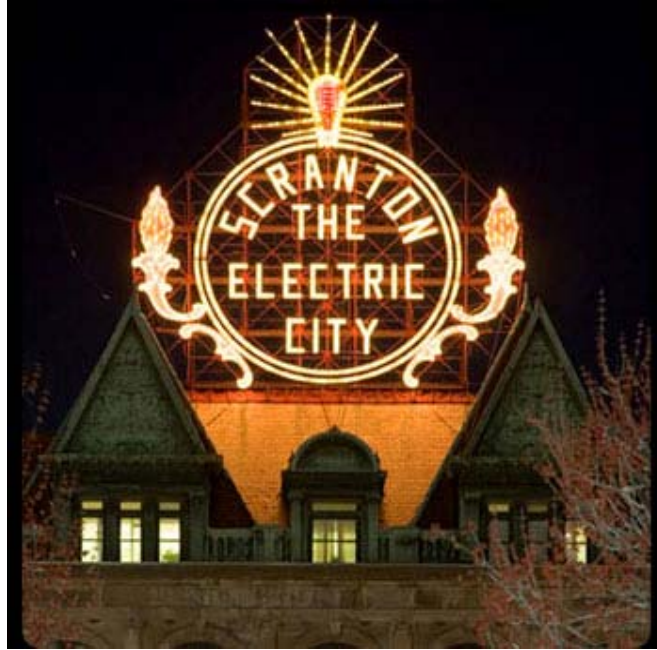


# CITY OF SCRANTON

Lackawanna County, Pennsylvania



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## EMERGENCY SOLUTIONS GRANT (ESG) APPLICATION FOR FUNDING 2015

APPLICATIONS DUE FRIDAY, AUGUST 8, 2014

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**William L. Courtright  
Mayor**

**Linda B. Aebli  
Executive Director  
Office of Economic and Community Development  
Municipal Building  
340 North Washington Avenue  
Scranton, Pennsylvania 18503  
Phone: 570/348-4216  
FAX: 570/348-4123  
FDD: 570/348-4223**

# **SCRANTON, PENNSYLVANIA EMERGENCY SOLUTIONS GRANT PROGRAM (ESG)**

## **Disclaimer Regarding Program and Regulations**

On May 20, 2009, President Obama signed the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including:

- A consolidation of HUD's Continuum of Care competitive grant programs;
- The creation of a Rural Housing Stability Program;
- A change in HUD's definition of homelessness and chronic homelessness;
- A transformation of the Emergency Shelter Grant Program into the Emergency Solutions Grant Program; and,
- An increase in the emphasis on performance.

The Emergency Solutions 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 **\$225,000.00** for **2015** 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.

In 2014 Scranton is developing new Five (5) Year Consolidated Plan (2015-2019) 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. All applicants and proposed activities must meet HUD ESG eligibility guidelines to be considered for funding. This program was previously known as the Emergency Shelter Grants Program, but its scope, eligible activities, and requirements changed significantly under the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009, whose regulations were released for effect in early 2012. 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 4:30 p.m. on Friday, August 8, 2014.**

**City of Scranton  
Office of Economic and Community Development  
Municipal Building  
340 North Washington Avenue  
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 [www.scrantonpa.gov](http://www.scrantonpa.gov). Go to Department, OECD, Applications, ESG 2015 Application.

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

The City of Scranton's Office of Economic and Community Development (OECD) will make available to Non-Profit organizations all Emergency Solutions Grant Program funds except for the allowable 7.5% percent for Administration after the City of Scranton receives its grant award notice from the U.S. Department of Housing and Urban Development (HUD).

## **BACKGROUND**

The original Homeless Assistance Grants were originally established by the Homeless Housing Act of 1986, in response to the growing issue of homelessness among men, women, and children in the United States. In 1987, the Emergency Shelter Grant Program was incorporated into subtitle B of title IV of the Stewart B. McKinney-Vento Homeless Assistance Act (42 U.S.C. 11371-11378). In May 2009 the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was signed; establishing the newly reauthorized and updated Emergency Solutions Grant Program. This program is still the first step in a continuum of homeless assistance operated by HUD. Since its inception and incorporation into the McKinney-Vento Act, the ESG Program has helped States and localities provide facilities and services to meet the needs of homeless people.

## **Eligible Applicants**

Eligible sub-recipients are private nonprofit organizations located in or serving Scranton, Pennsylvania.

## SECTION I

**Please read the Application Guidelines prior to completing the application.**

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### *General Information*

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1. Agency Name \_\_\_\_\_ Tax ID (EIN)# \_\_\_\_\_  
This should be the legal name as stated on agency's seal or charter.

2.  New Applicant  Returning Applicant (Funded in 2014 by City of Scranton ESG Grant)

3. Date of Agency Incorporation \_\_\_\_\_ Agency's Fiscal Year: \_\_\_\_\_

4. Previous Agency Name (if changed since last fiscal year): \_\_\_\_\_

5. Address\*\*  
Street, City, State & Zip Code

\*\* Should street address remain **CONFIDENTIAL** and not be published?  Yes  No

6. Mailing Address\*\*  
(If different from street address)

7. Agency Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

8. Website: \_\_\_\_\_

9. Agency Director's Name: \_\_\_\_\_ Title: \_\_\_\_\_

10. Director's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

11. Agency Contact Person Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Agency Information

1. Give a brief overview of your agency.

2. What type of ESG funding are you requesting? (see Components and Target Populations in Application Guidelines).

- Emergency Shelter: Essential Services     Street Outreach  
 Homelessness Prevention                       Rapid Re-Housing                       HMIS (HMIS provider only)

3. What is the total amount of funding are you requesting? \_\_\_\_\_

4. Briefly describe the program that you would support with ESG funds from the categories in #2.

5. Is your agency also applying for CDBG funds? *NOTE: CDBG funding requires completion of a separate application.*

- Yes     No                      Amount \_\_\_\_\_

6. Has your agency been funded by this department in the past?

- No     Yes: indicate years, type of funding, and amounts going back three years, if applicable.

7. Annually, how many City of Scranton residents does your agency serve in total?

\_\_\_\_\_ adults    \_\_\_\_\_ children

8. Is your organization faith-based?  No     Yes. Describe affiliation:

## Organizational Capacity

Please indicate the presence or absence of the following at your agency (do not include these items with your application unless requested elsewhere):	Yes	No
Personnel policies and procedures		
Conflict of interest policy		
Nondiscrimination policy		
Employee job descriptions		
Policies and procedures manual (for accounting, purchasing, inventory, and operations)		
Accounting ledgers and financial statements		
Internal monitoring and evaluation system		
Inventory records		
Insurance certificate		
Minutes of Board meetings		
Policies and procedures for subcontracting/consulting		
Client eligibility verification and HMIS authorization in files		
Confidentiality policy		
Grievance and termination procedure		

***Project/Activity Description***

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1. Proposed project/activity title for which you are requesting ESG funding:

\_\_\_\_\_

2. Enter the address and telephone number of the project or activity. *Please list all if there are multiple locations.*

3. Does the agency own the facility? Please attach documentation of ownership or a copy of the lease. *Attach multiple copies if there are multiple locations.*

Facility: \_\_\_\_\_  Yes  No

Facility: \_\_\_\_\_  Yes  No

4. What is your service area?  Scranton, Pennsylvania

5. Does your agency participate in HMIS?  Yes  No (*All funded agencies are required to participate in HMIS*)

6. Please describe your agency's ability to fully and comprehensively use HMIS for ESG clients (see Guidelines, 24 CFR part 576.400).

\_\_\_\_\_

7. Please describe your agency's ability to maintain records related to ESG for a period of five years after the last expenditure of funds (see Guidelines, 24 CFR part 576.500).

\_\_\_\_\_

8. What is your fiscal year? \_\_\_\_\_

9. Is the program/facility open year round?  Yes  No; list times it is available:

10. How do homeless persons participate in policy-making and operations with your agency? (HUD rules require this of ESG recipients.)

11. Describe your agency's participation in Lackawanna County Continuum of Care? Please note: all funded agencies are expected to be active participants in this group.

***Consistency with Consolidated Plan Goals***

1. Note: Homeless Assistance funding (Emergency Shelter and Street Outreach) meets the HUD objective of “Create a Suitable Living Environment” (Goal II) Homeless Prevention and Rapid Re- Housing funding meets the HUD objective of “Provide Decent Housing” (Goal I).

***Project Sustainability***

1. List any linkage between this proposed project with other agencies (including other Lackawanna County Continuum of Care participants) in which your agency coordinates services. Briefly identify the type of collaboration.

Agency	Type of Collaboration

2. How will your proposed services enhance existing services being provided by other agencies in your targeted area or population? How will it differ?

3. How does your proposed program fit into the City of Scranton Lackawanna County Continuum of Care Homlessness Collaborative (See Guidelines).

4. In-Kind Contributions/Volunteer time for proposed program:

List non-paid volunteer time and source of in-kind contributions received in 2013 and anticipated in 2014.

Year	Type of Volunteers/Contribution Source	Description	Value
			\$
<b>In-kind Total</b>			\$

5. Are any staff or Board members the beneficiaries of any agency funds/services?  Yes  No

If yes, please explain in detail below.

6. Do any family relationships by blood or marriage exist between staff and/or Board members?  Yes  No  
If yes, please explain in detail below.

7. Describe any training attended by the Board in the last twelve months.

8. How frequently does the Board meet?



## Program Service/Activity, Outcomes, Outputs and Measurements

The Department of Housing and Urban Development (HUD) has developed an outcome performance measurement system for key HUD Housing and Community Development Programs. This system describes Performance Measurements as specific goals, outcomes and outputs. From the HUD goals, and the outcomes and outputs definitions listed below, please complete the following table by selecting the one which best reflects your anticipated goal and outcomes. Please refer to HUD's website for more information on HUD's requirements for Performance Measurements at: <http://www.hud.gov/offices/cpd/about/performance>.

<b>Goals</b>		<b>Outcomes</b>		<b>Output Indicators</b>
<p>1. <u>Create Suitable Living Environment</u>: This goal relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environments. <i>[Homeless Assistance (Operating Costs and Essential Services) only.]</i></p> <p>2. <u>Decent Housing</u>: This goal focuses on housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort. <i>[Homeless Prevention only.]</i></p>		<p>i. <u>Availability/Accessibility</u>: This <u>outcome</u> applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to individuals, residents or beneficiaries. <i>[Homeless Assistance (Operating Costs and Essential Services) only.]</i></p> <p>ii. <u>Affordability</u>: This <u>outcome</u> applies to activities that provide affordability; it can include the creation or maintenance of affordable housing, basic infrastructure, or services such as transportation or day care to persons at lower cost than market rate. <i>[Homeless Prevention only.]</i></p>		<p>Output indicators tell whether an outcome will occur.</p> <p>Each output should relate to the intended outcome/goal of the program activity or major service objective.</p> <p>Output (quantified) + Outcome + Activity/Major Service (description) + Goal. Combining these components summarizes the agency's activities, intended outcomes and purpose in a manner that quantifiably measures results.</p>
<b>A.</b>	<b>B.</b>	<b>C.</b>	<b>D.</b>	<b>E.</b>
Major Service or Activity Provided (Performance Indicators)	# of Scranton Clients Served or # of Units	OUTCOMES This activity will lead to the following anticipated results	OUTPUTS INDICATOR # and % of clients/unit to achieve each outcome	HOW MEASURED This is how indicators will be measured and what/who will be evaluated /surveyed
<b>EXAMPLE:</b> Childcare Services – Provision of free childcare for homeless families	150 Children/75 households	<ol style="list-style-type: none"> <li>1. Help expedite families transition from homelessness</li> <li>2. Provide a healthy, &amp; stable learning environment for children</li> <li>3. Strengthen family unit</li> </ol>	<ol style="list-style-type: none"> <li>1. 100% of families will be allowed to pursue employment opportunities</li> <li>2. 75% of children grades will improve</li> </ol>	<ol style="list-style-type: none"> <li>1. Monitor families progress to transition out of homelessness</li> <li>2. Evaluate children school report cards/progress reports</li> </ol>

### ***Application Submittal Checklist: Required Exhibits***

All agencies: Please attach the following items to your application. Please handwrite “Exhibit \_\_\_\_” at the top right hand corner of the page. **PLEASE DO NOT include tabs or cover pages for individual Exhibits.**

Exhibit A	<input type="checkbox"/> Current registration of charitable organization status from Commonwealth of PA Secretary of State’s office
Exhibit B	<input type="checkbox"/> Most recent audit with management letter ( <i>most applicants need not include this; see Application Guidelines to determine if applicable</i> )
Exhibit C	<input type="checkbox"/> Most recent two years of financial statements (income & expense statement, balance sheet and cash flow statement) *required for all agencies, even those not submitting an audit*
Exhibit D	<input type="checkbox"/> Most recent IRS Form 990
Exhibit E	<input type="checkbox"/> List of Board of Directors (name, address, terms, officers)
Exhibit F	<input type="checkbox"/> Minutes from last four Board meetings
Exhibit G	<input type="checkbox"/> Job descriptions and resumes for staff positions involved with the proposed activity
Exhibit H	<input type="checkbox"/> Current organizational chart

**Returning ESG Applicants (funded in FY13 with ESG or CDBG funds), in lieu of providing Exhibits I-O:**

Exhibit AA	<input type="checkbox"/> Statement on letterhead signed by Executive Director stating that in the past 12 months, nothing has changed in 501c3 status, Bylaws, Articles of Incorporation, conflict of interest policy, non-discrimination policy, financial policies and procedures, and operating policies and procedures. If you can provide this statement, you do not have to provide these documents. <i>If these have changed in the past 12 months, provide the necessary documents, and label them Exhibit AA. [Returning agencies ONLY!]</i>
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**New applicants only (not funded in 2013)** must provide, as attachments to this application, **in addition to** all above documents, the documents listed below. Please handwrite “Exhibit \_\_\_\_” at the top right hand corner of the page. **PLEASE DO NOT include tabs or cover pages for individual Exhibits.**

Exhibit I	<input type="checkbox"/> Non-profit designation from the IRS (501c3)
Exhibit J	<input type="checkbox"/> Bylaws
Exhibit K	<input type="checkbox"/> Articles of Incorporation
Exhibit L	<input type="checkbox"/> Conflict of interest policy
Exhibit M	<input type="checkbox"/> Non-discrimination policy
Exhibit N	<input type="checkbox"/> Financial policies and procedures
Exhibit O	<input type="checkbox"/> Operating policies and procedures

## SECTION II

### *Certification*

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#### *ESG Application*

The undersigned has prepared and submitted all the documents attached hereto. I certify to the best of my knowledge that all information contained is true and correct.

Executive Director Name (Print) \_\_\_\_\_

Executive Director Signature \_\_\_\_\_

Date \_\_\_\_\_

President or Secretary of the Board of Directors' Name (Print) \_\_\_\_\_

President or Secretary of the Board of Directors' Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Note:** If your agency is selected for funding, additional documentation may be requested. It is the responsibility of the agency to insure that all federal, state and local requirements are met.

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#### **For Office Use Only**

Application Number	
Date Received	
Administrative Staff Processed	
Copies	
Minimum Threshold	
Exhibits	
Notes	
Staff Assigned	

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\_\_\_\_\_

**PARTS I-V**

From the following pages, please select the components that you wish to apply for, fill out and submit only those parts, and **delete the rest**. Please refer to the Guidelines document for the cited regulations when answering the questions.

- Part I: Street Outreach Component
- Part II: Emergency Shelter Component
- Part III: Homelessness Prevention Component
- Part IV: Rapid Re-Housing Component
- Part V: HMIS Component (for HMIS provider only)

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**Part I: Street Outreach Component**

1. Please describe your agency’s capacity and experience in providing street outreach to homeless persons.

2. Please describe which activities, from those eligible, your agency would engage in, using FY13 ESG funds (see Guidelines for 24 CFR Part 576.101).

3. Please describe your case managers’ capacity and experience in documenting homelessness according to HUD’s new definitions as delineated in the HEARTH Act (as described in 24 CFR Part 576.500; see Guidelines).

4. How many individuals do you propose to serve with these ESG funds? \_\_\_\_\_  
How many households do you propose to serve with these ESG funds? \_\_\_\_\_

**Budget and Match**

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG.

Line Item	Amount	Match Source	Amount
<b>Total</b>		<b>Total</b>	

**Part II: Emergency Shelter Component**

1. Does your facility meet the definition of “emergency shelter” in 24 CFR part 91.5 and 576.2 (see Guidelines)? Yes \_\_\_\_ No \_\_\_\_

2. What is your bed capacity? \_\_\_\_\_

3. What is the nature of your shelter or housing?

- Barracks                                       Group/large home                                       Other  
 Single-family detached house                                       SRO (single room occupancy)                                       Mobile home/trailer

4. Please identify which persons are housed at your facility.

- Males only                                       Females only                                       Females and children only  
 Males and children only                                       Males, females, and children                                       Couples without children  
 Unaccompanied minors

5. What requirements do you have for those who stay at the facility?

6. Do you require residents to sign a lease or occupancy agreement? Yes \_\_\_\_ No \_\_\_\_

7. What is the maximum length of stay for facility residents?

8. Are fees assessed to clients of the program/facility?  No  Yes; describe what for and how payable:

9. For which of the eligible shelter operations costs in 24 CFR part 576.102 do you intend to use funds, if applicable (see Guidelines)?

10. For which of the eligible shelter services costs in 24 CFR part 576.102 do you intend to use funds, if applicable (see Guidelines)?

11. Who supervises the clients at the facility? \_\_\_\_\_

12. Are you able to document that your facility meets the minimum safety, sanitation, and privacy standards in 24 CFR part 576.403 (a and b) (see Guidelines)? Yes \_\_\_\_ No \_\_\_\_

13. Please describe how your agency will certify that all housing meets HUD’s standards as referred to in #12. Please include information about who will conduct inspections and the qualifications of that person, particularly in regard to lead-based paint for structures built before 1978 where children under 6 may be present (n/a if no children present).

14. Is every facility operated by your agency in compliance with local zoning ordinances? *New applicants must provide written confirmation from the appropriate governmental entity.*  Yes  No; please explain below:

15. Who is responsible for the maintenance, repair, and management of the facility? \_\_\_\_\_

16. How many individuals do you propose to serve with these ESG funds? \_\_\_\_\_

How many households do you propose to serve with these ESG funds? \_\_\_\_\_

**Budget and Match**

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG.

Line Item	Amount	Match Source	Amount
<b>Be sure to indicate whether your line item cost is for operations or services, and specify an eligible item.</b>			
<b>Total</b>		<b>Total</b>	

**Part III: Homelessness Prevention Component**

1. Please specify the areas for which you would use homelessness prevention funds, from eligible activities in 24 CFR part 576.105 and 106 (see Guidelines).

2. Please describe in detail your agency's ability and capacity to carry required and eligible activities when assisting clients for homelessness prevention (see Guidelines for 24 CFR 576.105, for required activities).

3. Please evaluate your case managers' capacity and experience in assessing Fair Market Rent as defined by HUD, performing rent reasonableness compliance, and including monthly utility allowances when calculating rent (see Guidelines for rent in 24 CFR part 576.106 (d)).

4. Please describe how your agency will enter into rental assistance agreements with property owners when providing rental assistance, as described in 24 CFR part 576.106(e) (see Guidelines). Please note that a rental assistance agreement is different from the lease between property owner and tenant, which is also required.

5. Please provide information regarding your case managers' training, number of years of experience, and specific experience in case management for homelessness prevention and/or rapid re-housing (include previous experience with ESG and/or HPRP).

6. Please describe your case managers' capacity and experience in documenting homelessness according to HUD's new definitions as delineated in the HEARTH Act (this will be required for rapid re-housing assistance as described in 24 CFR part 576.500).

7. Please describe your case managers' capacity and experience in terms of evaluation of program participant eligibility and needs as described by HUD in 24 CFR 576.401 (see Guidelines). Note that you may disregard (b)(1) because our program will allow only 3 months of assistance.

8. Please describe your case managers' capacity and experience in terms of terminating assistance as described by HUD (24 CFR 576.402).

9. Please describe how your agency will certify that all housing for which rental assistance is provided for homelessness prevention will meet HUD's standards (24 CFR 576.403(a and c)). Please include information about who will conduct inspections and the qualifications of that person particularly in regard to lead-based paint for structures built before 1978 where children under 6 may be present (n/a if no children present)..

10. How many individuals do you propose to serve with these ESG funds? \_\_\_\_\_  
 How many households do you propose to serve with these ESG funds? \_\_\_\_\_

**Budget and Match**

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG.

Line Item	Amount	Match Source	Amount
<b>*please be sure to break out using categories in 24 CFR part 576.105 and 106 (see Guidelines)</b>			
<b>Total</b>		<b>Total</b>	



**Part IV: Rapid Re-Housing Component**

1. Please specify the areas for which you would use ESG rapid re-housing funds, from eligible activities in 24 CFR part 576.105 and 106 (see Guidelines).

2. Please describe in detail your agency’s ability and capacity to carry required and eligible activities when assisting clients for rapid re-housing (see Guidelines for 24 CFR 576.105, for required activities).

3. Please evaluate your case managers’ capacity and experience in assessing Fair Market Rent as defined by HUD, performing rent reasonableness compliance, and including monthly utility allowances when calculating rent (see Guidelines for rent in 24 CFR part 576.106 (d)).

4. Please describe how your agency will enter into rental assistance agreements with property owners when providing rental assistance, as described below (24 CFR part 576.106(e)). Please note that a rental assistance agreement is different from the lease between property owner and tenant, which is also required.

5. Please provide information regarding your case managers’ training, number of years of experience, and specific experience in case management for homelessness prevention and/or rapid re-housing (include previous experience with ESG and/or HPRP).

6. Please describe your case managers’ capacity and experience in documenting homelessness according to HUD’s new definitions as delineated in the HEARTH Act (this will be required for rapid re-housing assistance as described in 24 CFR part 576.500; see Guidelines).

7. Please describe your case managers' capacity and experience in terms of evaluation of program participant eligibility and needs as described by HUD below (24 CFR 576.401). Note that you may disregard (b)(1) because our program will allow only 3 months of assistance.

8. Please describe your case managers' capacity and experience in terms of terminating assistance as described by HUD (24 CFR 576.402).

9. Please describe how your agency will certify that all housing for which rental assistance is provided for rapid re-housing will meet HUD's standards (24 CFR 576.403(a and c)). Please include information about who will conduct inspections and the qualifications of that person particularly in regard to lead-based paint for structures built before 1978 where children under 6 may be present (n/a if no children present)..

10. How many individuals do you propose to serve with these ESG funds? \_\_\_\_\_  
 How many households do you propose to serve with these ESG funds? \_\_\_\_\_

**Budget and Match**

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG.

Line Item	Amount	Match Source	Amount
<b>*please be sure to break out using categories in 24 CFR part 576.105 and 106 (see Guidelines)</b>			
<b>Total</b>		<b>Total</b>	

**Part V: HMIS Component (for HMIS provider only)**

1. Please describe which activities your agency would perform with 2013 ESG funds (see Guidelines for 24 CFR 576.107).

**Budget and Match**

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG.

<b>Line Item</b>	<b>Amount</b>	<b>Match Source</b>	<b>Amount</b>
<b>Total</b>		<b>Total</b>	

## 24 CFR Part 58 - Environmental Review

As part of ESG requirements prior to the Release of Funds being issued (which allows contracts to be executed) an Environmental Review Record must be completed. Most of our recently funded activities have been classified, by their nature, as either Categorically Excluded or Exempt. With these activities we are not required to complete an environmental assessment. Occasionally ESG funds an activity that does require a complete environmental assessment.

To avoid limiting funding to activities not requiring environmental assessments, ESG is implementing an additional requirement of those applicants. Sub-recipients receiving ESG funding for activities that require environmental assessments must have an environmental assessment done at their own cost and furnish the ESG department with a copy. To comply with ESG regulations, these environmental assessments must be received by ESG staff no later than June 15<sup>th</sup> of the funding year.

- If project involves a building / facility rehabilitation, is the building or facility on the National Register of Historic Places. Is it part of a local historic district?
- What year was the building constructed? What was its prior use?
- Does the Department have any information concerning previous or existing environmental conditions on site? If so, provide a description. Identify any key environmental studies that have been initiated or completed to satisfy NEPA.

Has the Department already completed any site remediation and/or abatement activities at this site? If so, provide a description. If awarded ESG funds, a copy of the final closure reports must be provided.

In accordance with 24 C.F.R. Part 58.22, the applicant agrees to refrain from undertaking any physical activities or choice limiting actions until the City of Scranton's Office of Economic and Community Development has approved the project's environmental review. Choice limiting activities include acquisition of real property, leasing, repair, rehabilitation, demolition, conversion, or new construction. This limitation applies to all parties in the development process, including public or private nonprofit or for-profit entities, or any of their contractors.

This certification does not constitute an unconditional commitment of funds or site approval. The commitment of funds to the project may occur only upon satisfactory completion of the project's environmental review in accordance with 24 CFR Part 58 and related environmental authorities. Provision of funding is further conditioned on the City of Scranton's Office of Economic and Community Development's determination to proceed with, modify, or cancel the project based on the results of the environmental review.

The applicant agrees to abide by the special conditions, mitigation measures or requirements identified in the City of Scranton's Office of Economic and Community Development's environmental approval and shall ensure that project contracts and other relevant documents will include such special conditions, mitigation measures or requirements.

Until the City of Scranton's Office of Economic and Community Development has approved the environmental review for the project, neither the applicant nor any participant in the development process, including public or private nonprofit or for-profit entities, or any of their contractors, may commit HUD assistance to the project or activity.

The applicant agrees to provide the City of Scranton's Office of Economic and Community Development with all available environmental information about the project and any information which the City of Scranton's Office of Economic and Community Development may request in connection with the conduct and preparation of the environmental review, including any reports of investigation or study which in the City of Scranton's Office of Economic and Community Development's opinion is needed to fulfill its obligations under HUD environmental requirements.

The applicant agrees to advise the City of Scranton's Office of Economic and Community Development of any proposed change in the scope of the project or any change in environmental conditions, including substantial changes in the nature, magnitude, extent or location of the project; the addition of new activities not anticipated in the original scope of the project; the selection of an alternative not in the original application or environmental review; or new circumstances or environmental conditions which may affect the project or have bearing on its impact, such as concealed or unexpected conditions discovered during the implementation of the project or activity.

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Scranton, Pennsylvania**  
***Emergency Solutions Grants Program***  
**CERTIFICATIONS**

I, \_\_\_\_\_(name and title of official), duty to act on behalf of the \_\_\_\_\_(name of applicant), certify that if awarded Emergency Solutions 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 Solutions 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 Solutions Grants Program and that the address or location of any family violence shelter project assisted with Emergency Solutions 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 solutions grant activities in accordance with applicable law and regulations of the Department of Housing and Urban Development.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name and Title

**CERTIFICATION: 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 Program to which the Applicant is applying: \_\_\_\_\_

Name of Certifying 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 Solutions 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

**NOTE: IF APPLICABLE EVERY BOARD MEMBER MUST INDIVIDUALLY SIGN A CONFLICT OF INTEREST CERTIFICATION TO BE SUBMITTED WITH THIS APPLICATION – NO EXCEPTIONS – IF ORGANIZATION MUST WAIT UNTIL NEXT BOARD MEETING PLEASE INDICATE ON APPLICATION TO THIS.**

**ONE PERSON SIGNING ONLY MAY RESULT IN APPLICATION BEING REJECTED.**

**CERTIFICATION OF COMPLETENESS**

I do hereby certify that the information contained in this application for Emergency Solutions 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 Representatives Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title