

Before Starting the Project Listings for the CoC Priority Listing

The FY2015 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

The FY 2015 CoC Priority Listing contains the following forms:

1. Reallocation Forms
2. Project Listings
 - a. New Project Listing – will list the new project applications created through Reallocation and the Permanent Housing Bonus that have been approved and ranked or rejected by the CoC.
 - b. Renewal Project Listing – will list all of the eligible renewal project applications that have been approved and ranked or rejected by the CoC.
 - c. UFA Costs Project Listing – applicable and only visible for those 4 Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2015 CoC Program Registration process. Only 1 UFA Costs project application is permitted.
 - d. CoC Planning Project Listing – will list the CoC planning project application submitted by the Collaborative Applicant. Only 1 CoC Planning project per CoC is permitted.
3. Attachments:
 - a. Final HUD-approved GIW
 - b. HUD-2991 – Certification of Consistency with the Consolidated Plan

Things to Remember

- The Priority Listing ranks the projects in order of priority all new project applications created through Reallocation and the Permanent Housing Bonus as well as renewal project applications and identifies any project applications rejected by the CoC.
- Collaborative Applicants are strongly encouraged to list all project applications on the FY2015 CoC Ranking Tool located on the HUD Exchange to ensure a ranking number is used only once. The FY 2015 CoC Ranking Tool will assist the Collaborative Applicant during the ranking process among the four Project Listings.
- Any project applications rejected by the Collaborative Applicant must select the reason for rejection.
- Collaborative Applicants should notify all project applicants no later than 15 days before the application deadline regarding whether their project applications will be included as part of the CoC Priority Listing submission.
- If the Collaborative Applicant needs to amend a project for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant must be sure to rank the amended project once it is returned to the CoC Project Listing and verify that the rank number assigned has not been assigned to another project on a different Project Listing.

Only 1 CoC Planning project can be ranked on the CoC Planning Project Listing.

Only 1 UFA cost project can be ranked on the UFA Cost Project Listing.

Additional training resources are available online on the CoC Training page of the HUD Exchange at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/ask-a-question/>.

Collaborative Applicant Name: County of Erie

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2016 into one or more new projects? No

3. Reallocation - Grant(s) Eliminated

CoCs that intend to reallocate eligible renewal funds to create a new project application (as detailed in the FY 2015 CoC Program Competition NOFA) may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
This list contains no items				

4. Reallocation - Grant(s) Reduced

CoCs planning to use reallocation may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing projects must identify those projects on this form.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

5. Reallocation - New Project(s)

Collaborative Applicants must identify the new project(s) the CoC plans to create and enter the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
This list contains no items				

6. Reallocation: Balance Summary

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>

6-1 Below is the summary of the information entered on the reallocated forms. The last field "Remaining Reallocation Balance" should equal '0'. If there is a positive balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$0
Amount requested for new project(s):	
Remaining Reallocation Balance:	\$0

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "FY 2015 CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide," both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>.

To upload all new project applications that were created through Reallocation or the Permanent Housing Bonus that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects created through reallocation that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Make it a Home Al...	2015-11-03 13:54:...	2 Years	Erie City & Erie ...	\$160,284	B13	PH

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide," both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Self Start I Rene...	2015-11-03 13:59:...	1 Year	Erie City & Erie ...	\$384,499	T2	PH
Reach Renewal 2015	2015-11-03 13:45:...	1 Year	Erie City & Erie ...	\$492,317	W12	TH
TLC Plus Renewal ...	2015-11-03 14:13:...	1 Year	Erie City & Erie ...	\$254,457	W10	TH
New Life Program ...	2015-11-03 13:39:...	1 Year	Erie City & Erie ...	\$177,297	W11	TH
Self Start III Re...	2015-11-03 14:05:...	1 Year	Erie City & Erie ...	\$129,096	T4	PH
Self Start II Ren...	2015-11-03 14:02:...	1 Year	Erie City & Erie ...	\$130,090	T3	PH
Hope for the Home...	2015-11-03 13:26:...	1 Year	Erie City & Erie ...	\$341,622	W9	TH

Lighting the Cand...	2015-11-03 13:30:...	1 Year	Erie City & Erie ...	\$124,280	W7	PH
Finally Home Rene...	2015-11-03 13:23:...	1 Year	Erie City & Erie ...	\$67,032	W6	PH
Lighting the Cand...	2015-11-03 13:35:...	1 Year	Erie City & Erie ...	\$102,407	W8	PH
Stairways ACT	2015-11-03 14:10:...	1 Year	Erie City & Erie ...	\$85,373	W5	PH
Make it a Home Al...	2015-11-03 13:51:...	1 Year	Erie City & Erie ...	\$98,860	W1	PH

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide," both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Only one CoC Planning project application can be submitted by a Collaborative Applicant and must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
This list contains no items					

Funding Summary

Instructions

For additional information, carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide," both of which are available at:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$2,387,330
New Amount	\$160,284
CoC Planning Amount	\$0
UFA Costs	\$0
Rejected Amount	\$0
TOTAL CoC REQUEST	\$2,547,614

Attachments

Document Type	Required?	Document Description	Date Attached
1. Certification of Consistency with the Consolidated Plan	Yes	Certifications 2015	11/04/2015
2. FY 2015 HUD-approved Grant Inventory Worksheet	Yes	Copy of PA-605	11/04/2015
3. FY 2015 CoC Ranking Tool	No	Ranking Tool	11/04/2015
4. Other	No	Drug Free	11/10/2015
5. Other	No	Lobbying	11/10/2015

Attachment Details

Document Description: Certifications 2015

Attachment Details

Document Description: Copy of PA-605

Attachment Details

Document Description: Ranking Tool

Attachment Details

Document Description: Drug Free

Attachment Details

Document Description: Lobbying

Submission Summary

Page	Last Updated
Before Starting	No Input Required
1A. Identification	10/28/2015
2. Reallocation	11/03/2015
3. Grant(s) Eliminated	No Input Required
4. Grant(s) Reduced	No Input Required
5. New Project(s)	No Input Required
6. Balance Summary	No Input Required
7A. CoC New Project Listing	11/10/2015
7B. CoC Renewal Project Listing	11/10/2015
7D. CoC Planning Project Listing	No Input Required
Attachments	11/10/2015
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Finally Home

Location of the Project: City of Erie, PA

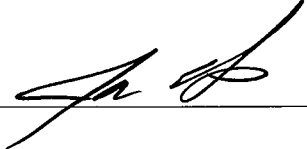
County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 10-6-15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Finally Home

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director of the Center for Compliance, Monitoring & Training

Signature: 

Date: 10/9/15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Hope for the Homeless


Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 10-6-15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Hope for the Homeless

Location of the Project: City of Erie, PA

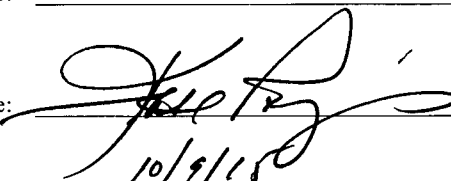
County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director of the Center for Compliance, Monitoring & Training

Signature: 

Date: 10/9/18

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Lighting the Candle I

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 10-6-15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Lighting the Candle I

Location of the Project: City of Erie, PA

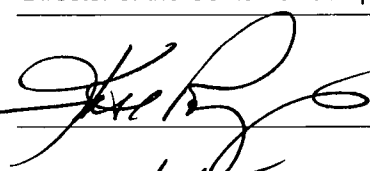
County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director of the Center for Compliance, Monitoring & Training

Signature: 

Date: 10/9/15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Lighting the Candle II

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 10-6-15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Lighting the Candle II

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director of the Center for Compliance, Monitoring & Training

Signature: 

Date: 10/9/15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Make it a Home Always †

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: Supportive Housing Program

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 10-6-15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Make it a Home Always I

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: Supportive Housing Program

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director of the Center for Compliance, Monitoring & Training

Signature: 

Date: 10/9/18

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Make it a Home Always II

Location of the Project: City of Erie, PA


County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 10-6-15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Make it a Home Always II

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: Supportive Housing Program

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director of the Center for Compliance, Monitoring & Training

Signature: 

Date: 10/9/15

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: New Life Program

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 10-6-15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: New Life Program

Location of the Project: City of Erie, PA

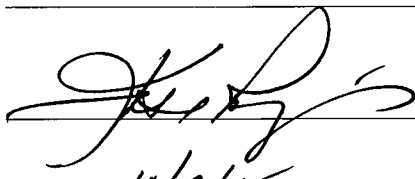
County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director of the Center for Compliance, Monitoring & Training

Signature: 

Date: 10/9/18

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Reach

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 10-6-15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Reach

Location of the Project: City of Erie, PA

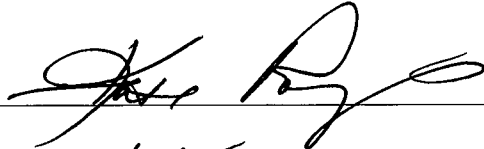
County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director of the Center for Compliance, Monitoring & Training

Signature: 

Date: 10/9/15

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Self Start I

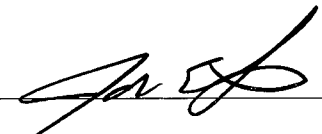
Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 10-6-15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Self Start I

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director of the Center for Compliance, Monitoring & Training

Signature: 

Date: 10/9/15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Self Start II

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 10-6-15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Self Start II

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director of the Center for Compliance, Monitoring & Training

Signature: 

Date: 10/9/15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Self Start III

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 10-6-15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Self Start III

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director of the Center for Compliance, Monitoring & Training

Signature: 

Date: 10/9/10

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Stairways ACT

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 10-6-15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Stairways ACT

Location of the Project: City of Erie, PA

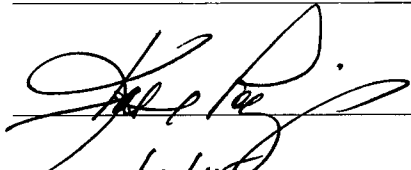
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director of the Center for Compliance, Monitoring & Training

Signature: 

Date: 10/9/18

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: TLC Plus

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 10-6-15

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: TLC Plus

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director of the Center for Compliance, Monitoring & Training

Signature: 

Date: 10/9/15

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Erie County Department of Human Service, Office of Mental Health/Intellectual Disabilities

Program/Activity Receiving Federal Grant Funding

Continuum of Care/Supportive Housing Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

154 West 9th Street, Erie, PA 16501

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Kathy Dahlkemper

Title

Erie County Executive

Signature

X



Date

10/21/2015

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: PA-003 & 005	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: HUD	7. Federal Program Name/Description: HEARTH Act Renewals & New Project CFDA Number, if applicable: 14.267	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ 2,547,614	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): NONE	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): N/A	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: Kathy Dahlkemper Title: Erie County Executive Telephone No.: 814-451-6000 Date: 10/21/2015	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)