

RESOLUTION No. 36 - 2020

Moved by: _____

A Resolution authorizing the submission of a grant application to the Pennsylvania Department of Community and Economic Development's Greenways, Trails and Recreation program for \$250,000 for the purpose of raising more funds to develop a Chutes & Ladders playground in Reservoir Park.

WHEREAS, the City desires to apply for this grant to partially fund the construction of the Chutes and Ladders playground to rehabilitate an area of Reservoir Park in accordance with the Reservoir Park Master Site Development Plan; and

WHEREAS, the project will incorporate green engineering practices and create a natural play space using the existing hillsides at the site; and

WHEREAS, the Project will incorporate green engineering practices and will create safe, green walkways for pedestrians and minimize damaging vehicle traffic; and

WHEREAS, the grant requires a fifteen percent (15%) local match, which totals thirty seven thousand five hundred dollars (\$37,500.00); and

WHEREAS, the City will utilize a portion of a Department of Conservation and Natural Resources Grant received in 2019 to fund the development of the Chutes and Ladders playground to provide the local match; and

WHEREAS, a draft of the City's application is attached hereto as "Exhibit A."

NOW, THEREFORE, BE IT AND IT IS HEREBY RESOLVED BY THE COUNCIL OF THE CITY OF HARRISBURG, that submission of a grant application to the Department of Community and Economic Development's Greenways, Trails, and Recreation Program for the purpose of raising more funds to develop a Chutes & Ladders playground in Reservoir Park is authorized.

BE IT FURTHER RESOLVED that the Mayor, City Controller and other appropriate City officials are authorized and directed to take all steps necessary to further effectuate the purpose of this resolution.

I second this resolution _____.

EXHIBIT A

Single Application for Assistance

Web Application Id: 8408416

Applicant:

Program Selected: Greenways, Trails and Recreation Program

Applicant Information

Applicant Entity Type:	Government
Applicant Name:	
NAICS Code	
FEIN/SSN Number	XXXXXXXXXX
DUNS Number:	<input type="text"/>
CEO:	
CEO Title:	
SAP Vendor #:	XXXXXX
Contact Name:	
Contact Title:	
Phone:	Ext.
Fax:	
E-mail:	
Mailing Address:	
City:	
State:	PA
Zip Code:	

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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 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

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Project Overview

Project Name:

Chutes and Ladders Template

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:

Brett Ennis

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Project Overview

Is your community certified through Sustainable Pennsylvania?

Yes, Silver

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Project Site Locations

Address:	
City:	
State:	PA
Zip Code:	
County:	
Municipality:	
PA House:	
PA Senate:	
Designated Areas:	

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Project Budget

	Greenways, Trails and Recreation Program	Total
Total	\$.00	
	Budget Total:	\$.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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Program Addenda

In addition to the Electronic Single Application (ESA), the Applicant shall upload the following to the ESA. All items marked with a red diamond are required to be uploaded to the application for electronic submission. The items that are not marked with a red diamond should also be uploaded if they are applicable to the project. For a more detailed explanation of the items below, please refer to Appendix I of the program guidelines.

I understand this application requires a \$100 application fee to be paid electronically before submitting the online application.

1. Project Description

Uploaded Documents

2. Cost Estimate

Uploaded Documents

3. Matching Funds Commitment

Uploaded Documents

4. Color-Coded Map

Uploaded Documents

5. Permits

Uploaded Documents

6. Planning Letter

Uploaded Documents

7. Resolution

Uploaded Documents

8. Acquisition Documents

Uploaded Documents

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Program Addenda

9. Acquisition Consent Letter

Uploaded Documents

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*. Staff will verify the accuracy of information prior to contracting, as necessary.

1. Name:

Title:

Email:

2. Name:

Title:

Email:

INTER

OFFICE

MEMO

To: HARRISBURG CITY COUNCIL
From: Kirk Petroski, City Clerk
LEGISLATIVE APPROVAL FORM

Date:

LEGISLATIVE APPROVAL FORM/CERTIFICATE OF ACCEPTANCE

BILL NO. -2020 RESOLUTION NO. -2020

THE ABOVE LISTED ITEM WAS WRITTEN AND PREPARED FOR FINAL INTRODUCTION AT THE HARRISBURG CITY SOLICITOR'S OFFICE ON:


Deputy City Solicitor


5-22-20
Date

Requested by Department/Bureau: Grants / Facilities

Department/Bureau Contact Person: R. Vollmer & D. Baker

For Action on or before:

The attached was received in the Office of the City Clerk for introduction on


Received by:

5-22-2020
Date: