

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 35. 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 35, 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 \$177,480.00. 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)

- 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

Also make certain that your application package:

- includes **one (1) signed original** and **ten (10) 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 **Wednesday, May 23, 2018 at 4:00P.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 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
 - 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**
 - 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

- **Quality of Basic Human Needs Services**
 - Provision of food
 - Capability to provide and document a well-managed utility assistance program

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PHASE 35 FUNDING PROPOSAL

(Spending Period: February 01, 2018 with end date no later than March 31, 2019)

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 Phase 34 Proposed Phase 35

	Actual Phase 34	Proposed Phase 35
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. 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 Phase 34 (10/01/16-01/31/18) information for the following:

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 clients served: _____ EFSP: _____

Total number of meals served: _____ EFSP: _____

E. 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
 Auto Insurance

Fire
 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 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 _____ %
(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, program outcomes, challenges, etc)
 - ◆ (3) a brief 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
 - ◆ (6) a description of how your program connects clients with other community resources, mainstream benefits, employment, and/or permanent housing
 - ◆ (7) if providing shelter services, does your program participate in the HMIS data entry system? If not, please explain.
 - ◆ (8) if providing served meals or other food services, describe how your agency offers information or partners with other agencies to offer CalFresh outreach and application assistance.

Attachment B:

- **Budget and Financial Statement:** Please complete an Attachment B (provided in this packet) for each EFSP 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 – SERVED MEALS (EMERGENCY FOOD SERVICE/DISTRIBUTION)

Attachment B	Most Recent Financial Statement for this Activity	Proposed PROGRAM Budget for 02/01/18-03/31/19 for this Activity	EFSP Funding Requested for 02/01/18-03/31/19 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 34 Request Phase 35

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 02/01/18-03/31/19 for this Activity	EFSP Funding Requested for 02/01/18-03/31/19 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 34	Request Phase 35
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 02/01/18-03/31/19 for this Activity	EFSP Funding Requested for 02/01/18-03/31/19 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 34 Request Phase 35

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 02/01/18-03/31/19 for this Activity	EFSP Funding Requested for 02/01/18-03/31/19 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 34	Request Phase 35
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 02/01/18-03/31/19 for this Activity	EFSP Funding Requested for 02/01/18-03/31/19 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 34 Request Phase 35

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 02/01/18-03/31/19 for this Activity	EFSP Funding Requested for 02/01/18-03/31/19 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 34	Request Phase 35
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 35

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 35 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)