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; please note that applicants must have the Unique Entity Identifier (UEI) / Data Universal Number System (DUNS) for Phase 41. To be considered 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 41, the Local Board for Emergency Food & Shelter 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 \$162,355.00.

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

Applications are due no later than Friday, February 16, 2024 by 4:00pm.

Email complete application and required documents to ajones@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 Audrey Jones, United Way Contact ajones@unitedwaysc.org

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
 - o Individuals and/or families at risk of becoming homeless
 - o Low-income seniors/disabled individuals ineligible for CalFresh benefits
- Funding Allocation Priorities:
 - **50%** Shelter (Mass Shelter & Other Shelter)
 - 50% Food related to Shelter, 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
 - o Annual budget with shelter/rent assistance program defined
 - o 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
- Case management

• 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.)
- o Case management

• Quality of Basic Human Needs Services

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

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM Santa Cruz County, CA-Local Application Form – Phase 41 Funding Period: October 1, 2022 – December 31, 2024

NAME	OF AGENCY:		_	
MAILI	NG ADDRESS:			
STRE	ET ADDRESS:			
CONTACT PERSON:				
E-MAIL:		WEBSITE:		
AGENCY FEIN #:		UEI / DUN <u>S #:</u>	UEI / DUN <u>S #:</u>	
track h	nique Entity Identifier (UEI) / Data Universal Nun ow federal grant money is allocated. If you do no rants.gov.			
	ncy debarred or suspended from receiving fu Il government?	unds or doing business with the	□ NO □ YES	
	FUND	S REQUESTED		
		Amount Per Activity	Activities	
A.	Served Meals (Congregate Meals) (may use \$3.00 per meal per diem)		#meals	
В.	Other Food		#meals	
C.	Mass Shelter (may use \$12.50 per night per diem)		#nights	
D.	Other Shelter		#nights	
E.	Supplies/Equipment (Purchase of equipment not to exceed \$300	0.00)		
F.	Supplies & Equipment Purchases(Not to exceed \$300/item)			
G.	Administration (limited to 2%)			
		N/A		
	Total Amount Reques	ted:		
Author	rization of Agency Board Chair or Executive	Director:		
SIGNATURE:		Date:		
	۲ NAME:			
	TIONSHIP TO AGENCY:			

DUE DATE: One electronic application must be received by 4:00pm on Friday, February 16, 2024. Email Kassandra Flores at kflores@unitedwaysc.org

APPLICATION NARRATIVE

Program information (maximum two pages):

Please provide a brief overview of your organization's history (not to exceed 600 words).

Please provide a 1-3 sentence executive summary of your project, including goal(s), target population, communities served, and how your project meets EFSP objectives.

 Attach a project budget and provide a budget narrative that includes an explanation of personnel (number of staff and role) and non-personnel (ie. equipment, supplies) amounts in the budget

List your organization's current Board of Directors