

# Single Application for Assistance

Web Application Id: 9320893

Applicant: City of Harrisburg

Program Selected: CDBG-CV Discretionary

## Applicant Information

Applicant Entity Type:	Government
Applicant Name:	City of Harrisburg
NAICS Code	5419
FEIN/SSN Number	XXXXXXXXXX
DUNS Number:	
UEI Number:	E4KUXKHG38V4
Top Official/Signing Authority:	Wanda R. D. Williams
Title:	Mayor
SAP Vendor #:	XXXXXX
Contact Name:	Rebecca Vollmer
Contact Title:	Grants Director
Phone:	(717)-255-3068      Ext.
Fax:	
E-mail:	rvollmer@harrisburgpa.gov
Mailing Address:	10 North 2nd Street Harrisburg, PA 17101
City:	Harrisburg
State:	PA
Zip Code:	17101

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## Enterprise Type

Indicate the types of enterprises that describe the organization listed above. You may select more than one type.

<input type="checkbox"/> Advanced Technology	<input type="checkbox"/> Agri-Processor	<input type="checkbox"/> Agri-Producer	<input type="checkbox"/> Authority	<input type="checkbox"/> Biotechnology / Life Sciences
<input type="checkbox"/> Business Financial Services	<input type="checkbox"/> Call Center	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Commercial	<input type="checkbox"/> Community Dev. Provider
<input type="checkbox"/> Computer & Clerical Operators	<input type="checkbox"/> Defense Related	<input type="checkbox"/> Economic Dev. Provider	<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Emergency Responder
<input type="checkbox"/> Environment and Conservation	<input type="checkbox"/> Exempt Facility	<input type="checkbox"/> Export Manufacturing	<input type="checkbox"/> Export Service	<input type="checkbox"/> Food Processing
<input checked="" type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Industrial	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Mining	<input type="checkbox"/> Other	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Recycling	<input type="checkbox"/> Regional & National Headquarters
<input type="checkbox"/> Research & Development	<input type="checkbox"/> Retail	<input type="checkbox"/> Social Services Provider	<input type="checkbox"/> Tourism Promotion	<input type="checkbox"/> Warehouse & Terminal

Government,

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## Project Overview

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## Project Overview

**Project Name:**

CDBG-CV Round 3 Harrisburg City

**Is this project related to another previously submitted project?**

No

**If yes, indicate previous project name:**

**Have you contacted anyone at DCED about your project?**

Yes

**If yes, indicate who:**

Donna Enrico, Ian Williams, Angela Susten

**Is your community certified through Sustainable Pennsylvania?**

Yes, Silver

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## Project Site Locations

<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	PA
<b>Zip Code:</b>	
<b>County:</b>	Dauphin
<b>Municipality:</b>	Harrisburg City
<b>PA House:</b>	Patty Kim (103)
<b>PA Senate:</b>	John DiSanto (15)
<b>Designated Areas:</b>	Act 47 Distressed Community

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## Project Budget

	CDBG-CV Discretionary	CDBG Program Income Federal	Total
Total	\$ .00	\$ .00	
		<b>Budget Total:</b>	\$ .00

### Basis of Cost

Provide the basis for calculating the costs that are identified in the Project Budget.

### Budget Narrative

The narrative must specifically address each of the cost items identified in the Project Budget section. If an amount is placed in any of the OTHER categories, you must specify what the money will be used for. **NOTE:** Some programs have specific guidelines regarding the narrative necessary to qualify for that particular resource. Please read the Program Guidelines for details.

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## Project Narrative

### What do you plan to accomplish with this project?

Identify the problem(s) that need to be resolved.

### How do you plan to accomplish it?

Include expected outcomes that are measurable, obtainable, clear and understandable, and valid. Examples of measurable outcomes include jobs created or retained, people trained, land or building acquired, housing units renovated or built, etc.

### How do you plan to use the funds?

Should include specific use of funds and reflect the budget provided with the application.

### Projected Schedule and Key Milestones and Dates

A detailed schedule of activities, including key milestones and dates, must accompany this application if applicable to the project.

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## Addenda

### 1. General Application Description Certification

Download [GeneralApplicationCertifications\\_CDBG-001\\_2021F.pdf](#)

Uploaded Documents

### 2. Resolution Unit of Local Government

Download [Resolution-CDBG-CV-116\\_2021F.pdf](#)

Uploaded Documents

### 3. Citizen Participation Report

Download [CitizenParticipationReport-CDBG-CV-011\\_2020F.pdf](#)

Uploaded Documents

### 4. Management Plan/Local Staff Capacity

Download [ManagementPlan-CDBG-CV-003\\_2022F.pdf](#)

Uploaded Documents

### 5. Needs Assessment and Coordination

Download [NeedsAssessment-CDBG-CV-017\\_2021.pdf](#)

Uploaded Documents

### 6. Activity Description Instructions

Download [ActivityDescriptionInstructions-CDBG-CV-007\\_2022\\_31.pdf](#)

**6a. Activity Descriptions** Upload multiple files per activity; multiple files may be uploaded.

Download [ActivityDescription-CDBG-CV-007\\_2020.pdf](#)

Uploaded Documents

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### 7. Limited Clientele Worksheet

Have you proposed an activity that will qualify using the National Objective of Limited Clientele?

7a. If yes, the Limited Clientele Worksheet DCED-CDBG-CV-014 must be completed and is required with submission of the Activity.

Download [LimitedClienteleWorksheet-CDBG-CV-014\\_2020F.pdf](#)

#### Uploaded Documents

8. Activity Description – Administrative Expenses (If you do not have admin costs, please enter \$0 into the form and upload below.)

Download [ActivityDescriptionAdmin-CDBG-CV-016\\_2022F.pdf](#)

#### Uploaded Documents

### 9. Please select your Certification

9a. Limited English Proficiency(LEP) Certification

Download [LimitedEnglishProficiency-CDBG-CV-019\\_2020F.pdf](#)

#### Uploaded Documents

9b. Language Access Plan (LAP) Certification

Download [LanguageAccessPlanCert-CDBG-CV-020\\_2020F.pdf](#)

#### Uploaded Documents

### Other Requirements

1. Disclosure Form

Download [Disclosure Report-CDBG-CV-002\\_2020F.pdf](#)

2. Four-Factor Analysis

Download [FourFactorAnalysisCert-CDBG-CV-018\\_2020F.pdf](#)

Fair Housing and Civil Rights Compliance Requirements (See Program Guidelines Section IV (C) page ?)



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Please confirm that you have downloaded the documents above. These documents are not required for submission, however, will be needed for future use.

Yes

DCED has implemented an electronic contracting procedure for awarded funds using an e-signature process. Please provide the name, title, and email address of two authorized individuals who will execute a contract, *if awarded*. Please note that one name, title and email must be of the Chief Elected Official (e.g. Mayor, President, Commissioner Chair, etc.). Staff will verify the accuracy of information prior to contracting, as necessary.

1. Name:

Title:

Email: