# 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:

Please read instructions thoroughly; there are significant changes to the application and funding allocations for Phase 37 and CARES ACT. 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;
- 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 37 and Cares ACT, 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. Funding priorities are listed on the following page. 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 is still pending. 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 if you were previously awarded funds. Your application package **must** include the following items in the following order: (check off these items as you assemble your application)

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Complete Request for Proposal Application form

- Attachment A: Program Summary (see minimum questions below)
- 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

Applications are due no later than Friday, May 27, 2020 at 4:00P.M.

### Due to COVID-19 Restrictions, Please Email Application To tmcguire@unitedwaysc.org

#### 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 Theresa McGuire, United Way Contact (831) 236-0351.

### 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 Primarily Serving (listed in priority order):
  - Currently homeless individuals and/or families
  - Individuals and/or families at risk of becoming homeless
  - o Low-income seniors/disabled individuals ineligible for CalFresh benefits
- Funding Allocation Priorities:
  - **40%** Shelter (Mass Shelter & Other Shelter)
  - **25%** Homelessness Prevention (Rent/Mortgage Assistance & Utility Assistance)
  - 10% Food related to Shelter (Served Meals & Other Foods related to Shelter)
  - 25% Food serving Seniors and Disabled Individuals not related to Shelter (Served Meals & Other Foods not related to Shelter)

### • 24-Hour Services

- Shelters serving children that are open 24 hours a day
- Location
  - o 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
- o Ability to document proposed project and provision of services
- o 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
- o Case management

### • Quality of Emergency Rent Assistance Services

- o 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

### • Quality of Basic Human Needs Services

- Provision of food
- o Capability to provide and document a well-managed utility assistance program

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# PHASE 37 and CARES ACT FUNDING PROPOSAL

(Spending Period: June 01, 2020 with end date no later than May 31, 2021)

1.	Agency Name:				
2.	Street Address:				
3.	City & Zip Code:				
4.	Contact Person:	Phone:	Ext.		
5.	Federal Employer Identification Number (FEIN):				
6.	FEMA Funding:	Actual Phase 36	Proposed Phase 37&CARES		
	Activity A – Served Meals	\$	\$		
	Activity B – Other Foods	\$	\$		
	Activity C – Mass Shelter	\$	\$		
	Activity D – Other Shelter	\$	\$		
	Activity E – Rent/Mortgage	\$	\$		
	Activity F – Utility Assistance	\$	\$		
	Total Requested Funds:	\$	\$		
7. 8.	Private, Non-profit Public Other, explain:				
9.	How long has your agency been providing the Emergency ar	nd/or Food Services?:			
10.	A.       Program Description:         B.       Program start/end dates         C.       Shelter Program:         Total number of unduplicated clients served:       EFSP:         Total number of person shelter days (PSDs) provided: :       EFSP:				
	D. Food Program: Total number of unduplicated meals served:	clients served: EFSP:	Total number of EFSP:		
	E. Geographic location(s) of services provided:		2.01.		
	South CountyScotts Valley/San LorenzNorth CountyOther, specify:	zo Valley			
11.	Type of insurance presently carried by agency:				

	General Liability Fire Auto Insurance Other, explain:
12. 13. 14.	Total number of salaried agency staff:         Total number of active volunte er staff assigned to Emergency Shelter and/or Food Programs(s):         Provide the following informattion regarding your agency's accountant or fiscal officer:
	Name:     Title:       Business Address:     Phone:       Is this person:     On staff     under contract
15.	Target Population (please check and indicate percent of total population served):         Currently homeless individuals and/or families       %         Individuals/ families at risk of becoming homeless       %         Low-income seniors/disabled individuals ineligible       %         for CalFresh benefits       %         Ethnicity of Clients Served       % <i>(Enter the number of unduplicated clients in each ethnic category)</i> African-
	Anglo:%_ Latino:%_ American:%_ Native-American:%
	Pacific
16.	If operating a mass shelter, will your shelter be open 24 hours a day?
17.	<ul> <li>Yes No Other:</li> <li>ATTACHMENTS: The following items are required to be attached to the application. Label each attachment as indicated below.</li> <li>Attachment A:</li> <li>Program Summary: Attach a detailed narrative of the proposed program. At a minimum, the narrative should include: <ul> <li>(1) a brief history of your experience operating emergency shelter and/or food programs;</li> <li>(2) a specific description of each activity (include location and hours of operation, basic and supportive services provided, target population, program outcomes, challenges, etc)</li> <li>(3) a brief explanation of the relationship between the proposed program(s) and any other programs operated by your agency</li> <li>(4) a description of program facility(s)-(number of beds, cooking facilities, etc.)</li> <li>(5) a description of program staffing levels and functions – include paid and volunteer administrative and direct services staff</li> <li>(6) a description of how your program connects clients with other community resources, mainstream benefits, employment, and/or permanent housing</li> <li>(7) if providing shelter services, does your program participate in the HMIS data entry system? If not, please explain.</li> </ul> </li> </ul>
	<ul> <li><u>Attachment B:</u></li> <li>Budget and Financial Statement: Please complete an Attachment B (provided in this packet) for each EFSP</li> </ul>
	activity for which you are requesting funding.
	Attachment C:
	<ul> <li>Board of Directors: A list of your agency's current Board of Directors. Attachment D:</li> </ul>
	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 Signature – Agency's Chief Executive Officer

Date

Typed Name – Governing Board or Board of Director Chairperson

*Signature* – Governing Board or Board of Director Chairperson

Date

# EFSP ACTIVITY A – SERVED MEALS (EMERGENCY FOOD SERVICE/DISTRIBUTION)

Attachment B	Most Recent Financial Statement for this Activity	Proposed PROGRAM Budget for 06/01/20-05/31/21 for this Activity	EFSP Funding Requested for 02/01/19-03/31/20 for this Activity*
INCOME			
EFSP			
Federal			
State			
County			
Cities			
Donations			
Other			
ALL INCOME TOTAL			
EXPENSES			
Salaries			
Employer Payroll Taxes			
Health/Retirement			
Salary & Benefit Subtotal			
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			
Services & Supplies Subtotal			
ALL EXPENSES TOTAL			

\*or approved meal allowance for food:

\$

### Activity A – Served Meals (Emergency Food Service/Distribution)

	Last Year Phase 36	Request Phase 37 & CARES ACT
Total funding requested	\$	\$
Total number of meals to be provided		
Average cost per meal	\$	\$
Total EFSP funding divided by # of meals	\$	\$

## **EFSP ACTIVITY B – OTHER FOODS**

Attachment B	Most Recent Financial Statement for this Activity	Proposed PROGRAM Budget for 06/01/20-05/31/21 for this Activity	EFSP Funding Requested for 06/01/20-05/31/21 for this Activity
INCOME			
EFSP			
Federal			
State			
County			
Cities			
Donations			
Other			
ALL INCOME TOTAL			
EXPENSES			
Salaries			
Employer Payroll Taxes			
Health/Retirement			
Salary & Benefit Subtotal			
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			
Services & Supplies Subtotal			
ALL EXPENSES TOTAL			

### Activity B – Other Foods

	Last Year Phase 36	Request Phase 37 & CARES ACT
Total funding requested	\$	\$
Total number of meals to be provided		
Average cost per meal	\$	\$
Total EFSP funding divided by # of meals	\$	\$

# EFSP ACTIVITY C - MASS SHELTER (TEMPORARY SHELTER AT MASS SHELTER FACILITY)

Attachment B	Most Recent Financial Statement for this Activity	Proposed PROGRAM Budget for 06/01/20-05/31/21 for this Activity	EFSP Funding Requested for 06/01/20-05/31/21 for this Activity
INCOME			
EFSP			
Federal			
State			
County			
Cities			
Donations			
Other			
ALL INCOME TOTAL			
EXPENSES			
Salaries			
Employer Payroll Taxes			
Health/Retirement			
Salary & Benefit Subtotal			
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			
Services & Supplies Subtotal			
ALL EXPENSES TOTAL			

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

	Last Year Phase 36	Request Phase 37 & CARES ACT
Total funding requested	\$	\$
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	\$	\$
Total EFSP funding divided by # of PSDs	\$	\$

# EFSP ACTIVITY D – OTHER SHELTER (HOTEL/MOTEL LODGING)

Attachment B	Most Recent Financial Statement for this Activity	Proposed PROGRAM Budget for 06/01/20-05/31/21 for this Activity	EFSP Funding Requested for 06/01/20-05/31/21 for this Activity
INCOME			
EFSP			
Federal			
State			
County			
Cities			
Donations			
Other			
ALL INCOME TOTAL			
EXPENSES			
Salaries			
Employer Payroll Taxes			
Health/Retirement			
Salary & Benefit Subtotal			
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			
Services & Supplies Subtotal			
ALL EXPENSES TOTAL			

### Activity D – Other Shelter (Hotel/Motel Lodging)

······································	Last Year Phase 36	Request Phase 37 & CARES ACT
Total funding requested	\$	\$
Total number of nights lodging to be provided		
Average cost per night	\$	\$
Total EFSP funding divided by # of nights	\$	\$

# EFSP ACTIVITY E – RENT/MORTGAGE ASSISTANCE GRANTS

Attachment B	Most Recent Financial Statement for this Activity	Proposed PROGRAM Budget for 06/01/20-05/31/21 for this Activity	EFSP Funding Requested for 06/01/20-05/31/21 for this Activity
INCOME			
EFSP			
Federal			
State			
County			
Cities			
Donations			
Other			
ALL INCOME TOTAL			
EXPENSES			
Salaries			
Employer Payroll Taxes			
Health/Retirement			
Salary & Benefit Subtotal			
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			
Services & Supplies Subtotal			
ALL EXPENSES TOTAL			

### Activity E – Rent/Mortgage Assistance Grants

	Last Year Phase 36	Request Phase 37 & CARES ACT
Total funds requested	\$	\$
Total number of grants to be provided		
Average cost per grant	\$	\$
Total EFSP funding divided by # of grants	\$	\$

## **EFSP ACTIVITY F – LIMITED UTILITY GRANTS**

Attachment B	Most Recent Financial Statement for this Activity	Proposed PROGRAM Budget for 06/01/20-05/31/21 for this Activity	EFSP Funding Requested for 06/01/20-05/31/21 for this Activity
INCOME			
EFSP			
Federal			
State			
County			
Cities			
Donations			
Other			
ALL INCOME TOTAL			
EXPENSES			
Salaries			
Employer Payroll Taxes			
Health/Retirement			
Salary & Benefit Subtotal			
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			
Services & Supplies Subtotal			
ALL EXPENSES TOTAL			

### Activity F – Limited Utility Grants

	Last Year Phase 36	Request Phase 37 & CARES ACT
Total funds requested	\$	\$
Total number of grants to be provided		
Average cost per grant	\$	\$
Total EFSP funding divided by # of grants	\$	\$

## EMERGENCY FOOD & SHELTER PROGRAMSANTA CRUZ COUNTY BOARD

#### Attachment E:

#### Certification of Non-Discrimination Policy for Emergency Food & Shelter Board Program Phase 37 and CARES ACT

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 37 and CARES ACT 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.

<b>CERTIFYING OFFI</b>	ICIAL:
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(Type or print name)

(Type or print title)

(Signature)

(Date)