

EMERGENCY FOOD AND SHELTER PROGRAM PHASE 27 APPLICATION

Submit ONE (1) signed original application with all required attachments and TWO (2) copies without required attachments. Please submit the proposals to the EFSP office at 523 West 6th Street, Suite 345, Los Angeles, CA 90014. The Emergency Food and Shelter Program must receive all application materials no later than **Tuesday, September 30th, 2008 at 12:00 Noon.** Late or faxed applications will **not** be accepted.

I. AGENCY INFORMATION

Name of Applicant (as incorporated): _____

Commonly Used Name (if applicable): _____

Administrative Address: _____ City: _____ Zip: _____

Preferred Contact Person: _____ Title: _____

NOTE: This individual should be able to answer questions regarding the EFSP proposal.

Phone: () _____ Fax: () _____ Email: _____
(required)

Alternate Contact Person: _____ Title: _____

NOTE: This individual should be able to answer questions regarding the EFSP proposal.

Phone: () _____ Fax: () _____ Email: _____
(required)

Executive Director: _____ Federal Employer ID#: _____

Phone: () _____ Fax: () _____ Email: _____
(required)

What year did your agency begin providing services? _____

Did your agency receive Emergency Food and Shelter Funds in Phase 26? YES NO

If yes, how much? _____

Agency Website (if applicable): _____

II. SITE INFORMATION (All agencies to complete)

*Please complete the following section for each of the sites that you are requesting EFSP funding for. Attach additional pages if necessary. If the site is confidential, give the city, state, and zip code. Please list SPA's in numerical order. **Please refer to Attachment A to ensure you are listing the correct SPA!***

SITE NAME: _____

STREET OR P.O. BOX NUMBER: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT NAME: _____ **SPA:** _____

PHONE NUMBER: _____ **FAX:** _____

TYPE OF PROGRAM: (CHECK ALL THAT APPLY)

_____ Served Meals	_____ Emergency Shelter	_____ Transitional Shelter
_____ Food Vouchers	_____ Grocery Distribution	_____ Motel Vouchers

SITE NAME: _____

STREET OR P.O. BOX NUMBER: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT NAME: _____ **SPA:** _____

PHONE NUMBER: _____ **FAX:** _____

TYPE OF PROGRAM: (CHECK ALL THAT APPLY)

_____ Served Meals	_____ Emergency Shelter	_____ Transitional Shelter
_____ Food Vouchers	_____ Grocery Distribution	_____ Motel Vouchers

SITE NAME: _____

STREET OR P.O. BOX NUMBER: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT NAME: _____ **SPA:** _____

PHONE NUMBER: _____ **FAX:** _____

TYPE OF PROGRAM: (CHECK ALL THAT APPLY)

_____ Served Meals	_____ Emergency Shelter	_____ Transitional Shelter
_____ Food Vouchers	_____ Grocery Distribution	_____ Motel Vouchers

III. 2008 FUNDING REQUEST INFORMATION (All agencies to complete)

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Services for which funding is being requested must already be provided by your agency through other funding sources.

Total Amount Requested: \$ _____

What is the fiscal year of your program? (i.e. July 1 – June 30) _____

	A	B	C
FOOD SERVICES	COST PER MEAL	NUMBER OF MEALS	TOTAL REQUEST (A x B = C)
Served Meals	\$2.00		
Food Vouchers			
Grocery Distribution			
TOTAL			

	A	B	C
SHELTER SERVICES	COST PER NIGHT	NUMBER OF NIGHTS	TOTAL REQUEST (A x B = C)
Per-Diem	\$12.50		
Motel Vouchers			
TOTAL			

For each EFSP line item for which you are requesting funding, please reflect other agency funds available and the source of this funding (grants, donations, fundraising dollars, etc. -top 3 is sufficient) by filling in the table below:

	Current Program Funds (Non-EFSP Funds) (\$ amount)	Sources of Current Program Funds (Non- EFSP Funds)	EFSP Funds Requested (\$ amount)
FOOD SERVICES			
Served Meals			
Food Vouchers			
Grocery Distribution			
SHELTER SERVICES			
Mass Shelter			
Motel Vouchers			
TOTAL			

IV. MULTI-AREA ALLOCATION BREAKDOWN—Complete this section only if Multi-Area applicant

If you are Multi-Area applicant applying for Served Meals, Other Food, Per Diem Shelter, Hotel/Motel Vouchers, Rent/Mortgage and/or Utilities complete the following charts, as applicable. Indicate the percentage (%) of funds you are requesting **by SPA** for each category you are applying for in the space below.

SERVED MEALS	
SPA	PERCENTAGE %
SPA 1	
SPA 2	
SPA 3	
SPA 4	
SPA 5	
SPA 6	
SPA 7	
SPA 8	

OTHER FOOD	
SPA	PERCENTAGE %
SPA 1	
SPA 2	
SPA 3	
SPA 4	
SPA 5	
SPA 6	
SPA 7	
SPA 8	

PER DIEM SHELTER	
SPA	PERCENTAGE %
SPA 1	
SPA 2	
SPA 3	
SPA 4	
SPA 5	
SPA 6	
SPA 7	
SPA 8	

HOTEL/MOTEL VOUCHERS	
SPA	PERCENTAGE %
SPA 1	
SPA 2	
SPA 3	
SPA 4	
SPA 5	
SPA 6	
SPA 7	
SPA 8	

V. ELIGIBILITY CHECKLIST (All agencies to complete)

- A. Are shelter and all related services free of charge to clients on a **continuous, year-round basis**? (Fees include cash, benefits including GR, CalWorks, SSI, etc or vouchers from DPSS, GR, etc.) *If not, attach a document following this page that explains fees charged or donations expected from clients for any services.* YES NO
- B. Are all related services provided without discrimination, without any requirement of participation in religious observances, and without proselytizing? YES NO
- C. If you are an emergency or transitional shelter, does your agency have five or more beds? *Check N/A if you are not a mass shelter provider.* YES NO N/A

ATTACHMENT

DID YOU INCLUDE?

- A. Local Recipient Organization Form
- B. Board of Directors Roster (include contact information)
- C. Appeals Process Policy
- D. Copy of Motel Voucher, if applicable N/A
- E. List of Motel Providers, if applicable, including current rates N/A
- F. Copy of Food Voucher, if applicable N/A

Was the applicant a recipient of EFSP Phase 26 funds? Yes No

If you answered “No”, please submit the following additional attachments with your application:

ATTACHMENT

INCLUDE

- G. Copy of 501 (c)3
- H. Copy of most recent form 990
- I. Copy of most recent financial report (if requesting less than \$50,000).
(Skip if you provided a Form 990)
- J. Copy of most recent audit (if requesting \$50,000 or more)*
- K. Copy of by-laws
- L. Copy of Articles of Incorporation
- M. Narrative describing fiscal and accounting procedures
(See Attachment F for a sample)
- N. Americans with Disabilities Manual
(See page 5 of the instructions for more information)

**It is at the Local Board’s discretion to request an audit from any agency, regardless of the requested grant amount.*

IX. APPLICATION NARRATIVES

Please answer each of the following narratives on separate sheets of paper. Provide a header for each narrative and clearly number each question according to the RFA layout. *Please follow the page limits for each section. Multi-Area or Multi-Site applicants are allowed an additional 1 page for each section.*

A. Agency Background (0 points) - ALL applicants must complete this section
1/2 PAGE MAXIMUM

1. What are your agency's overall mission and goals?
2. How will your EFSP grant improve your existing services?

B. Demonstrated Effectiveness (30 points) - ALL applicants must complete this section
3 PAGE MAXIMUM

1. Describe your agency's past services in the category in which funds are being requested (food and/or shelter). Include information on how long such services have been provided and how many clients were served in the last fiscal year. *10 points*
2. How do you fund services you are requesting funding for when EFSP funding is not available? *5 points*
3. Describe your agency's ability to staff the program in which EFSP funds are requested. Include in your answer professional titles, qualifications and experience.) *5 points*
4. Describe how your agency collects feedback from current and former clients regarding program effectiveness. Include in your answer any changes made as a result of feedback received. *5 points*
5. **List** the additional supportive services, not funded by EFSP, which your agency provides on-site only. Be sure to include a brief description of each service. *5 points*

C. Coordination and Networking (10 points) - ALL applicants must complete this section
1 PAGE MAXIMUM

1. Describe how your agency coordinates services with other social services agencies? (e.g. shared storage, volunteers, client referrals, deliveries or advocacy efforts). *5 points*
2. Indicate which coalitions and advocacy groups your agency participates in. Include ways in which your agency advocates to improve the public response to homelessness, frequency of participation and the topics discussed when meeting. *5 points*

D. Accounting and Fiscal Reporting Ability (30 points) - ALL applicants must complete this section
2 PAGE MAXIMUM

1. Describe how your agency will ensure EFSP funds will be used only for their intended purposes? *5 points*
2. Describe the administrative procedures you will employ to ensure accurate reports and fiscal control over the EFSP funds? *5 points*

3. Describe the accounting procedures your agency will use to manage the funds your agency receives. (Include information related to payroll, disbursements, bank reconciliation, receipts and financial reporting). *10 points*
4. Who handles the accounting system for the agency? (Specify the name of the staff, professional title, volunteer, or accounting firm) *5 points*
5. If you received previous EFSP funding within the past three years, was it necessary to transfer funds within your agency or return unused funds to the Local Board? And if so, when and why? *5 points*

E. Served Meals (25 points) - *ONLY answer this section if you are applying for a Served Meal Program*
1 PAGE MAXIMUM

1. How do you determine who is eligible for your served meal program? Describe in detail the enrollment procedures used once a client is determined eligible. *5 points*
2. What records do you keep of the clients you serve? *5 points*
3. How many days of the week do you serve meals? What are the hours of operation during which clients can receive food? *5 points*
4. Describe the process for monitoring the program for which you are applying. What information will be tracked? How do you determine the effectiveness of the program? Who is responsible for evaluating the program? How is the information used to make adjustments and changes to your program? *10 points*

F. Other Food: Bagged Groceries and/or Food Vouchers (25 points) - *ONLY answer this section if you are applying for a Bagged Grocery Program or for a Food Voucher Program*
1 PAGE MAXIMUM

1. How do you determine who is eligible for your bagged grocery and/or food voucher program? Describe in detail the enrollment procedures used once a client is determined eligible. *5 points*
2. What records do you keep of the clients you serve? *5 points*
3. How many days of the week do you provide bagged groceries and/or food vouchers? What are the hours of operation during which clients can receive food and/or vouchers? *5 points*
4. Describe the process for monitoring the program for which you are applying. What information will be tracked? How do you ensure the quality of the service being provided? Who is responsible for evaluating the program? How is the information used to make adjustments and changes to your program? *10 points*

G. Shelter (25 points) - *ONLY answer this section if you are applying for Emergency of Transitional Per-Diem Shelter*

1 PAGE MAXIMUM

1. How do you determine who is eligible for your mass shelter program? Describe in detail the enrollment procedures used once a client is determined eligible and what records are kept of the clients you serve. *5 points*
2. Describe how your services assist clients to become stable and placed in longer-term housing. Include information on how many of your clients have been placed in transitional or permanent housing within the last year and how long have these clients have remained housed as such. *5 points*
3. If you are ever unable to accommodate certain homeless persons within your sub-population, describe why and to whom you refer them. *5 points*
4. Describe the process for monitoring the program for which you are applying. What information will be tracked? How do you ensure the quality of the service being provided? Who is responsible for evaluating the program? How is the information used to make adjustments and changes to your program? *10 points*

H. Food for Shelter (0 points)- *ONLY answer this section if you are requesting to utilize a portion of your shelter funds to feed shelter clients. Based on the percentage requested, a portion of your agency's per-diem shelter award will be converted to "Food for Shelter" funds to feed your shelter clients.*

1/2 PAGE MAXIMUM

1. (a) What percentage of your requested per-diem amount (up to 15%) do you propose to use on feeding your shelter clients? (b) Briefly describe your method in determining this percentage.
2. (a) Describe the method your agency will utilize in distributing the food to the shelter clients (bagged groceries or served meals), based on the type of program you operate. (b) Describe what method you will use in differentiating between costs associated with feeding each client and costs associated with housing a client.

I. Hotel/Motel Vouchers (25 points) - *ONLY answer this section if you are applying for Hotel/Motel Vouchers. Please note that clients can receive no more than 30 days of vouchers funded by EFSP.*

1 PAGE MAXIMUM

1. Describe the screening methods you use to determine if a client is eligible for hotel/motel vouchers. Describe in detail the enrollment procedures used once a client is determined eligible. *10 points*
2. What criteria are used in choosing these facilities? Describe your methods in monitoring the hotels used by your clients? *5 points*
3. Describe the process for monitoring the program for which you are applying. What information will be tracked? How do you ensure the quality of the service being provided? Who is responsible for evaluating the program? How is the information used to make adjustments and changes to your program? *10 points*

X. NARRATIVE QUESTIONS FOR ADMINISTRATION OF RENTAL ASSISTANCE ONLY

Please answer each of the following narratives on separate sheets of paper. Provide a header for each narrative and clearly number each question. Please limit each narrative answer to no more than two pages.

A. Current Program And Rental Assistance Experience (25 points)

2 PAGE MAXIMUM

1. Describe in detail the programs operated by your agency, including any prior experience operating rental assistance programs.

B. Fiscal And Programmatic Accountability (25 points)

2 PAGE MAXIMUM

1. Describe the procedures that your agency has in place, to ensure fiscal and programmatic accountability (areas may include, but are not necessarily limited to, nature and level of board oversight, fiscal and accounting procedures, record-keeping systems, etc.). *(15 points)*
2. If your agency has prior experience operating rental assistance programs, describe the procedures required of agencies participating in the rental assistance program to ensure accountability on their part. *(10 points)*

-or-

3. If you have no prior experience operating rental assistance programs, how do you propose to ensure accountability on the part of participating agencies? *(10 points)*

C. Program Plan And Evaluation (40 points)

2 PAGE MAXIMUM

1. Estimate the number of persons and specific geographic area(s) to be served and explain how your organization proposes to perform outreach to the eligible population. How do you establish relationships with landlords in various geographic areas? And how do you ensure the fair distribution of agencies and geographic areas receiving Rental Assistance Funds? *(10 points)*
2. Describe the agency's methodology for certifying all required documentation. *(5 points)*
3. Describe the agency's plan for internally monitoring the quality of service. *(5 points)*
4. Describe your plans to ensure follow-up case management and after-care services to former rental assistance clients by referring agencies. (Include in your answer the percentage of clients who have retained housing and for how long) *(10 points)*
5. How are you tracking retention of clients served by your agency? *(5 points)*
6. If you are selected as the Central Coordinating Agency, how do you track the stability of clients? *(5 points)*

D. Community Involvement (10 points)

2 PAGE MAXIMUM

1. Describe community linkages that your agency has in place (include other agencies from whom you will accept referrals, as well as coalitions and advocacy groups in which your agency participates). *(5 points)*
2. Describe the process by which you will select participating agencies. *(5 points)*