

Pennsylvania Department
of Community and
Economic Development

Shared Municipal Services Program

Program Guidelines



Commonwealth of Pennsylvania
Edward G. Rendell, Governor
www.state.pa.us

Department of Community and Economic Development
Dennis Yablonsky, Secretary
www.newPA.com
www.inventPA.com

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pennsylvania
DEPARTMENT OF COMMUNITY
& ECONOMIC DEVELOPMENT



Table of Contents

Section I	General Information	1
A.	Authority for Grants	1
B.	Eligible Applicants	1
C.	General Project Categories	1
D.	Project Examples	1
E.	Grant Allocation and Limitation	2
Section II	The Application Process	2
A.	General	2
B.	Additional Requirements	2
C.	Assistance for Persons with a Disability	4
Section III	Evaluation Criteria	4
Section IV	Award Selection and Contract Execution	4
A.	Award Selection	5
B.	Contract Execution Procedures	5
Section V	Regional Offices	6
Attachment A	Letter of Certification	7
Attachment B	Municipality Resolution	8
Attachment C	Payment Requisition	9

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Section I – General Information

A. Authority for Grants

1. The Shared Municipal Services program was created by the passage of Act 78 of 1970, amending Section 2501-C of the Administrative Code.
2. The purpose of the program is to promote cooperation between municipalities to foster increased efficiency and effectiveness in the delivery of municipal services at the local level.
3. The Shared Municipal Services (SMS) Program is administered by the PA Department of Community and Economic Development's (DCED) Governor's Center for Local Government Services.

B. Eligible Applicants

1. Any group of two or more municipalities, or a body authorized to act on behalf of two or more municipalities, is eligible to apply for funds.

C. General Project Categories

1. Intermunicipal Organization Start-up

Grants may be awarded to newly-formed Councils of Governments (COGs) or similar organizations formed for the purpose of undertaking programs of intermunicipal cooperation in order to defray the cost of initial administrative expenses.

2. Shared Services

Grants may be awarded to groups of two or more municipalities acting in concert to defray the cost of performance of any local government function.

D. Project Examples

1. Typical projects for which funds may be awarded include:
 - Combined police records administration.
 - Shared technology initiatives.
 - Municipal insurance pooling.
 - Shared public works operations.
 - Regional recreation activities.
 - Shared code enforcement operations.
 - Shared motorized equipment not exceeding a maximum grant of \$25,000.
2. Any authorized municipal function accomplished jointly is an eligible activity and may be included in a grant application with the exception of the purchase, renovation or construction of buildings, which are not considered eligible activities.

E. Grant Allocation and Limitation

1. In FY 04-05 a \$1,500,000 appropriation has been authorized for the Shared Municipal Services Program. In FY 03-04, the Department was able to fund 57 projects that benefitted 17 cities, 164 boroughs and 252 townships in 34 counties with a \$900,000 appropriation.
2. Grant funds are usually used to finance up to 50% of the total project cost. Local share may be provided in cash or by municipal labor or other in-kind services; however, the matching share for shared personnel projects must be in cash.
3. Upon approval of an application, a grant contract shall be executed between the DCED and the applicant for the amount of the grant.

Section II – The Application Process

A. General

Applicants ready to apply for funding must utilize the DCED Single Application.

1. The Single Application can be printed and/or completed online by accessing www.inventpa.com. Type “Single Application” into the search mechanism.
2. Copies of the Single Application forms, application instructions and other information are available upon request from any DCED regional office, (refer to page 6 for contact information), or by calling the DCED Customer Service Center (800) 379-7448 or the Governor’s Center for Local Government Services, 400 North Street, 4th Floor, Commonwealth Keystone Building, Harrisburg, PA 17120-0225, (888) 223-6837 (Toll Free).
3. Applications may be submitted at any time.

B. Additional Requirements

1. Project Narrative

Summarize the broad general goal the applicant expects to attain through the use of this grant. The narrative should address the requirements of the Single Application provided on the back of page 4 as well as the evaluation criteria for the Shared Municipal Services program and provide at a minimum the following information:

- What is the need for, objective, and end product of the project?
- Describe the process by which this project will be accomplished.
- Describe and provide support for the local commitment for the project.
- Provide sufficient detail to clearly explain the project’s financing.
- Provide an estimate of the cost savings the project will achieve.

2. Type of Local Share

Indicate whether local share will be provided in cash, in-kind services or a combination of both.

3. Participating Municipalities

Provide a list of those counties, cities, boroughs, towns, townships and school districts participating in the project. List only those municipalities participating in this particular project.

4. Project Budget

Complete the project budget in the Single Application. Attach additional pages to the narrative that provide a detailed project budget. The total of all income sources should equal the total of all expenditures. In-kind contributions should be clearly labeled as such, specified by municipality, the nature of the contribution, the value of each and should be reflected as both income and expenditure items. Local match should be equal to or more than the grant requested. Other state and federal funds are **not** local match. Please make all grant requests in **even hundred dollar amounts**.

5. Income Sources

Income sources should include:

- Amount of Shared Municipal Services project grant. Please make all grant requests in **even hundred dollar amounts**
- Amounts of municipal cash contributions by municipality.
- Value and identification of in-kind contribution by municipality.
- Other state or federal funds, identified by agency and program.
- Other revenues with specific identification of each source.

6. Expenditures

Expenditure items should include:

- Project specific personnel costs.
- Project administration costs.
- Materials and supplies (itemize if more than \$200).
- Equipment purchases or rentals (specify the type, amount and cost of each).
- Capital purchases or construction costs (specify by item).
- Any other items (specify each).

7. Execution

Provide an original signature. Typed, printed, photocopied, stamped, signed in lieu of, or facsimile signatures are not acceptable.

8. Documentation

The following documentation **is required** to accompany applications.

- a. For Councils of Governments and similar organizations:
 - A letter certifying the COG's active status per Attachment A.
 - A resolution authorizing the filing of the application per Attachment B.

b. For other intermunicipal projects:

- Resolutions of **two** or more governing bodies of participating municipalities as per Attachment B.

C. Assistance for Persons with a Disability

Any person with a disability who wishes to submit an application in accordance with the provisions stated herein, requires assistance with that application and/or requires copies of this notice in an alternate format (large type, braille, etc.) should contact Dean Fernsler, Governor's Center for Local Government Services, 400 North Street, 4th Floor, Commonwealth Keystone Building, Harrisburg, Pennsylvania 17120-0225, (888 223-6837) to discuss how the Department may best accommodate your needs.

Section III – Evaluation Criteria

All applications will be evaluated on the weighted criteria indicated below. Funding decisions will be based on resultant scores.

- A. Overall Quality of Project.** Does the project appear to be well planned and ready for implementation? Does it address a real need of the region? Will municipalities actually be working together, or merely performing independent tasks concurrently? Will the project strengthen the capacity of participating municipalities to provide for basic municipal services? Will the project explore a new area of intergovernmental cooperation? Will the project address long-term solutions to service delivery issues? Can what is learned be applied by other municipalities?
- B. Cost Savings Potential.** Can participating municipalities expect to reduce expenditures and/or increase revenues as a result of the project? Will it contribute to the financial efficiency of local government? Will the project result in the increased use of technology resulting in more efficient service delivery?
- C. Local Commitment.** Will applicant municipalities be participating both financially and otherwise in the project? To what extent? What partnerships have been established as part of the project? Does the project reflect a broad community commitment to the proposed activity? Are documents included that reflect broad community/regional support for the project?
- D. Funding Adequacy, Source and Timetable.** Is the amount of money applied for and the grantee contribution a reasonable amount to complete the project? Is the amount reasonable in terms of the programs total allocation? Are there alternative means or sources of funding available? Does the project outline an implementation time schedule? Is it a reasonable project within the contractual time frames of the program?
- E. Past Performance.** If the applicant has received previous SMS or COG/IP grants, how much have the grants benefited local municipalities? Have grant funds been spent properly? Have projects been implemented and completed in a timely manner? (Applicants who have not received funding in the recent past will receive a neutral score.)
- F. Financial Disadvantage** Will the project benefit municipalities identified by the DCED as disadvantaged under its Early Warning System?

Section IV – Award Selection and Contract Execution

A. Award Selection

1. Projects selected for funding will be announced by letter from the DCED Secretary. The contact person specified in the application will be sent the letter. Specific **actions to be taken** upon receipt of this letter are outlined in this section.
2. Disbursement of grant monies by the DCED for this program is contingent upon the availability and release of funds.

B. Contract Execution Procedures

1. Fully Funded Projects

- Approved applicants will be sent one copy of the blue-back contract. Sign the contract signature page and return the contract to the specified address.
- Submit a Payment Requisition (Attachment C) to the Governor’s Center for Local Government Services at the address indicated on the form.

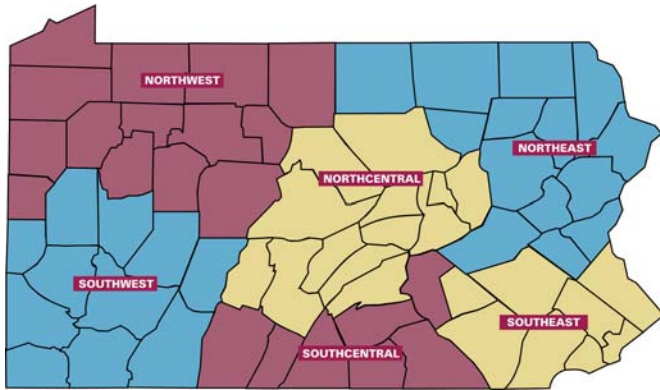
2. Partially Funded Projects

- Submit a revised project budget reflecting the approved funds for the project. Include the DCED grant amount approved, the local share(s) and any other financing under the appropriate line items for expenditures. Indicate totals in even hundred dollar amounts. Submit a revised narrative if the scope of the project has changed. Forward the revised information to the Governor’s Center for Local Government Services at the address indicated in the announcement.
- Anticipate receipt of one copy of blue-back contract and four additional signature pages within four to six weeks after submission of revised budget date. Sign all copies of the contract signature page and return them along with the contract to the specified address.
- Submit a Payment Requisition (Attachment C) to Governor’s Center for Local Government Services at the address indicated on the form.

3. Provisions Concerning the Americans with Disabilities Act

- a. During the term of this contract, the Contractor agrees to comply with the provisions of the Americans With Disabilities Act, 28 C.F.R. §35.101 et seq. The Contractor further agrees to comply with the “General Prohibitions Against Discrimination,” 28 C.F.R. §35.130, and all other regulations promulgated under Title II of The Americans With Disabilities Act.
- b. The Contractor shall be responsible for and agrees to indemnify and hold harmless the Commonwealth of Pennsylvania from all losses, damages, expenses, claims, demands, suits, and actions brought by any party against the Commonwealth of Pennsylvania as a result of the Contractor’s failure to comply with the provisions of the paragraph.

Governor's Center for Local Government Services



400 North Street, 4th Floor
Commonwealth Keystone Building
Harrisburg, PA 17120-0225
888-2CENTER (888-223-6837)
717-787-8169 | Fax: 717-783-1402
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Governor's Center for Local Government Services Regional Offices

Southeast Regional Office

State Office Building
1400 Spring Garden Street, 18th Floor
Philadelphia, PA 19130
Ronald K. Bednar 215-560-2259
Timothea Kirchner 215-560-3013
Fax: 215-560-6722

Northeast Regional Office

Scranton State Office Building
100 Lackawanna Avenue
Scranton, PA 18503-1928
VACANT

Southcentral Regional Office

Commonwealth Keystone Building
400 North Street, 4th Floor
Harrisburg, PA 17120-0225
Harry Krot 888-223-6837
Fax: 717-783-1402

Northcentral Regional Office

200 Innovation Blvd.
Suite 117F, Technology Center
University Park, PA 16802
Kenneth P. Johnson 814-689-8102
Fax: 814-689-8104

Southwest Regional Office

1403A State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222
Michael S. Foreman 412-565-5199
Denny Puko 412-565-5005
Fax: 412-565-7983

Northwest Regional Office

100 State Street, Suite 205
Erie, PA 16507
Denny Puko 814-871-4241
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Attachment A – Letter of Certification

I hereby certify that the _____ **(Name of COG)** _____ is actively operating and meeting on a regular basis at the present time. The following municipalities are active members of the _____ **(Name of COG)** _____.

(List all participating municipalities)

(Signed)
(Title)

(Signed)
(Attest)

(Date)

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Attachment B – Resolution

Name of Municipality _____
Resolution Number _____

WHEREAS THE (LIST OF PARTICIPATING MUNICIPALITIES OR COG NAME) be operating an intermunicipally, cooperative project to (NATURE OF PROJECT) AND

WHEREAS THE (MUNICIPALITY) wishes to participate in said intermunicipally, cooperative project.

AND WHEREAS THE Pennsylvania Department of Community and Economic Development makes available grants-in-aid to such projects through the Shared Municipal Services program,

NOW THEREFORE, BE IT RESOLVED that the (GOVERNING BODY) of the (MUNICIPALITY) hereby authorizes the (NAME OF LEAD MUNICIPALITY OR COG) to make application for such a grant on our behalf.

AND BE IT FURTHER RESOLVED that the (GOVERNING BODY) of the (MUNICIPALITY OR COG) hereby allocates municipal resources in the amount of (AMOUNT OF LOCAL SHARE) to said project.

Adopted this _____ (DATE) _____ (GOVERNING BODY)

Attest _____ (SIGNED) _____ (MUNICIPALITY)

(SIGNED)
(PRESIDENT/CHAIRMAN)

Commonwealth of Pennsylvania
 Department of Community and Economic Development
 Governor's Center for Local Government Services

Submit Requisition to:
 Department of Community and Economic Development
 Governor's Center for Local Government Services
 4th Floor, Commonwealth Keystone Building
 Harrisburg, PA 17120-0225

PAYMENT REQUISITION – SHARED MUNICIPAL SERVICES PROGRAM

1. Grantee Name and Address		2. Grantee Federal ID#
		3. Submission Date
4. Contract #	5. Vendor #	6. Requisition #
7. Requisition Amount		
<input type="checkbox"/> Partial <input type="checkbox"/> Final		
8. Contact Person (Name and Phone #)		

Instructions

1. Enter the complete name of the grantee as stated in the contract and the complete address.
2. Enter the Grantee Federal I.D. # as found on the signature page of the contract.
3. Enter the date of this request.
4. Enter the Contract # as found in the right hand corner of the contract.
5. Enter Vendor #
6. Indicate which requisition this is: 1st, 2nd, 3rd, etc.
7. Enter the payment amount that is being requested and whether this is the total DCED grant amount or a partial payment.
8. Enter the name of contact person and phone #.
9. Grantee signature.

9. I certify that the information provided on this form is correct.

 Signature of Authorized Official

 Name and Title (Typed)

This Section for Commonwealth Use Only

Account Code

DCED Approval

Comptroller Use