

**City of Erie  
Department of Economic &  
Community Development**

**EMERGENCY SOLUTIONS GRANT  
REQUEST FOR PROPOSAL**

**Open Date: December 1, 2019  
Deadline: January 31, 2020 by 4:00 P.M.**

Submit **two (2) hard copy** applications to:  
City of Erie  
Department of Economic & Community Development  
626 State Street, Room 404  
Erie, PA 16501

Questions may be directed to Debra Smith at (814) 870-1274 or Dave Deter at (814) 870-1277

**CITY OF ERIE, PENNSYLVANIA**

**REQUEST FOR PROPOSAL**

**EMERGENCY SOLUTIONS GRANT PROGRAM**

**JULY 1, 2020 THROUGH JUNE 30, 2021**

**SUBMIT ALL REQUIRED SECTIONS**

**Section I: Narrative Data on Project**

**Section II: Narrative Data on Agency**

**Section III:**

- 1. Articles of Incorporation**
- 2. Organization Chart**
- 3. Resume of Program Administrator**
- 4. Resume of Fiscal Officer**
- 5. Conflict of Interest**
- 6. Matching Funds**
- 7. Total Agency Funding Sources**

**Section IV: Budget**

- 1. Direct Deposit**
- 2. Budget Summary**
- 3. Personnel Budget**
- 4. Budget Justification**
- 5. Personnel Characteristics Sheet**

**CITIZEN INPUT**

To encourage citizen input on the Consolidated and Annual Plan, the City will conduct a Public Needs Hearing. The purpose of this hearing is to allow citizens to review, comment, give input, and make Consolidated and Annual Plan recommendations. The date of that hearing is listed below:

**Tuesday, January 28, 2020  
10:00 A.M.  
6:00 P.M.**

**City Hall  
City Council Chambers  
626 State Street  
Erie, PA 16501**

## SECTION I, NARRATIVE DATA ON PROJECT (1 Page Maximum)

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Provide narrative information on the proposed project that includes the following:

- 1) Project Type:
  - a) Transitional housing
  - b) Emergency Shelter
- 2) Targeted Population (ex. Gender, ages, special populations, family types)
- 3) Estimated unduplicated individuals to be served (July 1, 2020 – June 30, 2021)
- 4) The Goals and outcomes of the proposed project
- 5) How the project will comply with ESG affirmative outreach requirements (576.407(b)) to make known that use of facilities, assistance, and services are available to all on a non-discriminatory basis.
- 6) Description of intake procedures and methods used to verify homeless status. Projects must certify that the following order of priority will be followed to secure homeless documentation as required by the City's Written ESG Standards and HUD ESG regulations:
  - 1) Third party documentation
  - 2) Intake worker observations
  - 3) Certification from the person seeking assistance

## SECTION II, NARRATIVE DATA ON AGENCY (1 Page Maximum)

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### 1. Requirement

**Please, state that your agency will use the local HMIS to collect client-level data. Victim services providers must state that your agency will use an HMIS-comparable database.**

**If not, do not continue. You are ineligible to apply for ESG funds.**

### 2. Background

**Briefly** describe your emergency shelter or transitional housing in terms of people you service (men, women, women with children, fathers with children, or complete families). Also, **briefly** state their predominant cause of homelessness and the segment of homelessness you think is underserved.

Describe how your Agency involves, to the maximum extent practicable, homeless individuals and families in the construction, renovation, maintenance, and operating facilities; and in providing

services for occupants of your facility. Indicate the number of homeless or formerly homeless individuals who serve on your agency's Board of Directors (or equivalent policy-making entity).

Briefly describe the formal process your Agency follows when assistance to individuals or families is terminated due to violation(s) of program requirements.

3. Personnel

Briefly describe the Agency's existing staff positions and qualifications, and state whether or not the Agency has a personnel policy manual with an affirmative action plan, conflict of interest policy, and grievance procedure.

4. Reporting

The City of Erie is required to monitor the use and effectiveness of ESG funding - and by Contract, funded Agencies are required to submit monthly and annual reports. Please include as part of your proposal the number of evenings your shelter was open during the twelve (12) months of the last fiscal year and the number of persons served.

5. Audit Requirements

In accordance with 2 CFR 200, Subpart F, Audit Requirements, the Federal Government requires that organizations must secure an audit.

6. Insurance/Bond/Worker's Compensation

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 who handle the agency's accounts, in what amount, and with what insuring agency.

## **SECTION III, STANDARD REQUIRED DOCUMENTS**

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1. Articles of Incorporation/Bylaws

Articles of incorporation are the documents recognized by the State as formally establishing a private corporation, business or agency.

2. Organizational Chart

An organizational chart must be provided which describes the agency's administrative framework and staff positions, indicates where the proposed project will fit into the organizational structure, and identifies any staff positions of shared responsibility.

3. Resume of the Chief Program Administrator

4. Resume of the Chief Fiscal Officer

5. Conflict of Interest

Provide a copy of the agency's written standards covering conflict of interest as applicable to ESG regulations (24 CFR 576.404) and Federal Uniform Standards (2 CFR 200.317 and .318). Any questions of possible conflict of interest must be submitted to and receive written clearance from the City.

6. Matching Funds

A list of matching funds along with the accompanying funding sources.

7. Total Agency Funding Sources

List all agency funding sources and dollar amounts.

## **SECTION IV, BUDGET**

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Please note on the Budget Form the following:

The total amount budgeted for Essential Services may not exceed 30% of your total budget. In addition, staff costs listed under Operations (other than security or maintenance) may not exceed 10% of your total budget.

### Forms Enclosed

1. Direct Deposit
2. Budget Summary
3. Personnel Budget
4. Budget Justification
5. Personnel Characteristic Sheet

**CITY OF ERIE  
ECONOMIC AND COMMUNITY DEVELOPMENT**

Designation of Depository for Direct Deposit of Funds

**SECTION I (To be completed by Subrecipient)**

The \_\_\_\_\_

\_\_\_\_\_  
(Name, Address and Zip Code of Bank)

has been designated as the depository for all funds to be received directly from the City of Erie, PA resulting from contract number \_\_\_\_\_ executed with the City of Erie, PA for deposit to:

\_\_\_\_\_  
(Name of Subrecipient)

\_\_\_\_\_  
(Bank Account Number)

**Sponsor Organization**

\_\_\_\_\_  
(Name of Subrecipient)

\_\_\_\_\_  
(Address and Zip Code)

\_\_\_\_\_  
(Signature of Authorized Official)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**SECTION II (To be completed by the Depository)**

The account identified in Section I has been established with this bank. All necessary documentation, including a power of attorney where necessary, which will legally enable this depository to receive City government checks directly from the City of Erie, PA for deposit to \_\_\_\_\_

\_\_\_\_\_  
(Account Name and Number)

without the payee's endorsement have been received and are in this depository's custody. This depository's deposits are insured by: \_\_\_\_\_.

\_\_\_\_\_  
(Name of Bank)

\_\_\_\_\_  
(Address and Zip Code)

\_\_\_\_\_  
(Signature of Authorized Bank Officer)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

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

DUNS #: \_\_\_\_\_

Budget #: \_\_\_\_\_

EMERGENCY SOLUTIONS GRANT  
BUDGET SUMMARY

Project Code: Emergency Solutions Grant

Subgrantee Name: \_\_\_\_\_

\_\_\_\_\_ Contact Person

ESG Contract No: \_\_\_\_\_

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Name, Address,  
& Phone #:  
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Line No.	Cost Category	Total Est. Cost	Other Funding Sources	ESG Share
1.	Essential Services			
2.	Operations			
3.	Rehabilitation			
	TOTAL			

Approved by:

\_\_\_\_\_  
Project – Board President/Chairman

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

\_\_\_\_\_  
Project – Executive Director

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

\_\_\_\_\_  
E.C.D. Director

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





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

Budget #: \_\_\_\_\_

## EMERGENCY SOLUTIONS GRANT BUDGET JUSTIFICATION

Project Code: \_\_\_\_\_ Emergency Solutions Grant \_\_\_\_\_

Subgrantee Name: \_\_\_\_\_

Contract Number \_\_\_\_\_

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Description of Line Items 1 through 3

Amount

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For Personnel Costs use Personnel Justification Form.

Describe the item in sufficient detail to ensure it is adequately identified and indicate the basis for determining or computing its value. For example, office space rental for two professionals: 150 square feet at \$2.00 per square foot, including utilities and janitorial services. Use additional plain paper if necessary

PERSONNEL CHARACTERISTICS SHEET ON NEXT PAGE

