**PROJECT APPLICATION**

**Department of Housing**

 **and Workforce Solutions (HWS)**

**EMERGENCY FOOD AND SHELTER PROGRAM**

**Phase 40 (11/01/2021 – 12/31/2023)**

**Completed applications must be submitted to:**

**Department of Housing**

**and Workforce Solutions (HWS)**

**NO LATER THAN**

**Monday, February 27, 2023**

**5:00 p.m. PST**

Email to:

EFSP@rivco.org

PHASE ARAP-R APPLICATION FORM

EMERGENCY FOOD AND SHELTER PROGRAM

RIVERSIDE COUNTY JURISDICTION

(November 1, 2021 – December 31, 2023)

**Email signed application in PDF format (*with all required attachments as a separate file*) to** **EFSP@rivco.org** **on or before the due date.** *Any mandatory attachments should be sent in a separate PDF (no attachment should be part of the application file).*

**Note*: if you do not receive an e-mail acknowledgement after you submit the application, consider it not received*.**

Complete Project Application and Attachments must be typewritten 12-point font, each section clearly labeled as Attachment 1, Attachment 2, etc. Application and Attachments are divided into four parts, each part must be completed by ALL Applicants. No handwritten copies will be accepted.

The EFSP Administrative office (HWS) must receive all application materials no later than **February 27, 2023, by 5:00 p.m. PST** Late applications will not be accepted. **DO NOT SUBMIT THIS COVER PAGE** as part of the application.

**Mandatory Attachments for *ALL Applicants***

**All applicants** must include the following attachments in their *original* application. If some of these items are not applicable (e.g. if you are a unit of local government, or under the umbrella of a religious organization), indicate which items and why they are not included. **Please note that incomplete applications will be deemed ineligible and will not be reviewed or scored.**

1. Copy of current 501(c)(3)
2. Board Roster
3. Scheduled Board Meetings
4. Copies of Board Meeting Minutes
5. Financial Year end Report - one of the following
	1. Independent Annual Audit
	2. Annual Review
	3. Financial Year end Report
6. Match Documentation
7. Client Forms
8. Client Nondiscrimination Statement
9. Mission Statement
10. Motel/Hotel Agreement(s) (if applicable)
11. Excluded Parties List (EPLS) verification
12. 2-1-1 Community Resource Database Program Information Form
13. CoC Membership Letter

## COVER PAGE (All Applicants)

|  |  |
| --- | --- |
| Name of Applicant Organization: |       |
| **Grant Contact** |
| Name: |       |
| Title: |       |
| Street Address: |       |
| City, State, Zip: |       |
| Phone Number: |       |
| Fax Number: |       |
| Email Address: |       |
| **Organization Contact** |
| Name: |       |
| Title: |       |
| Street Address: |       |
| City, State, Zip: |       |
| Phone Number: |       |
| Fax Number: |       |
| Email Address: |       |
| Organization Website Link: |       |
| [ ]  Phase 38 and Phase 39 Award recipients ONLY check here and sign | ­­­­X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE DATE |

## PART A: APPLICANT INFORMATION (All Applicants)

1. Name of Applicant Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Federal Employer Identification Number (FEIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Unique Entity Identifier (UEI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Was your organization selected for an EFSP funding award for Phase 38 or Phase 39?

[ ]  No – You are a NEW APPLICANT and may apply for a minimum of $5,000 per district up to a maximum of $20,000 per district.

[ ]  Yes – You are a RETURNING APPLICANT and may apply for a minimum of $5,000 per district up to a maximum of $50,000 per district.

1. Does your organization have any open compliance exceptions from any prior EFSP phase?

[ ]  Not Applicable (New Applicant)

[ ]  No Open Compliance Exceptions

 [ ]  Yes – Provide the LRO number(s), Phase number(s), and Problem Amounts for open compliances:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LRO Number: |       | Phase Number: |       | Amount: |       |
| LRO Number: |       | Phase Number: |       | Amount: |       |
| LRO Number: |       | Phase Number: |       | Amount: |       |
| LRO Number: |       | Phase Number: |       | Amount: |       |
| LRO Number: |       | Phase Number: |       | Amount: |       |

1. Which of the following Supervisorial Districts of Riverside County is your program applying for EFSP funding? Select only one option

[ ]  District 1 [ ]  District 2 [ ]  District 3 [ ]  District 4 [ ]  District 5

[ ]  Multi-region: applying for funding in more than one district and must have a Federal Employer Identification Number (FEIN).

1. Has your organization experienced a 25% reallocation of unspent funds from the previous 2 years of funding?

[ ]  Yes

[ ]  No

1. Please complete the following section for each of the sites that you are requesting EFSP funding:

|  |
| --- |
| **SUPERVISORIAL DISTRICT 1** |
| Site Name: |       |
| Street Address: |       |
| City: |       |
| State: |       |
| Zip Code: |       |
| Service Days & Hours: |       |
| Contact Name: |       |
| Phone Number: |       |
| Fax Number: |       |
| Type of Program: (check all that apply) | [ ]  Served Meals [ ]  Other Food/Distribution/Food Vouchers/Gift Certificate[ ]  Mass Shelter [ ]  Other Shelter/Motel [ ]  Rent/Mortgage Assistance [ ]  Utility Assistance |

|  |
| --- |
| **SUPERVISORIAL DISTRICT 2** |
| Site Name: |       |
| Street Address: |       |
| City: |       |
| State: |       |
| Zip Code: |       |
| Service Days & Hours: |       |
| Contact Name: |       |
| Phone Number: |       |
| Fax Number: |       |
| Type of Program: (check all that apply) | [ ]  Served Meals[ ]  Other Food/Distribution/Food Vouchers/Gift Certificate[ ]  Mass Shelter [ ]  Other Shelter/Motel [ ]  Rent/Mortgage Assistance[ ]  Utility Assistance |

|  |
| --- |
| **SUPERVISORIAL DISTRICT 3** |
| Site Name: |       |
| Street Address: |       |
| City: |       |
| State: |       |
| Zip Code: |       |
| Service Days & Hours: |       |
| Contact Name: |       |
| Phone Number: |       |
| Fax Number: |       |
| Type of Program: (check all that apply) | [ ]  Served Meals [ ]  Other Food/Distribution/Food Vouchers/Gift Certificate[ ]  Mass Shelter [ ]  Other Shelter/Motel [ ]  Rent/Mortgage Assistance[ ]  Utility Assistance |
| **SUPERVISORIAL DISTRICT 4** |
| Site Name: |       |
| Street Address: |       |
| City: |       |
| State: |       |
| Zip Code: |       |
| Service Days & Hours: |       |
| Contact Name: |       |
| Phone Number: |       |
| Fax Number: |       |
| Type of Program: (check all that apply) | [ ]  Served Meals [ ]  Other Food/Distribution/Food Vouchers/Gift Certificate[ ]  Mass Shelter [ ]  Other Shelter/Motel [ ]  Rent/Mortgage Assistance[ ]  Utility Assistance |

|  |
| --- |
| **SUPERVISORIAL DISTRICT 5** |
| Site Name: |       |
| Street Address: |       |
| City: |       |
| State: |       |
| Zip Code: |       |
| Service Days & Hours: |       |
| Contact Name: |       |
| Phone Number: |       |
| Fax Number: |       |
| Type of Program: (check all that apply) | [ ]  Served Meals [ ]  Other Food/Distribution/Food Vouchers/Gift Certificate[ ]  Mass Shelter [ ]  Other Shelter/Motel [ ]  Rent/Mortgage Assistance[ ]  Utility Assistance |

|  |
| --- |
| **8A) Funding Categories, Primary Target Population and Affiliation**(This information will be published nationally) ***Check all that apply*** |
| [ ]  Meals Served (Hot and Cold) | [ ]  Mass Shelter |
| [ ]  Food Distribution (Boxes, Bags) Food Vouchers/Gift Certificates | [ ]  Other Shelter/Motel Vouchers |
| [ ]  Emergency Cold Weather Shelter (ECWS) | [ ]  Rent /Mortgage Assistance |
| [ ]  Utility Assistance |  |
| **8B) Primary Target Population**: Select the target population(s) that will be served by your agency. ***Check all that apply*** |
| [ ]  Chemically Addicted | [ ]  Homeless Individual/Family | [ ]  Single Men/Women |
| [ ]  Domestic Violence | [ ]  Native American | [ ]  Minorities |
| [ ]  Elderly | [ ]  No Target Population | [ ]  Unaccompanied Youth under the age of 25 |
| [ ]  Families with Children | [ ]  Individuals with HIV/AIDS | [ ]  Veterans |
| [ ]  Mentally Disabled | [ ]  Physically Disabled | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ |
| **8C) Affiliations**: If the applicant organization is affiliated with, or is a chapter or unit of a larger organization, check that affiliation (e.g. a denomination, National YWCA, etc.).***Must check at least one (1)*** |
| [ ]  Aging Council | [ ]  Food Bank | [ ]  St. Vincent de Paul |
| [ ]  American Red Cross | [ ]  Government Agency | [ ]  Traveler’s Aid Society |
| [ ]  Catholic Charities | [ ]  Hotline/Info & Referral | [ ]  Tribal Government |
| [ ]  Church Organization | [ ]  Jewish Federation Council | [ ]  United Way |
| [ ]  Coalition | [ ]  Labor Organization | [ ]  Urban League |
| [ ]  Community Action Agency | [ ]  Meals on Wheels | [ ]  YMCA/YWCA |
| [ ]  Family Service America | [ ]  Salvation Army | [ ]  Unaffiliated |

|  |
| --- |
| **Service by geography:** indicate, by percentage (%) total clients served during the most recent fiscal year or 12-month period for each geographic area listed below (see page 5 for details on which cities are included in the regions). |
| District 1 | District 2 | District 3 | District 4 | District 5 |
|      % |      % |      % |      % |      % |

## PART B: EFSP Phase 40 FUNDING REQUEST (All Applicants)

|  |  |
| --- | --- |
| Agency Name: |       |

* 1. New applicants are limited to applying for a minimum of $5,000 and a maximum of $20,000 per supervisorial district. Applicants that have received previous EFSP funding in Phase 38 or Phase 39 are limited to applying for a minimum $5,000 and a maximum $50,000 per

supervisorial district.

\*Rate is set by the National Emergency Food and Shelter Board

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Food Services** | **a. Per Diem/ Per Meal** | **b. Estimated # of Meals** | **c. Funds Requested****(a x b = c)** |
| Served Meals | $3.00\* |       |       |
| Other Food | $      |       |       |
| **TOTAL** |   |  |  |
| **2. Shelter Services** | **a. Per Diem Allowance Person/Night** | **b. Estimated # of Clients** | **c. Funds Requested****(a x b = c)** |
| Mass Shelter | $12.50/night\* |       |       |
| Other Shelter |       |       |       |
| **TOTAL** |  |  |  |
| **3. Rent/Mortgage Assistance** | **a. Average Assistance** (up three month’s rent or mortgage | **b. # Anticipated to Assist** | **c. Funds Requested****(a x b = c)** |
| **Rent/Mortgage Assistance** | $      |       |       |
| **4. Utility Assistance** | **a. Average Assistance** (up three month’s metered utility) | **b. # Anticipated to Assist** | **c. Funds Requested****(a x b = c)** |
|  Utility Assistance | $      |       |       |
| **TOTAL** |  |  |  |

## TOTAL REQUESTED FOR EFSP PHASE 40 $

* 1. Please complete the grid below. Refer to the list of Supervisorial Districts. The Total in the bottom right corner should equal the Total Requested for EFSP on B1.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sup. District** | **Served Meals** | **Other Food** | **Mass Shelter** |  **Other Shelter**  | **Rent/Mortgage Assistance** | **Utility Assistance** | **Per District Total** |
| **D-1** | $      | $      | $      | $      | $      | $      | $      |
| **D-2** | $      | $      | $      | $      | $      | $      | $      |
| **D-3** | $      | $      | $      | $      | $      | $      | $      |
| **D-4** | $      | $      | $      | $      | $      | $      | $      |
| **D-5** | $      | $      | $      | $      | $      | $      | $      |
| **TOTAL** | $      | $      | $      | $      | $      | $      | $      |

* 1. EFSP is intended to supplement and expand the program you are requesting funding. Applicants will need to show that at least 55% of the total program budget is from other funding sources.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Category** | **Current Program Funds (Non-EFSP Funds)**[**1**](#_bookmark0) | **Sources of Current Program Funds (Non EFSP Funds)**[**2**](#_bookmark1) | **EFSP Phase 39 Funds Requested**[**3**](#_bookmark2) |
| Served Meals | $      |  | $      |
| Other Food | $      |  | $      |
| Mass Shelter | $      |  | $      |
| Other Shelter | $      |  | $      |
| Rent/Mortgage Assistance | $      |  | $      |
| Utility Assistance | $      |  | $      |
| **TOTAL** |  $      |  |  $      |

1 **Current Program Funds** – This is the dollar amount of program funds you currently have to operate the program for which you are requesting funds.

2 **Sources of Current Program Funds (Non-EFSP Funds)** – This column should include the funding sources of the dollar amounts listed in the “Current Program Funds” column. Examples: CDBG grant, HUD, donations, fundraisers, etc. 3 **EFSP Phase 40 Funds Requested** – This is the dollar amount you are requesting for the Phase 40 funding cycle per category. This dollar amount MUST equal the dollar amounts in the request table of the total EFSP request in **B.2**

## PART C: EFSP REQUIRED DOCUMENTATION (All Applicants)

##

Name of Applicant Organization:

The following items **must** be submitted with this application. Please attach all required documentation to this checklist. If the required documentation is not included with each copy of the application, the application will be considered incomplete. Incomplete application and attachments **will not** be reviewed or scored.

Attachment 1: IRS 501(c)(3) status letter.

[ ]  Included

Attachment 2: Board Roster, including full name, address, phone number, and role on board. (Designated board officers)

[ ]  Included

Attachment 3: List of scheduled board meetings for the past year.

[ ]  Included

Attachment 4: Copies of last three (3) board meetings minutes.

[ ]  Included

Attachment 5: Complete copy of most recent **financial** year-end report provided to agency board.

 [ ]  Included

One of the following MUST be Included:

5A: Copy of the most recent financial records (within past 12 months) audited by an independent certified public accountant, if your organization received $100,000 of EFSP Funds or $750,000 or more from any federal grants last year.

[ ]  Included [ ]  Not Applicable

5B: Copy of most recent Annual Accountant’s Review (within past 12 months) for organization that received $50,000 to $99,999 from any federal grants last year.

[ ]  Included [ ]  Not Applicable

5C: Organizations that received grants totaling less than $25,000 (within past 12 months) must provide the same complete financial year-end reports that they provide to their board of directors.

 [ ]  Included [ ]  Not Applicable

Attachment 6: Match Documentation includes a copy of contract, grant award letter, donation letter, organization certification, etc.

[ ]  Included

Attachment 7: Copy of organization’s client application form, sign-in sheet or intake form used for clients receiving EFSP services.

[ ]  Included

Attachment 8: A copy of organization’s non-discrimination policy.

[ ]  Included

Attachment 9: A copy of the organization’s official mission statement.

[ ]  Included

Attachment 10: If requesting funding for motel vouchers, a copy of the agreement with the motel or hotel.

[ ]  Included

[ ]  Not Applicable

Attachment 11: Provide a copy of the print out from [www.epls.gov](http://www.epls.gov/) verifying that the organization is not listed on the Excluded Parties List and is not debarred or suspended from receiving Federal funds

[ ]  Included

Attachment 12: 2-1-1 Community Resource Database Information

[ ]  Included

Attachment 13: CoC Membership Letter

 [ ]  Included

I certify that the information provided in this proposal is true and correct to the best of my knowledge. I am authorized to submit this proposal on behalf of this organization. I understand that if awarded Emergency Food and Shelter funding, the amount requested may not be the amount awarded, and a contract will be written directly from this proposal, allowing only minor revisions. No additional funding will be awarded, nor will service units be reduced. My organization will comply with all reporting requirements and submit all spreadsheets, final report and documentation by the deadline set by the Local Board.

PRINT NAME and TITLE SIGNATURE DATE

EMAIL ADDRESS PHONE NUMBER

## PART D: APPLICATION NARRATIVE (All Applicants)

Important Note:

* Respond to the questions as though the person(s) reviewing your application know(s) nothing about your organization or the services your organization provides.
* Answer every question regardless of whether you believe you have already provided the answer in previous questions.
* Clearly identify the partners in your community that you collaborate with, and all services provided.

## D1 ORGANIZATION HISTORY/OVERVIEW (20 MAXIMUM POINTS)

**D1-1** Describe in detail the priority and need for each EFSP service category that your organization will provide and discuss what qualifies your organization to manage EFSP Phase 40? Describe how the requested funding will supplement your existing program.

## D2 PERFORMANCE OUTCOMES (20 MAXIMUM POINTS)

**D2-1** Describe your organization’s experience in providing each service category for which funds are being requested. Organizations must demonstrate that they have been providing the services requested for more than one year and how services are being tracked/documented.

**(MAXIMUM 10 POINTS)**

**D2-2** Discuss how your organization will evaluate project accomplishments and outcomes as a result of EFSP funding.

**(MAXIMUM 10 POINTS)**

## D3 CAPACITY/PROGRAM MANAGEMENT (30 MAXIMUM POINTS)

**D3-1 Staffing**

Describe your staffing and their tasks for each EFSP service category that will be provided. Include a breakdown of (a) how many staff will be involved in providing service(s); and (b) whether they are full-time, part-time, or volunteers.

**(MAXIMUM 5 POINTS)**

**D3-2 Financial Capacity**

Describe your financial capacity in advancing the required 55% match to provide the services you are applying for until funds are received from EFSP National. If selected for funding, how will you cover the program costs if funding is delayed in the EFSP process?

**(MAXIMUM 5 POINTS)**

**D3-3 Access to Services**

Describe how EFSP services will be offered and implemented in the community/district where funds are requested. Address the (a) organization’s specific schedule for day and hours that staff are available to complete client intake for funded EFSP services and (b) explain if clients are seen on a walk-in basis or by appointment.

**(MAXIMUM 5 POINTS)**

**D3-4 Client Intake and Eligibility**

Describe your organization’s (a) client intake process (include staff responsibilities and forms and assessments), (b) client eligibility requirements for each service and (c) your organization’s current record keeping process to ensure protection of client’s sensitive information.

**(MAXIMUM 5 POINTS)**

**D3-5 Case Management**

Describe your case management and referral process. What is your agency’s process for dealing with client’s needs that cannot be met using EFSP funds?

**(MAXIMUM 5 POINTS)**

**D3-6 Disaster Recovery Plan**

Describe your organization’s disaster (natural or man-made) recovery plan to ensure continuity of eligible services under EFSP (e.g. Emergency plans currently in place, succession of management, records retention, disaster preparedness, and alternative sites).

**(MAXIMUM 5 POINTS)**

**D3-7 Homeless Management Information System** (**Only for LROs that provide shelter services**)

Describe your organization’s participation and experience with HMIS or any other databases used to enter clients’ information and how you ensure data quality. Include number and position of staff that will be responsible for this activity.

**(MAXIMUM 2 BONUS POINTS)**

## D4 ACCOUNTING AND FINANCIAL MANAGEMENT (20 MAXIMUM POINTS)

**D4-1 Federal Grant Experience - Financial Stability**

Since EFSP funding is supplemental, briefly describe how EFSP funds will supplement your organization’s overall revenue.

**(MAXIMUM 10 POINTS)**

**D4-2 Accounting Procedures**

Describe the types of internal procedures in place to adequately monitor program expenditures; Discuss how often the expenditures are monitored; and who reviews the documentation information.

**(MAXIMUM 10 POINTS)**

## D5 COORDINATION AND COLLABORATION (10 MAXIMUM POINTS)

**D5-1 Organization Collaboration**

Discuss your agency’s efforts to collaborate with other organizations to coordinate and maximize services to clients.

Submitted/Updated by:

 Date:

Approved by: Date:

Entered by: Date: Reviewed by: Date:

**2-1-1 Community Resource Database**

**PROGRAM INFORMATION FORM**

This form is to submit the program’s details, additions or changes.

Please submit a separate form for each program.

Agency Name: >

 Program Name: >

|  |  |
| --- | --- |
| **Physical Address** Check if location is private Street: > City: > State: > ZIP: >  | **Mailing Address** Check if location is private Street: > City: > State: > ZIP: >  |

Main Phone: > Alternate Phone: > Fax: > TDD/TYY: > Hotline: > Other: > Main E-Mail: > Website: > Program Days and Hours: > Languages spoken other than English: > Eligibility/Target Population: > Intake/Application Procedure: Phone Appointment Required Walk-In Referral Needed

Mail Other: > Documents Required: > Region Served: All Riverside County West County Central County Southwest County

East County Coachella Valley Other: > Cities: > Zip Codes: > Fees: No Cost Low Cost Sliding Fee Donation Vary Other: >

|  |
| --- |
| Method of Payment: Medi-Cal Cash Credit Cards Personal CheckProgram Description: >  |
|  |
|  |
|  |
| **Program Contact** Check if contact is privateName: > Title: > Phone: > E-Mail: >  | **Program Director** Check if contact is privateName: > Title: > Phone: > E-Mail: >  |

Submitted by: > Phone: > Date: >

**Please mark all that apply below.**

Please enclose your brochure and return to: 2-1-1 Riverside County

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Congregate meals | Food Distribution | Food Vouchers/ Gift Cards | Mass Shelter | Motel Vouchers | Rental/Mortgage Assistance |
|  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |

2060 University Ave, Suite 212

Riverside, CA 92507

Phone: (951) 328 8290

## COUNTY OF RIVERSIDE CONTINUUM OF CARE FORMAL MEMBERSHIP LETTER

**[Please use example to create your own CoC Letter on your company letterhead]**

[DATE]

County of Riverside Continuum of Care

C/o The Department of Housing and Workforce Solutions

RE: Appointment of Representative(s) to the County of Riverside Continuum of Care

Dear County of Riverside Continuum of Care:

The purpose of this letter is to formally appoint [NAME OF PERSON] as [ORGANIZATION'S NAME] primary representative to the County of Riverside Continuum of Care (CoC), effective immediately. As you know, [ORGANIZATION] is committed to supporting the effort to ending homelessness in our area, and we look forward to working with you and other homeless and housing advocates.

I would also like to appoint [NAME OF PERSON] to serve as a secondary representative if [NAME OF PRIMARY REPRESENTATIVE] is unable to participate.

Should you need any additional information or have any questions, you may contact me at [PHONE NUMBER] or at [EMAIL ADDRESS].

Sincerely,

 [NAME OF EXECUTIVE DIRECTOR/AGENCY HEAD]

 [TITLE]