br>emergency shelter, the participant or a staff person may prepare a short written<br>statement about the participant's previous living place. The participant should sign the<br>statement and date it. |
| Persons coming from transitional housing for homeless persons  | Obtain written verification from the transitional housing staff that the participant has<br>been residing at the transitional housing facility. The verification should be signed and<br>dated by the referring agency personnel. Also obtain written verification that the<br>participant was living on the streets or in an emergency shelter prior to living in the<br>transitional housing facility (see above for required documentation for emergency<br>shelter), or was discharged from an institution or evicted from a private dwelling prior to<br>living in the transitional housing and would have been homeless if not for the<br>transitional housing (see below for required documentation for eviction from a private<br>dwelling). |
| Persons being evicted from a private dwelling  | Obtain evidence of formal eviction notice indicating that the participant was being evicted within a week before receiving homeless assistance. Also obtain information on the participant's income and efforts made to obtain housing and why, without the homeless assistance, the participant would be living on the street or in an emergency shelter.   |
|  | If the participant's family is evicting, a statement describing the reason for eviction must be signed by the family member and dated. In other cases where there is no formal eviction process, persons are considered evicted when they are forced out of the dwelling unit by circumstances beyond their control. In those instances, obtain a signed and dated statement from the participant describing the situation. The grantee/recipient must make efforts to confirm that these circumstances are true and have written verification describing the efforts and attesting to their validity. The verification should be signed and dated.  |
| Persons from a short-term stay (up<br>to 30 consecutive days) in an<br>institution who previously resided<br>on the street or in an emergency<br>shelter | Obtain written verification from the institution's staff that the participant has been residing in the institution for less than 31 days and information on the previous living situation. See above for guidance.   |
| Persons being discharged from a longer stay in an institution  | Obtain evidence from the institution's staff that the participant was being discharged within the week before receiving homeless assistance. Obtain information on the income of the participant, what efforts were made to obtain housing and why, without the homeless assistance, the participant would be living on the street or in an emergency shelter.   |
| Persons fleeing domestic violence  | Obtain written verification from the participant that he/she is fleeing a domestic violence situation. If a participant is unable to prepare verification, the grantee/recipient may prepare a written statement about the participant's previous living situation for the participant to sign and date.   |

#### Project data/ESG estimated or proposed beneficiaries (This data will be tracked and submitted to HUD):

a. Annual number served in Emergency or Transitional Shelters:

|  | Total # | Hispanic # |
|--|---------|------------|
| White:   |         |            |
| Black/African American:                        |         |            |
| Asian:   |         |            |
| American Indian/Alaskan Native:                |         |            |
| Native Hawaiian/Other Pacific Islander:        |         |            |
| American Indian//Alaskan Native & White:       |         |            |
| Asian & White:                                 |         |            |
| Black/African American & White:                |         |            |
| Am. Indian/Alaskan Native & Black African Am.: |         |            |
| Other Multi-Racial:                            |         |            |
| Total:   |         |            |

#### b. Indicate Type of Project(s) and Service(s):

| <br>emergency shelter facilities |  | transitional housing           |
|----------------------------------|--|--------------------------------|
| <br>vouchers for shelters        |  | outreach                       |
| <br>drop-in center               |  | soup kitchen/meal distribution |
| <br>food pantry                  |  | health care                    |
| <br>mental health                |  | HIV/AIDS services              |
| <br>alcohol/drug program         |  | employment                     |
| <br>child care                   |  | homeless prevention            |
| <br>other (please list)          |  |                                |

c. Number of People Estimated Served for Each Activity:

| Emergency or Transitional Shelters: |  |
|-------------------------------------|--|
| Annual number of adults served      |  |
| Annual number of children served    |  |
| Nonresidential Services:            |  |
| Annual number served                |  |

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d. The following information is for Emergency or Transitional Shelters.

| 1 | 1 | ۱ |
|---|---|---|
| ( | I | ) |

| Annual number of households with singles living alone:      |       |         |  |
|---|-------|---------|--|
| Unaccompanied 18 and over:                                  | MALE: | FEMALE: |  |
| Unaccompanied under 18:                                     | MALE: | FEMALE: |  |
| Annual number of family households with children headed by: |       |         |  |
| Single 18 and over:   | MALE: | FEMALE: |  |
| Youth 18 and under:   | MALE: | FEMALE: |  |
| Two parents 18 and over:                                    |       |         |  |
| Two parents under 18:                                       |       |         |  |
| Annual number households with no children:                  |       |         |  |

(2) List the number of persons for each subpopulation you served. If you served subpopulations that fit more than one category, you may place overlapping numbers (duplicate persons) on the appropriate lines.

| Chronically homeless (Emergency Shelter Only): |  |
|--|--|
| Severely mentally ill:                         |  |
| Chronic substance abuse:                       |  |
| Veterans:                                      |  |
| Persons with HIV/AIDS:                         |  |
| Victims of domestic violence:                  |  |
| Elderly:                                       |  |

(3) Please indicate the number of persons housed **at any given time** in each shelter type funded through the ESG program.

| Shelter Type                  | Number of<br>Persons Housed |
|-------------------------------|-----------------------------|
| Barracks:                     |                             |
| Group/large house:            |                             |
| Scattered site apartment:     |                             |
| Single-family detached house: |                             |
| Single-room occupancy:        |                             |
| Mobile home/trailer:          |                             |
| Hotel/motel:                  |                             |
| Other (describe):             |                             |

e. Detailed ESG Project Match. For reporting to HUD at the end of the year, indicate the specific sources and amounts of matching funds for your ESG project:

ESG Funds \$\_\_\_\_\_

#### Sources of Match funding <u>must equal</u> the total amount of ESG funds requested:

(1) Other Federal (including pass-through funds; e.g., City CDBG, County FEMA, etc.)

| <br>\$ |
|--------|
| <br>\$ |

(2) State/Local Government Funding (e.g., State Challenge Grant Funds, Outside Agency, etc.

| <br>\$        |
|---------------|
| <br>\$        |
| <br>\$        |
| <br>\$        |
| <br><u>\$</u> |
| <br>\$        |

(3) Private Funding:

| \$ |
|----|
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
|    |

#### B. Budget Description

- 1. Provide an annual **program** budget for the program that will be using the ESG funding. Include <u>all</u> revenue sources used to support this program, as well as all anticipated expenditures.
- 2. Indicate the amount of ESG funds you are requesting for each category:

|                      | <u>ESG</u> | Match<br>Funds | Total |
|----------------------|------------|----------------|-------|
| Essential services:  |            |                |       |
| Operations:          |            |                |       |
| Homeless prevention: |            |                |       |
|                      |            |                |       |
| TOTAL                |            |                |       |

3. Please describe in detail the use of funds requested for the following categories:

| a. | Essential services:  |
|----|--|
|    |  |
| b. | Operations:  |
|    |  |
| C. | Homeless prevention:   |
|    |  |
|    | Previous ESG funding:  |
| d. | List previous ESG projects, and outcomes of the program, if any: |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |

4.

1. Describe your agency's involvement with the Housing Coalition of Lackawanna County, Inc. including committee membership, point-in-time survey, and participation in the annual update of the Continuum of Care Plan.

2. Active Homeless Management Information System (HMIS) participation is mandatory for agencies receiving ESG funding. HMIS activity will be reviewed prior to release of invoiced funds.

Is your agency actively participating in the Homeless HMIS? If so, to what extent, i.e. staff in training, inputting sample data, inputting real data, etc.

If not, please explain your reasons for not participating.

#### Program Income

Any income generated from the investment of CDBG must be returned to the City of Scranton. Is the proposed project expected to generate any income? \_\_\_\_Yes \_\_\_\_No

D. The Following Sections Are for Nongovernmental Applicants Only

- 1. Organization description: (You can provide this information as an attachment)
  - a. Briefly describe the purpose of your agency

b. How long has your agency been in existence in Lackawanna County:

c. Describe the organizational structure of your agency;

d. Describe the experience of staff that will be involved with project:

**ORGANIZATIONAL SUMMARY:** Please provide an overview of the organization applicant that is requesting ESG funds.

Required Attachments (Please place in this order)

- List of Board of Directors
- Organizational Chart
- **Q** Resume of program administrator
- Resume of fiscal officer
- □ Tax Exemption Determination Letter
- Articles of Incorporation
- □ Resolution (See Exhibit A Sample Resolution
- By-Laws
- **Given Statement & Grievance Procedure**
- □ Financial statement and/or most recent audit
- Audit Requirements (if applicable)

Statement of Insurance - State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the agency pays all payroll taxes and worker's compensation as required by Federal and State Law. State whether or not the agency has fidelity bond coverage for principal staff that handle the agency's accounts, in what amount, and with what insuring agency

In accordance with the Office of Management and Budget Circulars A-133, A-128, and A-110, Non-Federal entities that expend \$500,000 or more in Federal awards shall have a single or programspecific audit conducted each year. However, agencies expending less than \$500,000 per year, must maintain records for review or audit by appropriate officials of the Federal agency, pass-through entity, and General Accounting Office. Agencies requesting \$500,000 or more must choose one of the three following ways of meeting this requirement and state which method they choose:

If the agency already conducts audits of all its funding sources including ESG, the agency must submit a copy of its most recent audit and may, at its discretion, include the ESG portion of the audit cost in its ESG project budget.

If the agency already conducts audits of its other funding sources but has neither received nor included ESG in the past, the scope of the audit would be modified to incorporate ESG audit requirements. The associated cost of the augmentation could then be included in the ESG project budget, accompanied by the auditor's written cost estimate.

If the agency is required to submit an audit and does not have a current audit process in place, the agency will be required to include a 10% set-aside in the ESG project budget for the provision of an audit.

The ESG application package must include an approved resolution from the applicant's governing body which authorizes submittal of an application for City of Scranton ESG funding and identifies the title of the individual authorized to execute any agreements, contracts, and requests for payment. A suggested format is provided in Exhibit A.

#### EXHIBIT A: Sample Resolution

**WHEREAS**, the City of Scranton, Pennsylvania has issued a notice of funding availability for the Emergency Shelter Grant (ESG) Program; and

WHEREAS, <u>(*Title of Governing Body of Applicant*)</u> wishes to apply for and receive an allocation of ESG funds from the City of Scranton, Pennsylvania.

**NOW, THEREFORE, BE IT RESOLVED** that the <u>(*Title of Governing Body of Applicant*)</u> authorizes the submittal of an application to the City of Scranton to be considered to receive an allocation of funds through the ESG Program. The <u>(*Title of Organization Official, i.e. Director*)</u>, or appointed designee is hereby authorized to execute in the name of the <u>(*Name of Organization*)</u> all necessary applications, contracts, payment requests, agreements, and amendments hereto for the purposes of securing ESG funds and to implement and carry out the purposes specified in the ESG application.

The foregoing resolution was passed by the <u>(*Title of Governing Body of Applicant*)</u> this \_\_\_\_ day of \_\_\_\_\_, 2010.

ATTEST:

Date: \_\_\_\_\_

Signature & Title of Governing Body Official

#### **DUNS Number Requirement**

The federal government requires organizations to provide a DUNS number as part of their grant applications and proposals.

#### What is a DUNS number?

Dun and Bradstreet (D&B) is a company that provides business information for credit, marketing, and purchasing decisions. Its "data universal numbering system," known as DUNS, issues unique 9-digit numbers that are used by businesses and the federal government to keep track of more than 70 million businesses world-wide. Some entities, such as states and universities, will also have what is known as "DUNS + 4," which is used to identify specific units within a larger entity.

#### Why does my organization have to provide it?

The federal government's Office of Management & Budget has adopted the use of DUNS numbers as a way to keep track of how federal grant money is awarded and dispersed.

#### Do all grant applications have to have a DUNS number?

All organizational applicants are required to provide their DUNS number. Individuals are exempt.

#### How do I find out if my organization already has a DUNS number?

Your executive director, business manager, board treasurer, or accountant is likely to know and be able to provide your organization's DUNS number if you already have one. Organizations applying to the Arts Endowment have been required to have a DUNS number since October 1, 2003. Universities and most colleges, state entities and large organizations also are likely to already have DUNS numbers. If you are not sure, ask the D&B operator when you call to get one (see phone number below).

#### Is there a fee for registering for a DUNS number?

No. D&B should not charge you a fee. You are also not obligated to purchase any of their products.

#### What is the easiest way to get a DUNS number if my organization needs one?

It only takes a day to get a DUNS number from D&B by phone (you may be on hold for a little while), but Internet applications can take up to 30 days! Note that an authorizing official, not a project director, of the organization should request a DUNS number. **Call D&B's special toll-free number for federal grant applicants: 1-866-705-5711**. Tell the operator that you are applying to a federal grant program and need to register for a DUNS number. The process will take about ten minutes. You will be asked to provide the following information (subject to minor changes):

Legal name of organization, physical address (and P.O. Box if you have one), telephone number, Web address, name of the authorizing official (e.g., president, director, etc.), the purpose of your organization.

#### Scranton, Pennsylvania Emergency Shelter Grants Program CERTIFICATIONS

I,\_\_\_\_\_\_(name and title of official), duty to act on behalf of the \_\_\_\_\_\_(name of applicant), certify that if awarded Emergency Shelter Grant funds, I will comply with the following as appropriate:

(1) The requirements of 24 CFR 576.25(b)(2) concerning the submission by nonprofit organizations applying for funding of a certification of approval of the proposed project(s) from the unit of local government in which the proposed project is located.

(2) The requirements of 24 CFR 576.53 concerning the continued use of buildings for which Emergency Shelter Grant funds are used for rehabilitation or conversion of buildings for use as emergency shelters for the homeless; or when funds are used solely for operating costs or essential services, concerning the population to be served.

(3) The building standards requirements of 24 CFR 576.55;

(4) The requirements of 24 CFR 576.56, concerning assurances on services and other assistance to the homeless.

(5) The requirements of 24 CFR 576.57, other appropriate provisions of 24 CFR Part 576, and other applicable Federal law concerning nondiscrimination and equal opportunity.

(6) The requirements of 24 CFR 576.59(b) concerning the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

(7) The requirements of 24 CFR 576.59 concerning minimizing the displacement of persons as a result of a project assisted with these funds.

(8) The requirements of 24 CFR 576.56(a) and 576.65(b) that grantees develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the Emergency Shelter Grants Program and that the address or location of any family violence shelter project assisted with Emergency Shelter Grants funds will not be made public, except with written authorization of the person or persons responsible for the operation of such shelter.

(9) The requirement that recipients involve, to the maximum extent practicable, homeless individuals and families in constructing, renovating maintaining, and operating facilities assisted under the ESG program and in providing services for occupants of these facilities as provided by 24 CFR 576.56(b)(2).

(10) The requirement of 24 CFR 576.21(a)(4) which provide that the funding of homeless prevention activities for families that have received eviction notices or notices of termination of utility services meet the following standards:

(A) That the inability of the family to make the required payments must be the result of a sudden reduction in income;

(B) That the assistance must be necessary to avoid eviction of the family or termination of the services to the family;

(C) That there must be a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and

(D) That the assistance must not supplant funding for preexisting homeless prevention activities from any other source.

(11) The new requirement of the McKinney-Vento Act, 42 USC 11301, to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. I further understand that state and local governments are primarily responsible for the care of these individuals, and that ESG funds are not to be used to assist such persons in place of state and local resources.

(12) The Drug Free Workplace requirements of 24 CFR Part 24 concerning the Drug Free Workplace Act of 1988.

I further certify that I will comply with the provisions of, and regulations and procedures applicable under, section 104(g) of the Housing and Community Development Act of 1974 with respect to the environmental review responsibilities under the National Environmental Policy Act of 1969 and related authorities as specified in 24 CFR Part 58.

I further certify that the submission on an application for an emergency shelter grant is authorized and that I possess legal authority to carry out emergency shelter grant activities in accordance with applicable law and regulations of the Department of Housing and Urban Development.

Date

Signature

Printed Name and Title

#### **<u>CERTIFICATION</u>**: The Applicant:

- Agrees to accept and follow management direction from the City and the Office of Economic and Community Development that is federally funded through the U. S. Department of Housing and Urban Development.
- Agrees to conform to all applicable laws and ordinances and statutes of the Federal Government, State of Pennsylvania and the City of Scranton, including but not limited to the following:
  - Americans with Disabilities Act of 1990; a clear and comprehensive prohibition of discrimination on the basis of disability and the Civil Rights Act of 1964 as amended.
- Agrees that throughout the period of an agreement with the City, all taxes, contractual obligations, audit responsibilities and any other obligations (e.g. sewer and water, parking tickets etc.) owed to the City shall be and remain current;
- Agrees that all services required of the Applicant under an agreement with the City will be performed with professional skill and competence;
- Agrees that the City reserves the right to terminate the resultant agreement at any time, for the City's convenience, with the assurance that the sub-recipient shall be entitled to reimbursement for approved services rendered prior to date of termination;
- Agrees that the Applicant's relationship with the City under an agreement will be that of an independent sub-recipient and that the agreement will be a contract for completion of activities with allocated funds and not a contract of employment with the City and no attended benefits shall be bestowed thereby;

Agrees to comply with all requirements promulgated by HUD, including, but not limited to:

- Federal Labor Standards (29 CFR Parts 3, 5, and 5a)
- Davis Bacon Act, as amended (40 USC 327-330)
- Copeland "Anti-Kickback" Act (18 USC 874), as supplemented in the Dept. of Labor regulations (20 CFR-Part 3)
- Architectural Barriers Act of 1969 (42 USC)
- Environmental Review (24 CFR- Part 58)
- Lead Based Paint Poisoning Prevention Act of 1971 (24 CFR Part 35)
- Flood Disaster Protection Act (PL 93-291)
- Section 504 of the Rehabilitation Act of 1973

The undersigned hereby certifies that s/he is duly authorized to negotiate, execute and deliver agreements, documents and other instruments in the name of and on behalf of the organization submitting this application for grant funds, and that the information contained in this application is, to the best of his/her knowledge, true, correct, complete, and represents the true intended usage of the funds for which the application is being submitted under penalty of law.

Authorized Signature

Print Name

Date

#### Certification of Consistency with the Consolidated Plan – HUD-2991

I certify that the proposed activity/project in this application is consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information)

| Applicant Name:   |           |   |  |
|---|-----------|---|--|
| Project Name:   |           |   |  |
| Location of the Project:  |           |   |  |
|   |           |   |  |
|   |           |   |  |
| Name of the Federal<br>Program to which the<br>Applicant is applying: |           |   |  |
| Name of Certifying<br>Jurisdiction:                                   |           |   |  |
| Authorized Representative's   | Signature |   |  |
|   |           |   |  |
| Name (please print)   |           |   |  |
|   |           |   |  |
| Title   |           |   |  |
|   |           | - |  |

Date

#### **Conflict of interest Certification**

Grantees and their recipients must avoid any conflict of interest in carrying out activities funded by federal grants dollars, such as the Emergency Shelter Grants program. Generally, this means that a person who is an employee, otherwise in a decision-making position, or has information about decisions made by the organization (such as an agent, consultant, officer or elected or appointed official of the grantee or recipient) may not obtain a personal or financial interest or benefit from the organization's activity, including through contracts, subcontracts or agreements. This exclusion continues during the employee's tenure and for one year following employment.

As part of general guidelines for the procurement of goods and services using federal funding (such as ESG), grantees and recipients are required to have a "code of conduct" in place that prohibits employees, officers or agents of the organization from participating in the decision making process related to procurement if that person, or that person's family, partner or any organizations employing any of the above has a direct financial interest or benefit from that procurement. In addition, these persons may not accept any gratuity, favors, or anything of monetary value from a contractor, consultant or other entity whose services are procured for the organization. Organizations should develop standards for avoiding such apparent or potential conflicts. Such standards may include for example a written policy that is part of the employee policies. Often, employees are required to sign a statement indicating that they have read the policy and will comply. This signed statement then becomes part of the employee's personnel file.

The federal regulations at 24 CFR 576.57 (d) describe the conflict of interest requirements as follows:

#### (i) 24 CFR 576.57

- d. Conflicts of interest. In addition to the conflict of interest requirements in OMB Circulars A-102 and A-110, no person
  - 1.
- i. Who is an employee, agent, consultant, officer, or elected or appointed official of the grantee, State recipient, or nonprofit recipient (or of any designated public agency) that receives emergency shelter grant amounts and
- ii. Who exercises or has exercised any functions or responsibilities with respect to assisted activities, or
- 2. Who is in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for him or herself or for those with whom he or she has family or business ties, during his or her tenure, or for one year thereafter. HUD may grant an exception to this exclusion as provided in 570.611 (d) and (e) of this chapter.

I have read the Conflict of Interest Statements and I agree to abide by the principles embodied therein.

Authorized Representative's Signature

Date

Name (please print)

Title

#### **CERTIFICATION OF COMPLETENESS**

I do hereby certify that the information contained in this application for Emergency Shelter Grant (ESG) Funds is complete and accurate. I do also certify that if the information contained herein should change at any time, I will notify Scranton's Office of Economic and Community Development of such change and await their written response before proceeding with the project.

| Authorized | <b>Representative</b> ' | s Signature |
|------------|-------------------------|-------------|
|------------|-------------------------|-------------|

Date

Name (please print)

Title