

PROJECT APPLICATION

**Department of Housing
and Workforce Solutions (HWS)**

EMERGENCY FOOD AND SHELTER PROGRAM

Phase 42 (01/01/2025 – TBD)

Completed applications must be submitted to:

**Department of Housing
and Workforce Solutions (HWS)**

**NO LATER THAN
Wednesday, January 8, 2025
5:00 p.m. PST**

Email to:

EFSP@rivco.org

PHASE ARAP-R APPLICATION FORM
EMERGENCY FOOD AND SHELTER PROGRAM
RIVERSIDE COUNTY JURISDICTION
(January 1, 2025 – TBD)

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. No handwritten copies will be accepted.

The EFSP Administrative office (HWS) must receive all application materials no later than **January 8, 2025, 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 *NEW Applicants Only*

New 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
 - A. Independent Annual Audit
 - B. Annual Review
 - C. 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:

X _____
SIGNATURE DATE

Type text here

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 37, Phase 38, or Phase CARES?

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.

5) 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: _____

6) 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).

7) Has your organization experienced a 25% reallocation of unspent funds from the previous 2 phases of funding?

Yes

No

8) 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: Served Meals
(check all that apply) 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: Served Meals
(check all that apply) 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: Served Meals
(check all that apply) 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: Served Meals
(check all that apply) 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: Served Meals
(check all that apply) 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*

<input type="checkbox"/> Meals Served (Hot and Cold)	<input type="checkbox"/> Mass Shelter
<input type="checkbox"/> Food Distribution (Boxes, Bags) Food Vouchers/Gift Certificates	<input type="checkbox"/> Other Shelter/Motel Vouchers
<input type="checkbox"/> Emergency Cold Weather Shelter (ECWS)	<input type="checkbox"/> Rent /Mortgage Assistance
<input type="checkbox"/> Utility Assistance	

8B) Primary Target Population: Select the target population(s) that will be served by your agency. *Check all that apply*

<input type="checkbox"/> Chemically Addicted	<input type="checkbox"/> Homeless Individual/Family	<input type="checkbox"/> Single Men/Women
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Native American	<input type="checkbox"/> Minorities
<input type="checkbox"/> Elderly	<input type="checkbox"/> No Target Population	<input type="checkbox"/> Unaccompanied Youth under the age of 25
<input type="checkbox"/> Families with Children	<input type="checkbox"/> Individuals with HIV/AIDS	<input type="checkbox"/> Veterans
<input type="checkbox"/> Mentally Disabled	<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> 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)

<input type="checkbox"/> Aging Council	<input type="checkbox"/> Food Bank	<input type="checkbox"/> St. Vincent de Paul
<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Traveler’s Aid Society
<input type="checkbox"/> Catholic Charities	<input type="checkbox"/> Hotline/Info & Referral	<input type="checkbox"/> Tribal Government
<input type="checkbox"/> Church Organization	<input type="checkbox"/> Jewish Federation Council	<input type="checkbox"/> United Way
<input type="checkbox"/> Coalition	<input type="checkbox"/> Labor Organization	<input type="checkbox"/> Urban League
<input type="checkbox"/> Community Action Agency	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> YMCA/YWCA
<input type="checkbox"/> Family Service America	<input type="checkbox"/> Salvation Army	<input type="checkbox"/> 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 42 FUNDING REQUEST (All Applicants)

Agency Name: _____

B.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 40 or Phase 41 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	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 42 \$ _____

B.2 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	\$	\$	\$	\$	\$	\$	\$

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D-4	\$	\$	\$	\$	\$	\$	\$
D-5	\$	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$	\$

B.3 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	Sources of Current Program Funds (Non EFSP Funds)²	EFSP Phase 39 Funds Requested³
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 42 Funds Requested** – This is the dollar amount you are requesting for the Phase 41 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 (New 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 printout from 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 (New 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 42. 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 <input type="checkbox"/>	Mailing Address	Check if location is private <input type="checkbox"/>
Street: > _____		Street: > _____	
City: > _____		City: > _____	
State: > _____	ZIP: > _____	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 Check

Program Description: > _____

Program Contact	Check if contact is private <input type="checkbox"/>	Program Director	Check if contact is private <input type="checkbox"/>
Name: > _____		Name: > _____	
Title: > _____		Title: > _____	
Phone: > _____		Phone: > _____	
E-Mail: > _____		E-Mail: > _____	

Submitted by: > _____

Phone: > _____

Date: > _____

Please mark all that apply below.

Congregate meals	Food Distribution	Food Vouchers/ Gift Cards	Mass Shelter	Motel Vouchers	Rental/Mortgage Assistance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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