APPLICATION AND INSTRUCTIONS FOR THE HOME INVESTMENT PARTNERSHIP – AMERICAN RESCUE PLAN (HOME-ARP) PROGRAM

Congress appropriated \$5 billion in funds under the American Rescue Plan (ARP) Act of 2021. These funds are to be used to assist the homeless and those persons and families who are at risk of becoming homeless. The U.S. Department of Housing and Urban Development (HUD) is administering the program, and the City of Pittsburgh was allocated \$8,342,028 in HOME-ARP funds.

The City of Pittsburgh has prepared a HOME-ARP Allocation Plan to address local needs and to establish priorities for the use of HOME-ARP funds. The City has allocated HOME-ARP funds to the following activities:

• Supportive Services - \$500,000

Funds may be used for the following eligible services: childcare, education services, employment assistance and job training, food, housing search and counseling services, legal services, life skills training, mental health services, outpatient health services, outreach services, substance abuse treatment services, transportation, case management, mediation, credit repair, landlord/tenant liaison, services for special populations, and financial assistance.

Acquisition and Development of Non-Congregate Shelter - \$1,500,000
 Funds may be used for the development of private units or rooms for temporary shelter for persons and/or households that meet one or more of the definitions of a qualifying population. Funds can be used for the acquisition, new construction, rehabilitation of an existing structure, development costs, and replacement reserves.

The City's HOME-ARP funds are to be used to assist one or more of the following four (4) Qualifying Populations:

1. Homeless

- a. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - i. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

- ii. An individual or family living in a supervised public or private operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
- iii. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- b. An individual or family who will imminently lose their primary nighttime residence, provided that:
 - The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - ii. No subsequent residence has been identified; and
 - iii. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing.
- c. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - i. Are defined as homeless under Section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), Section 637 of the Head Start Act (42 U.S.C. 9832), Section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), Section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), Section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), Section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or Section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - iii. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
 - iv. Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment

2. At Risk of Homelessness

- An individual or family who is extremely low income (<30% AMI), does not have a support network, and meets at least one of the conditions for homelessness (24 CFR 91.5)
- 3. Fleeing, or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking
- 4. Other populations who do not qualify under any of the populations above but meet one of the following criteria
 - Those who are currently housed due to temporary or emergency assistance or need additional assistance or services to avoid a return to homelessness.
 - b. Populations at Greatest Risk of Housing Instability
 - Households whose income is <30% AMI and are experiencing severe cost burden.
 - Households whose income is <50% AMI and meet one of the criteria for being At Risk of Homelessness.

Please Note: The use of the HOME-ARP funds must benefit <u>only</u> City of Pittsburgh residents who fall into one of the four (4) Qualifying Populations.

APPLICATION DUE

Please submit grant application through Engage PGH no later than 5:00 PM on Monday, May 6, 2024.

If you have any questions or would like technical assistance or guidance in completing this application, please contact the following at the number or email listed below:

Mr. Kelly L. Russell
Assistant Director/Labor Compliance Officer
Office of Management and Budget - Community Development
City of Pittsburgh
City-County Building, Room 501
414 Grant Street
Pittsburgh, PA 15219
Email - kelly.russell@pittsburghpa.gov
Phone - (412) 255-2667

I. APPLICATION GENERAL INFORMATION

ORGANIZATION INFORMATION
Name of Organization:
Name of Executive Director/CEO:
Address of Organization:
Telephone:
Fax:
E-mail:
Website:
Federal I.D. Number:
Unique Entity Identifier (UEI) Number: [Unique Entity Identifier (UEI) is a number issued by the System for Award Management (SAM) to identify businesses and other entities that do business with the federal government. The UEI has replaced the DUNS number as the authorized identifier for the federal government.]
Is the Organization \square An approved nonprofit or a \square for profit business.
Download a copy of 501(c)3 designation, if applicable: □
PROJECT CONTACT INFORMATION
Name/Title of Project Contact:
Telephone:
Fax:
E-mail:
PROJECT INFORMATION
Project Name:
Project Address:

Brief Description of Project:
What HOME-ARP category are funds being requested: ☐ Supportive Services ☐ Acquisition and Development of Non-Congregate Shelter
Projected Number of Persons to be Served:
How does this proposed project meet the HOME-ARP criteria and in what capacity will the organization act?

Check a	ll of the eligible types of activities you are requesting funding for:
	Acquisition of Real Property
	Clearance and Demolition
	Relocation
	New Construction
	Rehabilitation
	Development Costs
	Supportive Services
	Other:
	PROJECT FUNDING REQUEST
HOME-A	ARP Funds Requested: \$
HOME-A	ARP Funds Requested by Category:
	Supportive Services \$
	Acquisition and Development of Non-Congregate Shelter \$
Funding	Leveraged from Other Sources: \$
Total Pr	oject Budget: \$

II. PROJECT DESCRIPTION AND DELIVERY

Th re po	escribe, in detail, the proposed project requesting HOME-ARP funds. he narrative should include the need or problem to be addressed in lation to the City HOME-ARP Allocation Plan, as well as the epulation to be served or the area to benefit. Describe the project hals and objectives. Please include the performance measures that emonstrate services provided will lead to self-sufficiency.
	hat qualifying population (QP) will this project serve? (Check all that oply.)
	Homeless At Risk of Homelessness
	Fleeing, or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking
	Other populations who do not qualify under any of the populations above but meet one of the following criteria Those who are currently housed due to temporary or emergency assistance or need additional assistance or services to avoid a return to homelessness
	 Populations at Greatest Risk of Housing Instability Households whose income is <30% AMI and are experiencing severe cost burden

	Is the organization a member of the Continuum of Care? Yes ☐ No ☐]
ı	Does the organization accept referrals from the Coordinated Entry System?	
	Yes □ No□	
	What other referral method will be used for this project?	
	How will the project use the supportive service funds to assist clients? (If applicable.)	

	following questions are for <u>ONLY</u> construction projects. (New truction or Rehabilitation)
G.	Describe the development team, experience, capacity and track record of completing similar projects in a timely manner, while providing quality.
Н.	Does the organization own the land and/or building or have site control? If so, please provide documentation.

Will this non-congregate shelter be a low barrier facility? If so, describe how this will be accomplished.
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	Attach letters of support, collaboration, and/or proof of leveraged funds.
	□ Attached
	What is the current and proposed zoning for the land or site? If rezoning is needed, what is the status of approval?
ı	
	How will management and operating expenses be coordinated for the project?

Q.

R. Attach evidence of site control of the property (deed, option agreement, etc.). If the applicant is seeking to use these funds to purchase the property a signed option agreement or other evidence of site control must be in place. No costs may be incurred prior to a project Environmental Review Record (ERR) being completed and no costs can be reimbursed prior to the completion of the ERR and an executed project agreement is in place.

III. ORGANIZATION INFORMATION

Α.	Background: To include the length of time the organization has been in operation, the date of incorporation, the organization's mission, and the type of corporation. Describe the type of services provided, the organization's capabilities, the number and characteristics of clients served, and license to operate (as applicable).
В.	Personnel: Briefly describe the organization's existing staff positions and qualifications, and state whether or not the organization has a personnel policy manual with an affirmative action plan and grievance procedure.

C.

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D. Audit Requirements:

The Organization is informed that if funded by the HOME Program, the Organization may be subject to the audit requirements of 2 CFR Part 200.

E.	Insurance/Bond/Worker's Compensation: State whether or not the organization has liability insurance coverage, in what amount, and with what insurance carrier. State whether or not the organization pays all payroll taxes and worker's compensation as required by Federal and State Law. Detail whether or not the organization has fidelity bond coverage for principal staff who handle the organization's accounts, include the amount, and insurance carrier.
F.	Additional Information: Include other pertinent information as applicable.

III. PROJECT PERFORMANCE MEASURES

IV. PROJECT BUDGET SUMMARY

The City of Pittsburgh encourages all applicants to use HOME-ARP funds as gap funding. A gap is defined as the amount of funding necessary to execute a program once all other funding sources have been identified, leveraging is an important component in the application process. Leveraging signifies that the program is not dependent on one source of funding. Identify all funding sources, including HOME-ARP funds anticipated, other federal, state, county, local and private grants or loans, committed or applied. If funds are committed by other funding sources, verifying these commitments must be provided.

Costs should be based on the best information available at the time of the request. When providing information, consider the following: (a) a project must be completed in a single phase, if possible; (b) Federal wage rates apply to construction projects of 12 units or more; (c) projects may not begin construction until a project agreement is executed, and the Environmental Review Record (ERR) has been completed.

- A. Total Estimated Cost of Project:
- B. Amount of HOME-ARP Funds Requested: \$
- C. Please complete chart below:

Source	Amount	% of Total Project Cost	Grant / Loan	Status Pending/ Committed
City HOME-ARP				
Local Funds (Specify):				
County HOME-ARP (If Applicable)				
State Funds (Specify):				

Other Federal Funds (Specify):		
Private Financing (Specify):		
Other (Specify):		
Other (Specify):		
Totals:		

Supportive Service Projects:

D. Please provide a project budget for <u>supportive service</u> projects*.

Budget Item	HOME-ARP Funds Requested	Non-HOME-ARP Funds	Total Project Cost

^{*} Attach additional sheets if necessary.

Non-Congregate Shelter:

E. Please provide a project budget for <u>construction</u> projects*.

Budget Item	HOME-ARP Funds Requested	Non-HOME-ARP Funds	Total Project Cost

^{*} Attach additional sheets if necessary.

F.	Amount and detailed uses of any developer's fee.
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G.	What is the estimated cost per line item?
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G.	What is the estimated cost per line item?

V. PROJECT TIME SCHEDULE

The City of Pittsburgh encourages applicants to prioritize projects that could be implemented as soon as awards have been made and agreements have been executed. Detail approximate start date, project milestones and anticipated completion date.

Task/Milestone*	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

^{*}Note: Applicants may use and attach other formats for detailing project timelines such as bar graphs in weeks or months.

VI. STANDARD REQUIRED DOCUMENTS

Α.	Articles of Incorporation and Bylaws: Articles of Incorporation are the documents recognized by the Commonwealth as formally establishing a private corporation, business or organization.
	Bylaws are the documents which detail the structure of how the organization will operate related to governance.
	□ Attached
В.	Non-profit Status: Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service.
	□ Attached
C.	Proof of active SAM.gov registration: A copy of the Certification from SAM.gov showing that the organization is active and registered in SAM.gov including its Unique Entity Identifier (UEI) Number.
	□ Attached
D.	List of the Board of Directors: A list of the current board of directors or other governing body of the organization must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.
	□ Attached
E.	Authorization to Request Funds: Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.
	□ Attached

F.	Authorized Official: Documentation must be submitted of the governing body's action authorizing the representative of the organization to negotiate for and contractually bind the organization. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.
	□ Attached
G.	Organizational Chart: An organizational chart must be provided which describes the organization's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure, and which identifies any staff positions of shared responsibility.
	□ Attached
Н.	Resume of the Chief Program Administrator
	□ Attached
I.	Resume of the Chief Fiscal Officer
	□ Attached
J.	Financial Statement, Audit (as applicable), and most current tax return/990.
	□ Attached
K.	If applicable, copy of Strategic Plan or similar planning document.
	□ Attached
L.	If this is a construction only project:
	Documentation Evidencing: ☐ Site Control ☐ Photos, drawings, scope of work, and cost estimates ☐ Zoning ☐ Permit status ☐ Development Budget

Operating Budget
Financial Commitments
List of Professional Service Providers and Partners i.e.
Architects
General Contractor(s)
Engineers
Other

Date

CERTIFICATIONS

In order for your application to be accepted, in addition to the application itself, your organization must submit the following items on the EngagePgh HOME-ARP page no later than 5:00 PM on Monday, May 6, 2024. Application submitted through Engage PGH with all questions completed. If an area does not apply, state N/A, do not leave a question blank. Articles of Incorporation and By Laws **Current List of Board of Directors** Certified Organization Audit/Financial Statements of most recent year a. Copy of 2 CFR Part 200 Audit (required if \$750,000 in aggregate Federal funds expended), or b. Financial statements audited by a CPA (only if not qualified for A-133), or IRS 501(c)(3) Designation Letter (Pending letters will not be accepted) Copy of IRS Form 990 filed for most recent year Proof of active SAM.gov registration and UEI Identifying Number Form W-9 (can be obtained at www.irs.gov) Current Fiscal Year Agency Budget, including all funding sources Job Descriptions and resumes for this activity/project **Organizational Chart** An Executed Statement of Applicant Form An Executed Signature Authorization Form Copy of most recent strategic plan or similar planning document I hereby confirm that this packet contains all materials requested. Printed Name of person completing this application Signature of person completing this application

STATEMENT OF APPLICANT

The undersigned acknowledges the following:

- 1. To the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
- 2. No revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
- 3. The City of Pittsburgh may request or require changes in the information submitted, and may substitute its own figures, which it deems reasonable for any or all figures provided. The applicant will participate in required interview(s) for project assessment and cooperatively assist in the review process.
- 4. If the project(s) is recommended and approved by the selection committee, the City of Pittsburgh reserves the right to reduce and/or cancel the allocation if federal entitlements are canceled, reduced, or rescinded.
- 5. The City of Pittsburgh reserves the right not to fund any submittals received.
- 6. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
- 7. By submission of this application, the organization agrees to abide by the City of Pittsburgh's locally established policies and guidelines.
- 8. Past program and financial performance will be considered in reviewing this application.
- 9. Services are to be provided at no cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the City of Pittsburgh.
- 10. If the project is funded, the City of Pittsburgh, or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
- 11. If the project is funded, the City of Pittsburgh will perform an environmental review prior to the obligation of funds.

- 12. If a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the City of Pittsburgh.
- 13. A project's funding does not guarantee its continuation in subsequent action plans.
- 14. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
- 15. Disclosure by attached memo of matters that may give the appearance of a conflict of interest. (i.e., City of Pittsburgh staff members/employees, elected officials, staff members' families, elected officials' families, etc.

By signature below, the applicant acknowl day of, 2024.	edges the above in its name on this
Authorized Signature/Title:	Date:

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

SIGNATURE AUTHORIZATION FORM The Board of Directors of hereby applies to the City of Pittsburgh for funding consideration for the HOME-ARP and in a proper motion and vote approved this application for submission. The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the Commonwealth of Pennsylvania. ___ hereby proposed to provide the services of project identified in the Scope of Services in accordance with this application for HOME-ARP funds. If this application is approved and this organization receives HOME-ARP funding from the City of Pittsburgh, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the City. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein. I further certify that this application and the information contained herein are true, correct and complete. I also authorize the following person(s) to have signatory authority regarding this grant: Printed Name: _____ Title: _____ Title: Printed Name:

President/Board of Directors:

Printed Name:	Title:
•	

Signature: _____ Date: _____

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