

Emergency Food and Shelter Program Phase 28 Requests for Proposals

The Emergency Food and Shelter Program was established in 1983 by Congress with the intent of supplementing local efforts to provide emergency food and shelter to people in need. Since its inception, the program has distributed over \$2.3 billion to communities across the country. The EFSP National Board governs the EFSP. The Sacramento Regional Emergency Food and Shelter Board is the local governing board where 14 member agencies represent member agencies, as well as a range of service providers, coalitions, advocacy groups, technical assistance providers, planning and community development agencies, and minority and grassroots providers.

The Local Board of the Sacramento Regional Emergency Food and Shelter Program invites all interested, qualified non-profit community organizations and local units of government to request funding grants to provide emergency food and shelter to people in need in Alpine County. We anticipate the fiscal year to begin January 1, 2010 for Alpine County. The funds are granted from the federal Stewart B. McKinney Homeless Assistance Program and are often identified as "FEMA" funds. There is \$10,000 available [\$9,800 for services and \$200 for administration]

APPLICATION PROCESS

- Submit ONE (1) signed original application and twelve (12) copies; **all twelve copies must include mandatory attachments.** Applications are to be completed using single-sided 8 ½ x 11 inch white paper with 1-inch margins and 12-point type or larger. Consecutively number the narrative pages of the application (attachments do not need to be numbered). Do not use staples, tabbed section dividers, three-ring binders, or other permanent binding (paper clips and binder clips are acceptable).
- Mail or deliver proposals to the Local Board office located at the Community Services Planning Council, 909 - 12th Street, Suite 200, Sacramento, CA 95814. The deadline for submission for all applications to the Emergency Food and Shelter Program is no later than **Monday, May 17, 2010 at 4:00 p.m.** **Late or faxed applications will not be accepted.**
- Applications are reviewed and scored by the Local Board, taking into consideration agency qualifications and past performance in the use of EFSP grants, when applicable.
- **DO NOT call about the status of the application.** Agencies will be notified by mail in late February of the application outcome.
- When selected for funding, agencies receive the award in two installments. Agencies are required to submit a second check request form and monthly reports with documentation to support the agency expenditures (i.e. canceled checks, invoices, logs of clients, etc.). Failure to submit reports and documentation in a timely manner affects agencies' ability to receive future funding.
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APPLICANT ELIGIBILITY STANDARDS

Eligible applicants **must**:

- Not charge fees for EFSP-funded services.
- Be **supplementing** existing programs.
- Be a 501 (c) 3 non-profit or governmental agency.
- Have an accounting system or fiscal agent approved by the Local Board.
- Have a separate checking account for EFSP funding.
- Have a Federal Employer Tax ID Number.
- Conduct an independent annual audit if receiving \$50,000 or more in EFSP funds; conduct an annual review if receiving \$25,000 to \$49,999 in EFSP funds.
- Comply with OMB single audit requirements if receiving over \$300,000 in federal funds
- Practice nondiscrimination.
- Be already providing services in the area in which the agency is seeking funding.
- Have a voluntary board if private, not-for-profit.
- Involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services, to the extent applicable.

ELIGIBLE ACTIVITIES FOR FUNDING

FOOD

- **Food Closets** – distribution of bagged groceries to individual clients.
- **Served meals (mass feeding)** – ready to eat meals, served on-site or delivered.
- **Food Vouchers** – vouchers for food at local grocery stores or restaurants
- **Food Banks** -- distribution of bulk food to food closets.

SHELTER

- **Per-diem Shelter** – lodging at SRO, mass shelter, etc.
- **Motel/Hotel Vouchers** – lodging at motel, etc.
- **Rent/Mortgage Assistance** – eviction prevention or first month's rent.
- **Utility Assistance** – assistance includes gas, electricity, water, sewer service, and cut wood (for heating purposes).

FUNDING REQUEST GUIDELINES

- Request funding for a 12-month period, as all funds must be expended between by December 30th of each grant year. Describe agency capacity to operate program at the funding level requested.
- EFSP funds must **supplement** an existing program. The funds cannot be used to start new programs or prevent a program closure.
- EFSP funds **cannot** be utilized to replace federal, state or city grant contracts.

**EMERGENCY FOOD AND SHELTER GRANT
 REQUEST FOR PROPOSALS
 2009 – 2010 PHASE 28**

DEADLINE: May 17, 2010

AGENCY INFORMATION & GRANT REQUEST SUMMARY

Name of agency (*as incorporated*): _____
 Commonly used name (*if applicable*): _____
 Administrative Address: _____ City: _____ Zip: _____ County: _____
 Mailing/P.O. address (*if different*): _____
 Address(es) where service is to be provided: _____
 Executive Director: _____ Email: _____
 Phone: _____ Fax: _____
 Fiscal Contact Person: _____ Email: _____
 Phone: _____ Fax: _____
 Federal Employer Tax ID Number: _____

FUND REQUEST SUMMARY

This column for
 CSPC staff use only

<i>Food Bank:</i>	\$	\$
<i>Food Closet:</i>	\$	\$
<i>Food Vouchers:</i>	\$	\$
<i>Mass Feeding:</i>	\$	\$
<i>Mass Shelter:</i>	\$	\$
<i>Shelter Vouchers:</i>	\$	\$
<i>Rent/Mortgage Assistance:</i>	\$	\$
<i>Utility Assistance:</i>	\$	\$
TOTAL REQUEST:	\$	\$

**Printed Name and Title
 of person authorized
 to apply for funds**

Signature
 Please use blue ink for signature.

Date

AGENCY SERVICES AND ORGANIZATIONAL CAPACITY

A. In no more than THREE (3) pages (12-point font or larger), please address the following questions/information in your proposal. Note, questions 3 through 10 are to be answered as they relate to the services being proposed in this grant proposal.

1. Agency history. [6 points]
2. All agency services provided (whether or not applying for funding for that service). [6 points]
3. Location and names of other agencies with comparable services operating in your county. [4 points]
4. How services are unduplicated. [10 points]
5. Agency capacity to provide proposed services. [8 points]
6. Describe current service delivery system. Include discussion of activities such as intake, collaboration with other agencies, and referrals for other services. [10 points]
7. Population to be served. Include descriptors such as age, income source, ethnicity, geographic area, family-type, or other special populations, as available or relevant. [8 points]
8. Days and hours of service provided. [4 points]
9. Client-tracking techniques. [8 points]
10. Reporting systems and how Local Board reporting requirements will be met in a timely manner. [6 points]
11. Program fiscal year (e.g. July 1 – June 30) and accounting methods used (i.e. cash, FASB, or GAAP). [2 points]
12. Community support, donations, and use of volunteer staff/services for overall agency. [6 points]

Other criteria considered in scoring:

13. Agency's budget and application demonstrate that EFSP funding is supplemental. [10 points]
13. EFSP monthly reports turned in on time and service goals met. [12 points] (This assessment will not be applied to applicants who were not funded 2008-09. Scoring for applicants not funded in 2008-09 will be based on an 88-point scale, instead of a 100-point scale.)

B. Please also attach a copy of each of the following to all twelve copies of the application and the original (13 total):

1. Mission Statement
2. Goals and Objectives
3. Most Recently Approved Agency Budget and Audit and/or Financial Report.
4. Organization Chart
5. Board of Directors' Names with Addresses
6. By-Laws
7. Proof of Liability and Workers Compensation Insurance
8. IRS Determination Letter. For example, 501(c) 3 Status Letter
9. Provide the following where applicable:
 - **Food Closet or Mass Feeding:** attach guidelines for serving clients.

- **Food Vouchers:** describe process and attach a copy of forms used.
 - **Food Bank:** list food closets and/or agencies served with their location and hours of operation.
 - **Mass Shelter:** attach shelter guidelines, including days and hours of intake and the number of beds and rooms, and describe any limitations to meeting full capacity.
 - **Shelter Vouchers:** describe process and attach a copy of forms used.
- Rent/Mortgage or Utility Assistance:** attach procedures for determining eligibility and one-month verification process.

FUNDING REQUEST

A. FOOD COMPONENT

		Average cost of each meal*	# of meals to be served	\$ Requested
•	<i>Food Closet</i>	\$ _____	X _____	= \$ _____
•	<i>Food Bank</i>	\$ _____	X _____	= \$ _____
•	<i>Food Vouchers</i>	\$ _____	X _____	= \$ _____
•	<i>Mass Feeding</i>	Fixed rate per meal \$ <u>2.00</u>	X _____	= \$ _____

B. SHELTER COMPONENT

•	<i>Shelter</i>	# of beds X Fixed rate per night per bed # _____ X \$12.50	Nights to be provided X _____	\$ Requested = \$ _____
•	<i>Shelter Vouchers</i>	Rate per room per night* \$ _____	Nights to be provided X _____	\$ Requested = \$ _____
•	<i>Rent/Mortgage Assistance</i>	Avg. cost per bill* \$ _____	# of bills to be paid X _____	\$ Requested = \$ _____
•	<i>Utility Assistance</i>	Avg. cost per bill* \$ _____	# of bills to be paid X _____	\$ Requested = \$ _____

*Agency can either use numbers from the last 12 months or the most recent fiscal year. (Circle one)

AGENCY INCOME REPORT

A. Amount received (if any) for the most current year from EFSP for the following components:

Food Closet: _____
 Food Vouchers: _____
 Mass Feeding: _____
 Food Bank: _____
 Mass Shelter: _____
 Shelter Vouchers: _____
 Rent Assistance: _____
 Utility Assistance: _____

B. List the FIVE (5) largest sources of agency income for each applicable component for which funding is requested. Combining individual donations is permitted. Make copies of the table below if necessary.

Use the most recent fiscal year or the last 12 months in the table provided below (*circle one*).

COMPONENT NAME: _____

Source	Amount	Grant Period	Purpose