

CITY OF ERIE, PENNSYLVANIA
REQUEST FOR PROPOSAL
EMERGENCY SHELTER GRANT PROGRAM
JULY 1, 2011 THROUGH JUNE 30, 2012

SUBMIT REQUIRED STANDARD DOCUMENTATION

Section I

1. Narrative Data on Project

Section II

1. 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

1. Budget

Submit Completed Application to:

**Department of Economic and Community Development
Room 404, 626 State Street
Erie, PA 16501**

SECTION I, NARRATIVE DATA ON PROJECT

SECTION II, NARRATIVE DATA ON AGENCY

BACKGROUND

Briefly describe your emergency shelter 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.

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

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 and grievance procedure.

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 reports. Please include as part of your proposal the number of evenings your shelter was open during the twelve (12) months of the last calendar year and the number of persons served.

Audit Requirements

In accordance with the Office of Management and Budget Circular A-133, the Federal Government requires that organizations must secure an audit.

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

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

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.

SECTION IV, BUDGET

1. 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.

**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: _____

Budget #: _____

EMERGENCY SHELTER GRANT
BUDGET SUMMARY

Project Code: Emergency Shelter Grant

Subgrantee Name: _____

_____ Contact Person

ESG Contract No: _____

Name, Address,
& Phone #:

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 SHELTER GRANT
BUDGET JUSTIFICATION**

Project Code: _____ Emergency Shelter Grant

Subgrantee Name: _____

Contract Number _____

Description of Line Items 1 through 3

Amount

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

