

# Sacramento Regional Emergency Food and Shelter Program

## Phase 32 Request for Proposals

The Emergency Food and Shelter Program (EFSP) was established in 1983 by Congress with the intent of supplementing local efforts to provide emergency food and shelter to people in need. Since its inception, the program has distributed over \$3.7 billion to communities across the country. The EFSP National Board governs the EFSP. The Sacramento Regional Emergency Food and Shelter Board is the local governing board. Its members represent member agencies, as well as a range of service providers, coalitions, advocacy groups, technical assistance providers, planning and community development agencies, and minority and grassroots providers.

The Sacramento Regional Emergency Food and Shelter Board anticipates that funding will again be available in Phases 32 for the jurisdictions in the Sacramento region, including El Dorado County, Placer County, Sacramento County, Yolo County, and Alpine County. In Phase 31, the Sacramento Regional Emergency Food and Shelter Board allocated approximately \$975,000 to 30 non-profit social service agencies in Placer, Sacramento and Yolo Counties with grant sizes ranging from \$1,000 to \$162,000.

**The Local Board of the Sacramento Regional Emergency Food and Shelter Program invites all interested, qualified non-profit community organizations and local units of government to apply for EFSP funding to provide emergency food and shelter to people in need in El Dorado, Placer, Sacramento, Yolo, and Alpine Counties. We anticipate the spending period for Phase 32 will run from April 1, 2014 through June 30, 2015. Awards are dependent upon funding availability from the National Emergency Food and Shelter Board.**

### APPLICATION PROCESS

- Submit ONE [1] signed original application and all attachments by **mail/drop off** to: Emergency Food and Shelter Board, c/o Community Link, 2020 Hurley Way, Suite 420, Sacramento, CA 95825 **and** ONE [1] application and all attachments **electronically** on a CD/USB Drive to the same address noted above or emailed to [alange@communitylinkcr.org](mailto:alange@communitylinkcr.org). Applications are to be completed using 8½ x 11 inch white paper with 1-inch margins and 12-point type or larger. The electronic documents should be in Microsoft Word, Excel, or Portable Document Format (PDF). Consecutively number the narrative pages of the application (attachments do not need to be numbered).
- **Proposers Conference: Tuesday, September 16, 10:00am – 12:30pm at United Way California Capital Region, 10389 Old Placerville Road, Sacramento, CA 95827.** Attendance at the proposers conference is strongly encouraged, but not mandatory. Proposers unable to attend the proposers conference are encouraged to communicate with other potential applicants from their county to discuss needs, priorities, and funding levels needed in each category to best meet community demand.
- The deadline for submission of proposals [one original **and** one electronic] is **Thursday, October 2, 2014 at 5:00 p.m. Late applications will not be accepted.**
- Applications are reviewed and scored by the Local Board, taking into consideration agency qualifications and past performance in the use of EFSP grants, when applicable.
- Agencies will be notified by email of the application outcome.

## APPLICANT ELIGIBILITY STANDARDS

Eligible applicants must:

- Not charge fees for EFSP-funded services.
- Be **supplementing** existing programs. The funds cannot be used to start new programs, supplant funding lost from other sources, or prevent a program closure. **EFSP funds cannot exceed half of an agency's total budget for a particular service category (i.e. for each category in which funding is being sought, an applicant must have at least as much funding coming from other sources as is being requested from the EFSP program). Requests in excess of half of an agency's budget for a particular category will not be considered for funding.**
- Be a 501 (c) 3 non-profit or governmental agency.
- Have a Federal Employer Tax ID Number.
- Have an accounting system or fiscal agent approved by the Local Board.
- Have a checking account.
- Conduct an independent annual audit if receiving \$50,000 or more in EFSP funds; conduct an annual review if receiving \$25,000 to \$49,999 in EFSP funds.
- Comply with OMB single audit requirements if receiving over \$300,000 in federal funds.
- Practice nondiscrimination.
- Have a voluntary board if private, not-for-profit.
- Involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services, to the extent applicable.
- Be able to collect and submit monthly reports, as well as documentation of all expenditures.

Prior to applying, agencies should consider their ability to operate within the funding parameters of the program. Specifically, the full amount of the award must be expended between April 1, 2014 and June 30, 2015. While the full amount of the award must be spent within this time period, it is likely that funded agencies will not receive payments until late in the spending period, or even after the conclusion of the spending period. **Funded agencies must be able to provide documentation of all expenditures within the spending period, regardless of when payment is actually received. Agencies unable to incur and carry program costs for part or all of the spending period should not apply.**

## ELIGIBLE ACTIVITIES FOR FUNDING

### FOOD

- **Food Closets** – distribution of bagged groceries to individual clients.
- **Served meals (mass feeding)** – ready to eat meals, served on-site or delivered.
- **Food Vouchers** – vouchers for food at local grocery stores or restaurants
- **Food Banks** -- distribution of bulk food to food closets.

### SHELTER

- **Per-diem Shelter** – lodging at a mass shelter facility.
- **Motel/Hotel Vouchers** – temporary, emergency lodging at motel.
- **Rent/Mortgage Assistance** – eviction prevention or first month's rent.
- **Utility Assistance** – assistance includes gas, electricity, water, sewer service, and cut wood (for heating purposes).

## EMERGENCY FOOD AND SHELTER PROGRAM REQUEST FOR PROPOSALS

**PHASE 32 (April 1, 2014 – June 30, 2015)**

**DEADLINE: THURSDAY, OCTOBER 2, 2014, 5:00PM**

<b>AGENCY INFORMATION &amp; GRANT REQUEST SUMMARY</b>
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Name of agency (*as incorporated*): \_\_\_\_\_

Commonly used name (*if applicable*): \_\_\_\_\_

Administrative Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code + 4: \_\_\_\_\_ County: \_\_\_\_\_

Mailing/P.O. address (*if different*): \_\_\_\_\_

Address(es) where service is to be provided (*if different*): \_\_\_\_\_

Congressional District where service is to be provided: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Email: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Employer Tax ID Number: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

### FUND REQUEST SUMMARY

Category	Dollars	Units
<i>Food Bank:</i>	\$	#
<i>Food Closet:</i>	\$	#
<i>Food Vouchers:</i>	\$	#
<i>Mass Feeding:</i>	\$	#
<i>Mass Shelter:</i>	\$	#
<i>Shelter Vouchers:</i>	\$	#
<i>Rent/Mortgage Assistance:</i>	\$	#
<i>Utility Assistance:</i>	\$	#
<b>TOTAL REQUEST:</b>	\$	#

\_\_\_\_\_  
 Printed Name and Title of person  
 authorized to apply for funds

\_\_\_\_\_  
 Signature  
 Please use blue ink for signature.

\_\_\_\_\_  
 Date

## PROPOSAL NARRATIVE

The Local Board uses scoring to help guide its funding decisions, however scoring is not the sole determinant. To ensure broad and appropriate reach into communities of need, geographic distribution, availability of services through varying modes of service delivery, and continuity of services with strong performance history are all considered in reaching funding decisions. Successful applicants must **address the following in no more than THREE (3) pages**.

**1. Services to be delivered with EFSP funds. [10 points]**

Describe the services that will be provided and the key activities associated with delivering those services. Include discussion of processes such as intake, client tracking, eligibility requirements, and referrals for or integration with other services (internal or external). Note: Applicants must include service guidelines/processes attachment(s) (see Attachments Checklist on last page of the RFP). Applicants may refer to the attachment(s) in supporting the response to this question.

**2. Population to be served with EFSP funds. [10 points]**

State the number of people to be served. Describe the population to be served and its respective need for services. Include descriptors such as age, income, ethnicity, family-type, disability status, or other descriptors, as relevant. List the zip codes that will be served. If serving an entire county or city or other recognized geography, you may list the name in lieu of a complete list of zip codes.

**3. Agency capacity to provide proposed services. [10 points]**

Discuss the agency's qualifications to provide services. Include discussion of agency mission, history, agency/staff experience, use of volunteers or donated services, evidence of past success, other services provided, etc.

**4. Hours of operation. [5 points]**

Identify the days and hours of services provided with EFSP funds.

**5. Awareness of community capacity. [5 points]**

List the names and locations of other agencies with comparable services operating in your county. Discuss any relevant collaborative partnerships. Explain how the EFSP funded service(s) fill a needed gap or augment the other services available in the community. Describe the measures taken to assure that EFSP funded services are unduplicated across agencies.

**6. Fiscal accountability. [5 points]**

Identify agency fiscal year (e.g. July 1 – June 30) and accounting methods used (i.e. cash, FASB, or GAAP). Discuss any current budget deficits, if applicable. Explain any recent (within the past two years) audit or financial review findings, if applicable.

*Other criteria considered in scoring (do not include narrative for the following criteria):*

**7. Funding is supplemental. [5 points]**

Agency's budget and application demonstrate that EFSP funding is supplemental. **Funding requests for a service category that amount to more than 50% of an agency's budget for that category will not be considered for funding** (i.e. for each category in which funding is being sought, an applicant must have at least as much funding coming from other sources as is being requested from the EFSP program).

**8. EFSP reporting. [5 points]**

Consideration will be given to the agency's record of timely reporting and achievement of EFSP service goals. (This assessment will not be applied to applicants that have not been previously funded.)

## FUNDING REQUEST

Funding requests for a service category that exceed the amount available from other sources will not be considered for funding.

### A. FOOD COMPONENT

	Estimated number of meals to be distributed	Estimated number of individuals to be served	Estimated number of households to be served	Estimated pounds of food to be distributed	EFSP Funding Request	Funding available from other sources
<i>Food Closet</i>	_____	_____	_____	_____	\$ _____	\$ _____
<i>Food Bank</i>	_____	_____	_____	_____	\$ _____	\$ _____
<i>Food Vouchers</i>	_____	_____	_____		\$ _____	\$ _____
<i>Mass Feeding</i>	Fixed rate per meal \$ <u>2.00</u>		# of meals to be served X _____ =		\$ _____	\$ _____
<b>FOOD COMPONENT TOTAL REQUEST:</b> [= Food Closet + Food Bank + Food Vouchers + Mass Feeding]					\$ _____	\$ _____

### B. SHELTER COMPONENT

	# of beds X Fixed rate per night per bed	Nights to be provided	EFSP Funding Request	Funding available from other sources
<i>Per Diem Shelter</i>	# _____ X \$12.50	X _____ =	\$ _____	\$ _____
<i>Shelter Vouchers</i>	Rate per room per night \$ _____	Nights to be provided X _____ =	\$ _____	\$ _____
<i>Rent/Mortgage Assistance</i>	Avg. cost per bill \$ _____	# of bills to be paid X _____ =	\$ _____	\$ _____
<i>Utility Assistance</i>	Avg. cost per bill \$ _____	# of bills to be paid X _____ =	\$ _____	\$ _____
<b>SHELTER COMPONENT TOTAL REQUEST</b> [= Per Diem Shelter + Shelter Vouchers + Rent/Mortgage + Utility Asst]			\$ _____	\$ _____

<b>AGENCY INCOME REPORT</b>	
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List your agency's top 10 sources of budgeted income for your current fiscal year.  
Group all individual donors into a single "donors" line.

Source	Amount	Grant Period	Purpose Check all that apply		
			Food	Shelter	Other
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
<i>TOTAL AGENCY BUDGET FOR FOOD PROGRAMS</i>	\$				
<i>TOTAL AGENCY BUDGET FOR HOUSING/SHELTER PROGRAMS</i>	\$				

<b>ATTACHMENTS CHECKLIST</b>
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Attach a copy of each of the following to the application. **Assure that each of the attachments is clearly labeled:**

1. Agency Mission Statement
2. Agency Goals and Objectives
3. Most Recently Approved Agency Budget and Audit or Financial Report.
4. Organization Chart
5. Board of Directors' Names with Addresses
6. By-Laws
7. Proof of Liability and Workers Compensation Insurance
8. IRS Determination Letter. For example, 501(c) 3 Status Letter
9. Provide the following where applicable:
  - **Food Closet or Mass Feeding**: attach guidelines for serving clients.
  - **Food Vouchers**: describe process and attach a copy of forms used.
  - **Food Bank**: list food closets and/or agencies served with their location and hours of operation.
  - **Mass Shelter**: attach shelter guidelines, including days and hours of intake and the number of beds and rooms, and describe any limitations to meeting full capacity.
  - **Shelter Vouchers**: describe process and attach a copy of forms used.
  - **Rent/Mortgage or Utility Assistance**: attach procedures for determining eligibility and one-month verification process.