

Emergency Food & Shelter Program
Hillsborough County Jurisdiction # 1638-00
CARES Application

THE EMERGENCY FOOD AND SHELTER PROGRAM

The Emergency Food and Shelter Program was established March 24, 1983, with the signing of the Job Stimulus Bill Public Law 98-8. That legislation created a National Board, which has since been chaired by the Federal Emergency Management Agency and consists of representatives from the American Red Cross, Catholic Charities USA, the Salvation Army, Council of Jewish Federations, United Way of America and the National Council of Churches in Christ in the USA. The legislation establishing the program was re-authorized under the Stewart B. McKinney Homeless Assistance Act (P.L. 100-77 - signed into law on July 24, 1987 and subsequently re-authorized under P.L. 100-628, signed into law on November 7, 1988).

The Emergency Food and Shelter Program is sponsored by the Federal Emergency Management Agency (FEMA) under the Department of Homeland Security which constitutes the National Board. In addition to chairing The National Board for the program, FEMA provides policy guidance, oversight, federal coordination and staff assistance to the National Board. The funds from the program are awarded from FEMA. At the end of the fiscal year, FEMA reports to the United States Congress the activities of the program in the Annual Interagency Council on the Homeless Report. United Way of America audits the Emergency Food and Shelter Program monitored by the Inspector General. Finally FEMA initiates federal collection procedures to collect funds due when efforts of the National Board have not been successful. The Emergency Food and Shelter Program is unique in that it has created a lasting public-private partnership. At the national level, the federal government and board member organizations have the legal responsibility to work together to set allocations criteria and establish program guidelines. This is also true for the local level in which a local board reflecting the National Board has similar and more specific responsibilities. Local Boards are responsible for specific funding decisions and for setting local program guidelines.

The Emergency Food and Shelter Program (EFSP) was created to supplement the work of local social service agencies, both non-profit and governmental, in assisting people in need of emergency assistance. The funding should be used to target special emergency needs. These needs are primarily economic in nature, as opposed to disaster related. The funding supplements feeding and sheltering efforts in ways that make a difference to the community. The goal of the program is to create inclusive coalitions that meet regularly to determine the best use of funds and to monitor their use in respective communities; to assess community needs; encourage agencies to work together to emphasize their respective strengths; work out common problems and prevent duplication efforts; and examine if the program is helping to meet the needs of special populations in an area such as minorities, Native Americans, veterans, families with children, the elderly, and the handicapped.

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The program offers an opportunity for agencies to coordinate the assistance provided across agencies, to families and individuals applying for rental, mortgage, or utility assistance; enhance a food banking network that is economical in its cost and broad in its coverage; reinforce creative cooperation among feeding and sheltering sites so their communication ensures help for street populations most in need of such help; and establish or maintain a system that compliments rather than supplants existing private and governmental efforts to provide urgently needed assistance. Local providers can also initiate dialogue with local offices of federal entities; pool agency efforts to gain federal and private foundation grants; leverage EFSP funds within the community by encouraging matches of local EFSP allocations from state and local governments and private resources; and exchange ideas to share administrative and accounting methods that can improve delivery of services and focus on collaborative rather than the competitive aspects of agency relations.

A Local Recipient Organization (LRO) refers to the local private or public organization that will receive any award of funds from the National Board. An award refers to the award of funds made by the National Board to a local private or public organization on the recommendation of a Local Board.

Since each award phase is new, the Local Board is a new entity in every phase. The National Board has designated United Way Suncoast as convener of the Local Board in this community. The convener will ask each core organization to designate or re-designate a representative each phase.

As convener, United Way Suncoast provides administrative support, staff, and acts as fiscal agent for the Local Board. On behalf of the Local Board, United Way alerts the community of the availability of funds, serves as the point of contact for Local Recipient Organizations (LRO), prepares required reports for the National Board, coordinates the monitoring of the performance of the LRO's and facilitates integration with existing social service programs.

Public Law 101-121, section 319 states that a recipient organization shall not use federally appropriated grant funds for lobbying activities. This condition bars the use of federal money for political activities, but does not in any way restrict lobbying or political activities paid for with non-federal funds. This condition prohibits the use of federal grant funds for the following activities:

- Federal, state or local electioneering and support of such entities as campaign organizations and political action committees.
- Direct lobbying of the congress and state legislature to influence legislation
- Grass roots lobbying concerning either federal or state legislation
- Lobbying of the executive branch in connection with decisions to sign or veto enrolled legislation and
- Efforts to utilize state or local officials to lobby the congressional or state officials.

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The Emergency Food and Shelter Program is an effective example of a public-private partnership in which most of the funds go directly to services. Administrative costs are absorbed by the broad collaboration that provides a multitude of support and networks for the program. This has made the Emergency Food and Shelter Program a model of collaboration and efficiency. For consideration for the next program phase, complete and return the following application by the deadline date.

[Adapted from Emergency Food and Shelter Program RESPONSIBILITIES AND REQUIREMENTS]

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APPLICATION DEADLINE INSTRUCTIONS:

Application in its entirety (with all required attachments) must be emailed electronically to Caitlyn Peacock (caitlyn.peacock@networktoendhunger.org) by Thursday, June 25, 2020 at 6:00 p.m., with a cover page indicating your organization's name and LRO # (or organization name and county if you are not a prior recipient). We will NOT require a hard copy application this Phase (CARES).

All parts of this application as detailed in each section, required attachments, and a cover sheet clearly identifying your organization's name and LRO #, or organization name and county if you are not a previous recipient, must be submitted by the identified deadline in the order required. Failure to meet any of these instructions will eliminate your application from the review process and thereby funding consideration. THERE WILL BE NO EXCEPTIONS. This is a federal grant requiring the strictest of adherence.

(Please note: Applications submitted after the deadline will NOT be accepted or reviewed.)

| | | | |
|---|----------------------------|------|---|
| Name of Organization: | | | |
| Program Name(s): | | | |
| Food – Served Meals* | Amount Requested: \$ | | |
| Food – Other Foods* (unprepared food) | Amount Requested: \$ | | |
| Shelter – Mass Shelter* | Amount Requested: \$ | | |
| Shelter – Other Shelter* (e.g. vouchers) | Amount Requested: \$ | | |
| RMU – Rent / Mortgage* | Amount Requested: \$ | | |
| RMU – Utility Assistance* | Amount Requested: \$ | | |
| TOTAL ALL PROGRAMS | Total Amount Requested: \$ | | |
| Mailing Address | | | |
| Executive Director Name | | | |
| EFSP Contact Information (if not Executive Director) | Contact Name: | | Contact Title: |
| | Ph: | Fax: | Email: |
| | Web Address: | | Previous EFSP Awards <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 -5 <input type="checkbox"/> 5+ |

* Please refer to EFSP guidelines for category descriptions.

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To the best of my knowledge and belief, the data in this proposal is true and correct and the governing body of the applicant has duly authorized the enclosed documents. I understand that incomplete applications or applications submitted after the deadline will not be accepted or reviewed. IN ADDITION, I (OR AN AGENCY REPRESENTATIVE) HAVE ATTENDED THE MANDATORY ORIENTATION AND HAVE BEEN FULLY ADVISED OF THIS PROCESS.

By signing below, the undersigned acknowledges, and attests having read and understood the EFSP manual and Operating Procedures and being able to fully comply with the provisions of these guidelines as well as any and all additional applicable federal, state and local requirements, including procurement and finance management. Applicant also acknowledges that if a funding recommendation is made for less than the full amount applied for, additional documentation to include but not limited to a revised budget, scope of work and proposed accomplishments may be requested prior to final funding determinations.

Executive Director Signature: _____ Date: _____

Board Chair's/President's Signature: _____ Date: _____

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LOCAL RECIPIENT ORGANIZATION (LRO) CRITERIA: To be eligible for funding applicant must:

- Be a nonprofit or an agency of government and must have completed local service delivery for a minimum of one year.
- Have a checking account (cash payments are not allowed)
- Have an accounting system or fiscal agent approved by the Local Board that includes independent annual audited financial statements for the local agency, and if the agency is affiliated with a state or federal organization the audited financials must show Hillsborough and/or Pinellas County financials. The statement provided must be from the most recent fiscal year.
- Have a Federal employer identification number (FEIN), (note: contact local IRS office for more information on securing FEIN and the necessary form (SS-4) (Web site: www.irs.gov).
- Have a DUNS (Data Universal Numbering System) number.
- Conduct an independent annual audit if applying for/receiving \$50,000 or more in EFSP funds.
- Practice nondiscrimination (those agencies with a religious affiliation wishing to participate in the program must not refuse services to an applicant based on religion or require attendance at religious services as a condition of assistance, nor will such groups engage in any religious proselytizing in any program receiving EFSP funds).
- If private, not-for profit, have a voluntary board.
- To the extent practicable, involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services;

- **In Hillsborough:** EFSP Shelter and Rent, Mortgage and Utility LRO's must be actively inputting data into the UNITY Homeless Management Information System in a timely manner. If you anticipate receiving funding in EFSP CARES (Rent/Mortgage & Utility and/or Shelter), you are encouraged to communicate with Ashley Wynn, UNITY Manager, to become familiar with the program and ensure your agency meets all technical requirements. Ms. Wynn can be reached at 813-280-8750 or wynna@thhi.org.

- All EFSP Mass Shelter, Other Shelter, Rent, Mortgage, and/or Utility LRO recipients must be registered with UNITY or TBIN and be in compliance with all terms identified in licensing requirements and any additional contracts or MOU's required by the respective management information system provider. EFSP Board will cover a one time licensing fee for first time applicants only. Renewal fees for each year thereafter will be the sole responsibility of the EFSP recipient organization.

EFSP LOCAL BOARD/PROGRAM ADMINISTRATIVE OFFICE

Contact: Tampa Bay Network to End Hunger (TBNEH), EFSP Liaison
Tel: (813) 344-5837 or (727) 488-1860
Email: caitlyn.peacock@networktoendhunger.org or
Lauren.vance@networktoendhunger.org
Mail: ATTN: Caitlyn Peacock, 5201 W. Kennedy Blvd., Suite 600, Tampa, FL 33609
Website: www.networktoendhunger.org

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Important Note: Applications that do not meet ALL of the program requirements listed below or do not submit ALL the necessary documentation and attachments will be deemed ineligible for funding consideration. THERE WILL BE NO EXCEPTIONS.

PART 1: EFSP REQUIREMENTS CHECKLIST: Please submit the following as separate documents and attach to the full application and collate in the order below. Failure to include attachments will eliminate the application from funding consideration. **Please separate attachments with tabs labeled A, B, C, etc.**

Attachment A: Does your agency attempt to serve, and solicit feedback from, homeless individuals and families in the provision of emergency food and shelter services (through employment, volunteer programs etc.)?

- Yes (If yes, attach a description of how you do this) Attached ____
- No (If no, attach a description of how you plan to serve them and/or solicit their feedback through this program, to the extent practical) Attached ____

Attachment B: Are your facilities and services compliant with the Americans with Disabilities Act (ADA)?

- Yes
- No (If no, attach a description of how you plan to be compliant) Attached ____

Attachment C: A copy of your 501©(3) tax-exempt status letter for your organization. Attached ____
If your organization does not have one, you must utilize the FEIN of a fiscal agent

Attachment D: A copy of your current Volunteer Board Member Roster Attached ____
(Please provide a list of current Board members and their terms of office.)

Attachment E: A copy of your agency's nondiscrimination policy for the provision of Services (This is not your nondiscrimination policy for employment or volunteer services). Attached ____

Attachment F: Attach a copy of the most recent Board approved Agency Operating Budget(s) for program(s). Attached ____

Attachment G: Attach organization's audit or compilation (LROs must have their records audited by an independent certified public accountant if receiving \$100,000 or more in EFSP funds) for the immediate past fiscal year. (For LROs receiving \$50,000 - \$99,999 in EFSP funding, the National Board requires an annual accountant's review).* Attached ____

Attachment H: OMIT (Original Signed LRO Certification not yet available) Attached ____

Attachment I: DUNS Form Attached ____

Attachment J: Original signed Certification Regarding Lobbying form (for those agencies requesting \$100,000 or more in EFSP funds). Attached ____

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Attachment K: Original signed Fiscal Agent/Fiscal Conduit Certification form (for Attached ____ those agencies serving as EFSP fiduciary for other agencies.

*Audited financial statements must be for the local agency. If the agency is affiliated with a state or federal organization the audited financials must show the appropriate corresponding financials. The statement provided must be from the most recent fiscal year.

PART 2: PROGRAM AND AGENCY INFORMATION:

- A. Please provide the mission of the organization and describe how it aligns to EFSP purposes.**
- B. Name of Program for which you are requesting funding.**
- C. Total Program Budget, not including the requested EFSP funding: \$**
- D. Describe the agency (or fiscal agents') accounting process by which you would manage EFSP funding and what procedures your agency has implemented to prevent fraud and misuse of funds should they be awarded.**
- E. Please provide a succinct summary of the program for which you are requesting funds to include the following:**
 - a. Target population**
 - b. Number of clients currently served without EFSP funding**
 - c. A General description of program activities and processes used by the agency to deliver services**
 - d. How the EFSP funds will be used to enhance the current services.**
- F. Please describe how your agency collaborates with other organizations in your community.**
- G. Please list:**
 - a. All of the proposed service locations for the program for EFSP funds are being requested**
 - b. Days and hours of operation**
- H. What are the eligibility criteria for individuals requesting services and how is this documented?**

FOR MASS SHELTER APPLICANTS ONLY

- 1. What is your shelter bed capacity for your entire program?**
- 2. What is your bed utilization for the last fiscal year for your entire program, both by number of bed nights and by percentage of capacity?**
- 3. How many bed nights will be funded by EFSP funds?**

FOR OTHER SHELTER APPLICANTS ONLY (ADDED NEW SECTION)

- 1. How many motel/hotel nights did you provide in the past fiscal year and how many people did you serve with these vouchers?**
- 2. How many motel/hotel nights do you anticipate providing in the coming fiscal year, and how many people do you anticipate serving with those vouchers?**
- 3. How many of the nights and people described in question 2 will be funded with / without EFSP?**

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FOR RENT AND MORTGAGE ASSISTANCE ONLY

NOTE: Rent/Mortgage and Utility funding recipients must be able to demonstrate organizational and case management capacity. Capacity to deliver programs should illustrate the following:

- 1. How will the program be marketed to the community?**
- 2. Describe your case management process and organizational capacity.**

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PART 3: PROGRAM COST ANALYSIS

Complete Part 3 below using your last fiscal year's data.

Please complete the table below for each category for which you are requesting **EFSP** funding. **Please Note: Transportation costs should be included in the cost per unit for each line item for which it's applicable.**

| FOOD SERVICES* | Number of units provided | Program budget for previous fiscal year | Average cost per unit |
|-----------------------|--------------------------|---|-----------------------|
| Served Meals | _____ cold meals | | |
| | _____ hot meals | | |
| Other Food | _____ lbs | | |
| TOTAL | | | |

* Please provide the total number of served meals if your program serves meals OR the amount of food in Lbs. if applicable to your program

Please note that EFSP does not fund holiday food.

| SHELTER SERVICES | Number of units provided | Program budget for previous fiscal year | Average cost per unit |
|-------------------------|--------------------------|---|-----------------------|
| Mass Shelter | _____ bed nights | | |
| Other Shelter | _____ room nights | | |
| TOTAL | | | |

| FINANCIAL SERVICES | Number of units provided | Program budget for previous fiscal year | Average cost per unit |
|---------------------------|--------------------------|---|-----------------------|
| Rent / Mortgage | _____ | | |
| Utility Assistance | _____ | | |
| TOTAL | | | |

FOR MEALS SERVED PROGRAMS ONLY

There are two options for eligible costs. One option must be selected at the beginning and continued throughout the phase. Please select one:

Actual direct eligible cost reimbursement

OR

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Per meal allowance of \$2 per meal served

FOR MASS SHELTER PROGRAMS ONLY

There are two options for eligible costs. One option must be selected at the beginning and continued throughout the phase. *Please note the EFSP board affirms the level of per diem if per diem is the candidate LRO's choice.* Please select one:

Actual direct eligible cost reimbursement

OR

Per diem allowance (\$7.50/\$12.50 EFSP board choice dependent on level of client service)

PART 4: OVERALL REQUEST SUMMARY

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute for 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.

1. For each EFSP line item for which you are requesting funding, please indicate other agency funds available and the source of this funding by filling in the grid below:

| | Current Program Non-EFSP Funds | Sources of Current Non- EFSP Program Funds | EFSP Funds Requested |
|------------------------------------|---|---|---------------------------------|
| Food | | | |
| Served Meals | \$ | | \$ |
| Other Food | \$ | | \$ |
| Total | \$ | | \$ |
| Shelter | | | |
| Mass | \$ | | \$ |
| Other Shelter | \$ | | \$ |
| Total | \$ | | \$ |
| Rent, Mortgage, Utility | | | |
| Rent & Mortgage | \$ | | \$ |
| Utility | \$ | | \$ |
| Total | \$ | | \$ |
| TOTAL | \$ | | \$ |

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2. **Please complete the below budget chart to include revenue and expenditures for this/these programs using the provided standard budget form. If there is a budget deficit, please explain how your organization will ensure that EFSP funds are not used to meet that deficit below.**

| | Current Agency Budget* | Proposed EFSP Program Budget** |
|--|------------------------|--------------------------------|
| REVENUE | | |
| Funding Sources (please list) | | |
| | | |
| | | |
| | | |
| Sub-total of Grantors | | |
| Contributions | | |
| Fund Raising Events | | |
| Program Service Fees | | |
| Other | | |
| Investment Income | | |
| Membership Dues | | |
| In Kind Donation (Food) | | |
| Miscellaneous | | |
| | | |
| | | |
| TOTAL REVENUE | \$ | \$ |
| | | |
| OPERATING EXPENSES | | |
| Salaries: ___ # employees | | |
| Fringe benefits inc. pay. Taxes _____ % of salaries | | |
| Contractual Services | | |
| Occupancy Costs | | |
| Other Operating Expenses | | |
| In Kind Food Value | | |
| TOTAL OPERATING EXPENSES | \$ | \$ |
| Depreciation Expense | | |
| Allocation of Admin. Cost | | |
| TOTAL EXPENSES | \$ | \$ |
| | | |
| Excess (Deficit) | \$ | \$ |

* This column represents your entire budget of your agency.

** This column represents the budget for the program for which you are seeking EFSP funding.

(Part 4 continues on next page)

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3. Does your organization have a process or ability to expend funds if released late during the calendar year or term of phase?

Yes No

PART 5: EFSP GEOGRAPHIC INFORMATION

Please check off all of the geographic areas listed below that are served by your agency:

Hillsborough

Balm Brandon Dover Gibsonton Lithia Lutz Odessa Plant City
 Riverview Ruskin Seffner Temple Terrace Thonotosassa Town and Country
 USF Area Valrico Wimauma Tampa All of Hillsborough Other _____