

# EMERGENCY FOOD & SHELTER PROGRAM SANTA CRUZ COUNTY BOARD

P.O. Box 1458 • 4450 Capitola Rd, Suite 106 • Capitola, California 95010

Telephone: (831) 479-5466  
Fax: (831) 479-5477  
<http://www.efsp.unitedway.org>

## REQUEST FOR PROPOSALS

Dear Applicant:

In order to qualify for consideration for funding under the Emergency Food & Shelter Program (EFSP), your application must be completed electronically or typewritten and must be completed in the following order. In order to be considered, an applicant agency must:

- ◆ be a tax-exempt non-profit organization;
- ◆ have an accounting system;
- ◆ practice nondiscrimination;
- ◆ have demonstrated the capacity to deliver Emergency Food and/or Shelter Programs and/or Shelter;
- ◆ if a private organization, have a voluntary Board of Directors.

Applicant organizations will be requested to produce proof of their status with respect to the above items.

Under Phase 30, the Local Emergency Food & Shelter Board will determine how funds will be distributed among the emergency food and/or shelter programs operated by local service organizations. Only eligible activities, as determined by the National Emergency Food & Shelter Board, will be funded. A description of eligible and non-eligible costs is attached to this application.

The amount of funding to be awarded to Santa Cruz County has not yet been announced. The Local Emergency Food & Shelter Board will evaluate applications prior to the award notice in order to expedite the delivery of funds to successful applicants.

In order to have your application considered for funding by the Local Emergency Food & Shelter Board you must be cleared through the Emergency Food & Shelter Board through previous phases. Your application package **must** include the following items in the following order: (check off these items as you assemble your application)

- Complete Request for Proposal Application form
- Attachment A:** Program Summary
- Attachment B:** Program Budget and Financial Statement
- Attachment C:** List of current Board of Directors
- Attachment D:** Copies of IRS and State Franchise Tax Board Nonprofit Determination letters
- Attachment E:** Copy of attached Certification of Non-Discrimination Policy

*Also* make certain that your application package:

- includes **one (1) signed original** and **eighteen (18) complete copies**;
- has every page of the complete packet sequentially numbered; and
- ALL Copies are three-hole punched along the left side.**

Applications are due no later than **MONDAY, MARCH 12, 2012 at 5:00P.M.**

***Applications may be mailed or delivered to*** United Way of Santa Cruz County, P.O. Box 1458 • 4450 Capitola Rd, Suite 106 • Capitola, CA 95010

LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

**Each original application will be acknowledged with Date Stamp when they are received.**

For additional information, please contact Amalia Ellis at United Way (831) 465-2201.

## **NOTICE:**

\*The grievance procedure of this Local Board will be **one** hearing before the full Board, with no funding allocation changes to be made in that year – the purpose of the grievance review hearing shall be to ascertain if future changes in the funding procedure are indicated. (*Only when there is significant question of misapplication of guidelines, fraud, or other abuse on the part of the Local Board, will the National Board consider action, see Manual of Rights and Responsibilities.*)

Unanimous motion passed August 29, 1996

\*Agencies receiving Santa Cruz Emergency Food & Shelter Program funds must complete all required paperwork on time; failure to do so *will be* considered as a factor in the next round of funding decisions.

Unanimous motion passed August 29, 1996

## **MISSION STATEMENT**

This Emergency Food & Shelter Board exists to advocate for, encourage, fund and support public and private efforts to alleviate homelessness and hunger in Santa Cruz County.

## **LOCAL FUNDING PRIORITIES**

- **Target Population (listed in priority order) Primarily Serving:**
  - Families with children
  - Mentally or physically disabled
  - Battered women
  - Youth (teens)
  - Seniors
  - Adults without children
- **24-Hour Services**
  - Shelters serving children that are open 24 hours a day
- **Location**
  - Adequate proximity to services for target population
- **Organizational Capacity**
  - Financial stability
  - Annual budget with shelter/rent assistance program defined
  - Representative Board of Directors
  - Qualified staff
  - Ability to document proposed project and provision of services
  - Demonstrated ability to leverage additional support
- **Quality of Shelter Services**
  - Adequate and safe housing environment, lounge/recreation areas, adequate privacy, laundry facilities, fire, health and use permits
  - Provision of food (minimum of 2 meals per day)
  - Provision of a program of services (assistance finding jobs/housing, client counseling, social services/medical/childcare referral, transportation/bus passes to services, phone access, etc.)
  - Past performance in providing shelter services
  - Case management
- **Quality of Emergency Rent Assistance Services**
  - Capability to provide and document a well-managed rent assistance program
  - Past performance in providing rent assistance program(s)
- **Quality of Transitional Housing Services**
  - Adequate and safe housing environment, lounge/recreation areas, adequate privacy, laundry facilities, fire, health and use permits
  - Provision of a program of services (assistance finding jobs/housing, client counseling, social services/medical/childcare referral, transportation/bus passes to services, phone access, etc.)
  - Case management

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## PHASE 30 FUNDING PROPOSAL

(Spending Period: October 1, 2011 to September 30, 2012)

1. Agency Name: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City & Zip Code: \_\_\_\_\_
4. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

5. Federal Employer Identification Number (FEIN): \_\_\_\_\_

6. FEMA Funding:	Actual 2010/11	Proposed 2011/12
Activity A – Temporary Shelter	\$	\$
Activity B – Emergency Food	\$	\$
Activity C – Hotel/Motel	\$	\$
Activity D – Rent/Mortgage	\$	\$
Activity E – Utility Assistance	\$	\$
Activity F – Other Eligible Programs	\$	\$
<b>Total Requested Funds:</b>	<b>\$</b>	<b>\$</b>

7. Please indicate agency status (attach copies of IRS and State Franchise Tax Board non-profit determination letters):  
 Private, Non-profit     Public     Other, explain: \_\_\_\_\_
8. How long has your agency been in existence?: \_\_\_\_\_
9. How long has your agency been providing the Emergency and/or Food Services?: \_\_\_\_\_
10. Please provide 2010/11 information for the following:
  - A. Program Description: \_\_\_\_\_
  - B. Program start/end dates: \_\_\_\_\_
  - C. Total number of unduplicated clients served: \_\_\_\_\_
  - D. Shelter Program(s): \_\_\_\_\_  
 Total number of unduplicated clients served: \_\_\_\_\_  
 Total number of person shelter days (PSDs) provided: \_\_\_\_\_
  - E. Food Program: \_\_\_\_\_  
 Total number of clients served: \_\_\_\_\_  
 Total number of meals served: \_\_\_\_\_
  - F. Geographic location(s) of services provided:  
 South County     Scotts Valley/San Lorenzo Valley  
 North County     Other, specify: \_\_\_\_\_

11. Type of insurance presently carried by agency:
- General Liability                       Fire  
 Auto Insurance                          Other, explain: \_\_\_\_\_
12. Total number of *salaried* agency staff: \_\_\_\_\_
13. Total number of *active volunteer* staff assigned to Emergency Shelter and/or Food Programs(s): \_\_\_\_\_
14. Provide the following information regarding your agency's accountant or fiscal officer:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Is this person:  On staff  under contract  other, explain: \_\_\_\_\_

15. Target Population (please check and indicate percent of total population):
- |                          |                                 |       |   |
|--------------------------|---------------------------------|-------|---|
| <input type="checkbox"/> | Families with children          | _____ | % |
| <input type="checkbox"/> | Mentally or physically disabled | _____ | % |
| <input type="checkbox"/> | Battered women                  | _____ | % |
| <input type="checkbox"/> | Youth (teens)                   | _____ | % |
| <input type="checkbox"/> | Seniors                         | _____ | % |
| <input type="checkbox"/> | Adults without children         | _____ | % |
| <input type="checkbox"/> | Ethnicity of Clients Served     | _____ | % |

(Enter the number of unduplicated clients in each ethnic category)

Anglo: \_\_\_\_\_ Latino: \_\_\_\_\_ African-American: \_\_\_\_\_ Native-American: \_\_\_\_\_

Pacific Islander: \_\_\_\_\_ Multi-racial: \_\_\_\_\_ Unknown: \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

16. If operating a mass shelter, will your shelter be open 24 hours a day?
- Yes  No  Other: \_\_\_\_\_
17. **ATTACHMENTS:** The following items are required to be attached to the application. Label each attachment as indicated below.

Attachment A:

- **Program Summary:** Attach a detailed narrative of the proposed program. At a minimum, the narrative should include:
  - ◆ (1) a brief history of your experience operating emergency shelter and/or food programs;
  - ◆ (2) a specific description of each activity (include location and hours of operation, basic and supportive services provided, target population, etc)
  - ◆ (3) an explanation of the relationship between the proposed program(s) and any other programs operated by your agency
  - ◆ (4) a description of your program facility(s)-(number of beds, cooking facilities, etc.)
  - ◆ (5) a description of program staffing levels and functions – include paid and volunteer administrative and direct services staff.

Attachment B:

- **Budget and Financial Statement:** Please complete an Attachment B (provided in this packet) for each FEMA activity for which you are requesting funding.

Attachment C:

- **Board of Directors:** A list of your agency's current Board of Directors.

Attachment D:

- **Non-Profit Determination Letters:** Copies of IRS and State Franchise Tax Board non-profit determination letters [IRS 501(c)(3)].

Attachment E:

- **Non-Discrimination Policy:** Please sign the enclosed non-discrimination policy provided in this packet.

**CERTIFICATIONS**

I certify that the information submitted in this request is accurate and correct and that I have read and understand the *Grievance procedure* and *Non-Discrimination Policy* included with this application.

_____ Typed Name – Agency's Chief Executive Officer	_____ <i>Signature</i> – Agency's Chief Executive Officer	_____ Date
_____ Typed Name – Governing Board or Board of Director Chairperson	_____ <i>Signature</i> – Governing Board or Board of Director Chairperson	_____ Date

**EFSP ACTIVITY A – TEMPORARY SHELTER AT MASS SHELTER FACILITY**

Attachment B	End of Fiscal Year 2010/11 Financial Statement for this Activity	PROGRAM Budget for 2011/12 for this Activity	EFSP Funding Requested for 2011/12 for this Activity*
<b>INCOME</b>			
EFSP			
Federal			
State			
County			
Cities			
Donations			
Other			
<b>ALL INCOME TOTAL</b>			
<b>EXPENSES</b>			
Salaries			
Health/Retirement			
<b>Salary &amp; Benefit Subtotal</b>			
Professional Services			
Supplies			
Telephone			
Postage/Shipping			
Occupancy/Rent			
Rent/Equipment Maintenance			
Printing & Publications			
Travel & Transportation			
Conferences & Meetings			
Assistance to Individuals			
Membership Dues			
Awards & Grants			
Interest Expense			
Insurance/Bond			
Miscellaneous			
<b>Services &amp; Supplies Subtotal</b>			
<b>ALL EXPENSES TOTAL</b>			

\*or approved per diem allowance for shelter: \$ \_\_\_\_\_

**Activity A – Temporary Shelter at a Mass Shelter Facility** (includes all eligible direct shelter program costs i.e. food, utilities, transportation)

	Last Year 2010/11	Request 2011/12
<b>Total funding requested</b>	<b>\$</b>	<b>\$</b>
Number of emergency shelter beds at facility		
Total number of person shelter days (PSDs) to be provided (# of beds times # of days)		
Average cost per PSD	<b>\$</b>	<b>\$</b>
Total EFSP funding divided by # of PSDs	<b>\$</b>	<b>\$</b>

**EFSP ACTIVITY B – EMERGENCY FOOD SERVICE/DISTRIBUTION**

Attachment B	End of Fiscal Year 2010/11 Financial Statement for this Activity	PROGRAM Budget for 2011/12 for this Activity	EFSP Funding Requested for 2011/12 for this Activity*
<b>INCOME</b>			
EFSP			
Federal			
State			
County			
Cities			
Donations			
Other			
<b>ALL INCOME TOTAL</b>			
<b>EXPENSES</b>			
Salaries			
Health/Retirement			
<b>Salary &amp; Benefit Subtotal</b>			
Professional Services			
Supplies			
Telephone			
Postage/Shipping			
Occupancy/Rent			
Rent/Equipment Maintenance			
Printing & Publications			
Travel & Transportation			
Conferences & Meetings			
Assistance to Individuals			
Membership Dues			
Awards & Grants			
Interest Expense			
Insurance/Bond			
Miscellaneous			
<b>Services &amp; Supplies Subtotal</b>			
<b>ALL EXPENSES TOTAL</b>			

\*or approved meal allowance for food: \$ \_\_\_\_\_

**Activity B – Emergency Food Service/Distribution**

	Last Year 2010/11	Request 2011/12
<b>Total funding requested</b>	<b>\$</b>	<b>\$</b>
Total number of meals to be provided		
Average cost per meal	<b>\$</b>	<b>\$</b>
Total EFSP funding divided by # of meals	<b>\$</b>	<b>\$</b>

**EFSP ACTIVITY C – HOTEL/MOTEL LODGING**

<b>Attachment B</b>	<b>End of Fiscal Year 2010/11 Financial Statement for this Activity</b>	<b>PROGRAM Budget for 2011/12 for this Activity</b>	<b>EFSP Funding Requested for 2011/12 for this Activity</b>
<b>INCOME</b>			
EFSP			
Federal			
State			
County			
Cities			
Donations			
Other			
<b>ALL INCOME TOTAL</b>			
<b>EXPENSES</b>			
Salaries			
Health/Retirement			
<b>Salary &amp; Benefit Subtotal</b>			
Professional Services			
Supplies			
Telephone			
Postage/Shipping			
Occupancy/Rent			
Rent/Equipment Maintenance			
Printing & Publications			
Travel & Transportation			
Conferences & Meetings			
Assistance to Individuals			
Membership Dues			
Awards & Grants			
Interest Expense			
Insurance/Bond			
Miscellaneous			
<b>Services &amp; Supplies Subtotal</b>			
<b>ALL EXPENSES TOTAL</b>			

**Activity B – Hotel/Motel Lodging**

	Last Year 2010/11	Request 2011/12
<b>Total funding requested</b>	<b>\$</b>	<b>\$</b>
Total number of nights lodging to be provided		
Average cost per night	<b>\$</b>	<b>\$</b>
Total EFSP funding divided by # of nights	<b>\$</b>	<b>\$</b>

**EFSP ACTIVITY D – RENT/MORTGAGE ASSISTANCE GRANTS**

<b>Attachment B</b>	<b>End of Fiscal Year 2010/11 Financial Statement for this Activity</b>	<b>PROGRAM Budget for 2011/12for this Activity</b>	<b>EFSP Funding Requested for 2011/12 for this Activity</b>
<b>INCOME</b>			
EFSP			
Federal			
State			
County			
Cities			
Donations			
Other			
<b>ALL INCOME TOTAL</b>			
<b>EXPENSES</b>			
Salaries			
Health/Retirement			
<b>Salary &amp; Benefit Subtotal</b>			
Professional Services			
Supplies			
Telephone			
Postage/Shipping			
Occupancy/Rent			
Rent/Equipment Maintenance			
Printing & Publications			
Travel & Transportation			
Conferences & Meetings			
Assistance to Individuals			
Membership Dues			
Awards & Grants			
Interest Expense			
Insurance/Bond			
Miscellaneous			
<b>Services &amp; Supplies Subtotal</b>			
<b>ALL EXPENSES TOTAL</b>			

**Activity D – Rent/Mortgage Assistance Grants**

	Last Year 2010/11	Request 2011/12
<b>Total funds requested</b>	<b>\$</b>	<b>\$</b>
Total number of nights of grants to be provided		
Average cost per grant	<b>\$</b>	<b>\$</b>
Total EFSP funding divided by # of nights	<b>\$</b>	<b>\$</b>

## EFSP ACTIVITY E – LIMITED UTILITY GRANTS

Attachment B	End of Fiscal Year 2010/11 Financial Statement for this Activity	PROGRAM Budget for 2011/12 for this Activity	EFSP Funding Requested for 2011/12 for this Activity
<b>INCOME</b>			
EFSP			
Federal			
State			
County			
Cities			
Donations			
Other			
<b>ALL INCOME TOTAL</b>			
<b>EXPENSES</b>			
Salaries			
Health/Retirement			
<b>Salary &amp; Benefit Subtotal</b>			
Professional Services			
Supplies			
Telephone			
Postage/Shipping			
Occupancy/Rent			
Rent/Equipment Maintenance			
Printing & Publications			
Travel & Transportation			
Conferences & Meetings			
Assistance to Individuals			
Membership Dues			
Awards & Grants			
Interest Expense			
Insurance/Bond			
Miscellaneous			
<b>Services &amp; Supplies Subtotal</b>			
<b>ALL EXPENSES TOTAL</b>			

### Activity E – Limited Utility Grants

	Last Year 2010/11	Request 2011/12
<b>Total funds requested</b>	<b>\$</b>	<b>\$</b>
Total number of nights of grants to be provided		
Average cost per grant	<b>\$</b>	<b>\$</b>
Total EFSP funding divided by # of nights	<b>\$</b>	<b>\$</b>

**EFSP ACTIVITY F – OTHER EFSP-ELIGIBLE ACTIVITIES**

Attachment B	End of Fiscal Year 2010/11 Financial Statement for this Activity	PROGRAM Budget for 2011/12 for this Activity	EFSP Funding Requested for 2011/12 for this Activity
<b>INCOME</b>			
EFSP			
Federal			
State			
County			
Cities			
Donations			
Other			
<b>ALL INCOME TOTAL</b>			
<b>EXPENSES</b>			
Salaries			
Health/Retirement			
<b>Salary &amp; Benefit Subtotal</b>			
Professional Services			
Supplies			
Telephone			
Postage/Shipping			
Occupancy/Rent			
Rent/Equipment Maintenance			
Printing & Publications			
Travel & Transportation			
Conferences & Meetings			
Assistance to Individuals			
Membership Dues			
Awards & Grants			
Interest Expense			
Insurance/Bond			
Miscellaneous			
<b>Services &amp; Supplies Subtotal</b>			
<b>ALL EXPENSES TOTAL</b>			

**Activity F – Other EFSP-Eligible Activities**

	Last Year 2010/11	Request 2011/12
<b>Total funds requested</b>	<b>\$</b>	<b>\$</b>
Amount of activity to be provided (describe):		

**EMERGENCY FOOD & SHELTER PROGRAMSANTA CRUZ COUNTY BOARD**

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**Attachment E:**

**Certification of Non-Discrimination Policy for Emergency Food & Shelter Board Program Phase 30**

The Local Board's policy regarding non-discrimination is as follows:

- A. Local recipient organizations and their agents receiving funds awarded by or through the Emergency Food & Shelter Board of Santa Cruz County shall not discriminate against any employee or against any applicant for employment because of color, religion, age, handicap, national origin, sex, sexual orientation, marital status, ancestry, medical condition or any other non-merit factor unrelated to job performance.
- B. No person shall be excluded from participation in, be denied the benefits of or be subjected to discrimination by any program receiving funds awarded by or through the Emergency Food & Shelter Board of Santa Cruz County because of color, religion, age, handicap, national origin, sex, sexual orientation, marital status, ancestry, medical condition.

In order to be eligible for Emergency Food & Shelter Board Program Phase 30 funds, an authorized representative of your agency must sign the following certification:

(Name of Agency) \_\_\_\_\_ hereby assures and certifies that it will comply with the non-discrimination policy of the Emergency Food & Shelter Board of Santa Cruz County.

CERTIFYING OFFICIAL:

\_\_\_\_\_  
(Type or print name)

\_\_\_\_\_  
(Type or print title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)