

ATTACHMENT A PROJECT APPLICATION



EMERGENCY FOOD AND SHELTER PROGRAM

PHASE 34 (10/01/2016-12/31/2017)

COMPLETED APPLICATIONS MUST BE SUBMITTED TO:
THE DEPARTMENT OF PUBLIC SOCIAL SERVICES – HOMELESS PROGRAMS UNIT
4060 COUNTY CIRCLE DRIVE, RIVERSIDE, CA 92503
NO LATER THAN

[MONDAY, JANUARY 9, 2017 AT 12:00 P.M.](#)

Riverside County Local Board
Emergency Food and Shelter Program
Phase 34 (10/01/2016-12/31/2017): Attachment A - Project Application

COVER PAGE

Name of Applicant Organization: _____

Grant Contact (This information will NOT be published):

Name: _____

Street: _____

City: _____ Zip Code: _____

Tel #: _____ Fax #: _____

E-Mail Address: _____

Organization Contact (This information will NOT be published):

Name: _____

Street: _____

City: _____ Zip Code: _____

Tel #: _____ Fax #: _____

E-Mail Address: _____

Organization Website: _____

Riverside County Local Board
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PART A: APPLICANT INFORMATION

- 1) Name of Applicant Organization: _____
- 2) Federal Employer Identification Number (FEIN): _____
- 3) Data Universal Numbering System (DUNS): _____
- 4) Has your organization received EFSP funding for Phase 33?
 No. (If the answer is NO, you are a NEW applicant and must apply for \$10,000 minimum)
 Yes. (You may apply for \$10,000 minimum per district and \$75,000 maximum per district)
- 5) Does your organization have any open compliance exceptions from any prior EFSP phase?
 (If yes, please list the LRO number and phase of open compliances):
 Not Applicable (New Applicant) No Open Compliance Exceptions

 Yes, LRO Number: _____ Phase: _____ Amount: _____
 LRO Number: _____ Phase: _____ Amount: _____
 LRO Number: _____ Phase: _____ Amount: _____
 LRO Number: _____ Phase: _____ Amount: _____
 LRO Number: _____ Phase: _____ Amount: _____
- 6) Has the Local Board or your organization reallocated 25% or more of your funding to another LRO in either of the last two consecutive phases?
 Yes. How many percent of your allocation? _____ No
- 7) Select the district of Riverside County in which your program is located. **Select only one option**
 District One District Two District Three District Four District Five
 Multi-Region (Multi-Region organization are those that are applying for funding in more than one district and must have one Federal Employer Identification Number (FEIN)).
- 8) Please complete the following section for each of the sites that you are requesting EFSP funding for:

SUPERVISORIAL DISTRICT 1: _____	
SITE NAME: _____	
ADDRESS: _____	
CITY: _____	ZIP CODE: _____
SERVICE DAYS & HOURS: _____	
CONTACT NAME: _____	
PHONE: _____	FAX: _____
TYPE OF PROGRAM: (check all that apply)	
<input type="checkbox"/> Served Meals <input type="checkbox"/> Other Food /Distribution /Food Vouchers/Gift Certificate <input type="checkbox"/> Mass Shelter <input type="checkbox"/> Other Shelter/Motel <input type="checkbox"/> Rent/Mortgage Assistance <input type="checkbox"/> Administration	

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SUPERVISORIAL DISTRICT 2: _____
SITE NAME: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
SERVICE DAYS & HOURS: _____
CONTACT NAME: _____
PHONE: _____ FAX: _____
TYPE OF PROGRAM: (check all that apply)
 Served Meals Other Food /Distribution / Food Vouchers/Gift Certificate
 Mass Shelter Other Shelter Rent/Mortgage Assistance Administration

SUPERVISORIAL DISTRICT 3: _____
SITE NAME: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
SERVICE DAYS & HOURS: _____
CONTACT NAME: _____
PHONE: _____ FAX: _____
TYPE OF PROGRAM: (check all that apply)
 Served Meals Other Food /Distribution /Food Vouchers/Gift Certificate
 Mass Shelter Other Shelter / Motel Rent/Mortgage Assistance Administration

SUPERVISORIAL DISTRICT 4: _____
SITE NAME: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
SERVICE DAYS & HOURS: _____
CONTACT NAME: _____
PHONE: _____ FAX: _____
TYPE OF PROGRAM: (check all that apply)
 Served Meals Other Food /Distribution / Food Vouchers/Gift Certificate
 Mass Shelter Other Shelter/ Motel Rent/Mortgage Assistance Administration

SUPERVISORIAL DISTRICT 5: _____
SITE NAME: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
SERVICE DAYS & HOURS: _____
CONTACT NAME: _____
PHONE: _____ FAX: _____
TYPE OF PROGRAM: (check all that apply)
 Served Meals Other Food /Distribution / Food Vouchers/Gift Certificate
 Mass Shelter Other Shelter /Motel Rent/Mortgage Assistance Administration

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9) Funding Categories, Primary Target Population and Affiliation:
(This information will be published nationally):

9A) Funding Categories:

<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"/> Administrative	<input type="checkbox"/> Rent /Mortgage Assistance

9B) Primary Target Population: Check the top three (3) primary target population(s) that will be served by your agency.

CHECK ONLY THREE (3)

<input type="checkbox"/> Chemically Addicted	<input type="checkbox"/> Homeless Individual / Family	<input type="checkbox"/> Single Men / <input type="checkbox"/> 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: _____

9C) 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 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

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PART B: EFSP FUNDING REQUEST

B.1 New applicants are required to submit a maximum request of \$10,000 per district. Applicants that have received previous EFSP funding are limited to applying for a minimum of \$10,000 or maximum of \$75,000 per 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	\$2.00*	_____	\$ _____
Other Food	\$ _____	_____	\$ _____
TOTAL			\$ _____
2. Shelter Services	a. Per Diem Allowance Person/Night	b. Estimated # of Clients x Bed Nights (30 nights max per client)	c. Funds Requested (a x b = c)
Mass Shelter	\$12.50/night*	_____ beds x _____ nights	\$ _____
Other Shelter	\$ _____	_____	\$ _____
TOTAL			\$ _____
3. Rent/Mortgage Assistance	a. Average Assistance (Maximum \$1,200 one month rent/mortgage)	b. Anticipated # to Assist	c. Funds Requested (a x b = c)
Rent/Mortgage Assistance	\$ _____	_____	\$ _____
TOTAL			\$ _____
4. Administrative (2% of total EFSP request)			\$ _____

TOTAL REQUESTED FOR EFSP PHASE 34

\$ _____

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	Per District Total
D-1	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
D-2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
D-3	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
D-4	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
D-5	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Admin 2%	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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B.3 EFSP is intended to supplement and expand the program you are requesting funding for. 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 34 Funds Requested³
Served Meals	\$ _____		\$ _____
Other Food	\$ _____		\$ _____
Mass Shelter	\$ _____		\$ _____
Other Shelter	\$ _____		\$ _____
Rent/Mortgage Assistance	\$ _____		\$ _____
Administrative (max. 2% of the total EFSP request)	\$ _____		\$ _____
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 34 Funds Requested** – This is the dollar amount you are requesting for the Phase 34 funding cycle per category. These dollar amount MUST equal the dollar amounts in the request table of the total EFSP request in **B.2**

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DISTRICT 1	DISTRICT 2	DISTRICT 3	DISTRICT 4	DISTRICT 5
<p><u>CITIES:</u> CANYON LAKE LAKE ELSINORE RIVERSIDE (most portions) WILDOMAR</p> <p><u>COMMUNITIES:</u> AIR FORCE VILLAGE WEST ALBERHILL ARLANZA (portion) ARLINGTON ARLINGTON HEIGHTS ARNOLD HEIGHTS BOX SPRINGS MOUNTAIN CANYON CREST CANYON RIDGE CANYON SPRINGS CASA BLANCA DAWSON CANYON DE LUZ EASTSIDE EL CARISO GAVILAN HILLS GLEN IVY HOT SPRINGS GLEN VALLEY GOOD HOPE HAWARDEN HILLS HORSETHIEF CANYON RANCH LA CRESTA LA SIERRA LA SIERRA HEIGHTS LAKE HILLS LAKE MATHEWS LAKELAND VILLAGE MEAD VALLEY MEADOWBROOK MISSION GROVE MOCKINGBIRD CANYON MONTECITO RANCH ORANGECREST RANCHO CAPISTRANO RANCHO CARRILLO SANTA ROSA PLATEAU SEDCO HILLS SPANISH HILLS SYCAMORE CREEK TEMESCAL VALLEY TENEJA THE ORCHARD THE RETREAT TRILOGY UNIVERSITY CITY VICTORIA VICTORIA GROVE WILD ROSE/CALIFORNIA MEADOWS WOODCREST</p>	<p><u>CITIES:</u> JURUPA VALLEY CORONA EASTVALE NORCO</p> <p>RIVERSIDE (portion)</p> <p><u>COMMUNITIES:</u> ARLANZA (PORTION) BELLTOWN CORONITA EL CERRITO GLEN AVON GREEN RIVER HIGHGROVE HOME GARDENS INDIAN HILLS JURUPA HILLS MIRA LOMA PEDLEY RUBIDOUX SUNNYSLOPE</p>	<p><u>CITIES:</u> HEMET MURRIETA SAN JACINTO TEMECULA</p> <p><u>COMMUNITIES:</u> AGUANGA ANZA CAHUILA CASTILLE CANYON DIAMOND VALLEY EAST HEMET FRENCH VALLEY GREEN ACRES GILMAN HOT SPRINGS HOMELAND IDYLLWILD LAKE RIVERSIDE MOUNTAIN CENTER MURRIETA HOT SPRINGS PAUBA VALLEY PINE COVE PINE MEADOWS PINYON PINES POPPET FLATS RANCHO CALIFORNIA SAGE SOBOBA HOT SPRINGS VALLE VISTA WINCHESTER</p>	<p><u>CITIES:</u> BLYTHE CATHEDRAL CITY COACHELLA DESERT HOT SPRINGS</p> <p>INDIAN WELLS INDIO LA QUINTA PALM DESERT PALM SPRINGS RANCHO MIRAGE</p> <p><u>COMMUNITIES:</u> ARABIA BERMUDA DUNES CHIRIACO SUMMIT CHOCOLATE MOUNTAIN CHUCKAWALLA DESERT BEACH DESERT CENTER DESERT EDGE DESERT HAVEN EAGLE MOUNTAIN EAST BLYTHE INDIO HILLS JOSHUA TREE LAKE TAMARISK MECCA MESA VERDE MIDLAND NORTH SHORE OASIS PALO VERDE RIPLEY SALTON SANTA ROSA SKY VALLEY SUN CITY PALM DESERT THERMAL THOUSAND PALMS VALERIE VISTA SANTA ROSA WILLEYS WELL</p>	<p><u>CITIES:</u> BANNING BEAUMONT CALIMESA MENIFEE</p> <p>MORENO VALLEY PERRIS</p> <p><u>COMMUNITIES:</u> BADLANDS CABAZON CHERRY VALLEY EDEN HOT SPRINGS GARNET JUNIPER FLATS LAKEVIEW MARCH ARB MISSION LAKES NORTH PALM SPRINGS NUEVO PAINTED HILLS QUAIL VALLEY RECHE CANYON ROMOLAND SAN GORGONIO SAN TIMOTEO CANYON SUNCITY TWIN PINES WHITEWATER</p>

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PART C: EFSP REQUIRED DOCUMENTATION

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 applications and attachments **will not** be reviewed or scored.

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

Included Submitted w/in the last 3 years Not applicable

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

Included No Change/Submitted w/in the last 3 years
 Not applicable

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

Included Not applicable

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

Attachment 6: One MUST be Included:

6A: Copy of most recent independent annual audit (within past 12 months) in accordance with Government Auditing Standards, if your organization received \$750,000 or more from any federal grants last year or \$75,000 in EFSP funds.

Included Not Applicable

6B: Copy of most recent Annual Review (within past 12 months) for organization that received \$25,000 to \$99,999 from any federal grants last year.

Included Not Applicable

6C: 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 7: Match Documentation includes a copy of contract, grant award letter, donation letter, organization certification, etc.

Included

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- Attachment 8: Copy of organization's client application form, sign-in sheet or intake form used for clients receiving EFSP services.
 Included No Change/Submitted w/in the last 3 years
- Attachment 9: A copy of organization's non-discrimination policy.
 Included No Change/Submitted w/in the last 3 years
- Attachment 10: A copy of the organization's official mission statement.
 Included No Change/Submitted w/in the last 3 years
- Attachment 11: If requesting funding for motel vouchers, a copy of the agreement with the motel or hotel.
 Included
 Not Applicable
- Attachment 12: For new LROs Only
11.1 CoC Membership Letter
11.2 2-1-1 Community Resource Database Information
 Included
- Attachment 13: A copy of Excluded Parties List System (EPLS)
 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 EFSP National or the Local Board.

PRINT NAME and TITLE

SIGNATURE

DATE

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PART D: APPLICATION NARRATIVE

Please Note:

- Respond to the questions as though the person(s) reviewing your application know(s) nothing about your organization or the services you provide.
- 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. PRIORITY/NEEDS STATEMENT (30 MAXIMUM POINTS)

D1.1 Describe in detail the priority and need for each EFSP service category that your organization will provide. State project categories for each district and community where funds are to be used. Address specifically poverty level, unemployment rate, housing gaps, and homeless count in the supervisorial district where EFSP funding will be used. Identify target population and type of service/s to be provided to address the identified need/s and expected outcomes.

D2. ORGANIZATIONAL EXPERIENCE, ACCOMPLISHMENTS AND 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.

D2.2 Describe barriers and solutions identified in your needs statement and last year's outcomes as a result of EFSP funding. Include an example of a successful outcome of services provided.

D3. CAPACITY/PROGRAM MANAGEMENT (20 MAXIMUM POINTS)

D3.1 Staffing and Financial Capacity

3.1.1 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.

3.1.2 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.

D3.2 Access to Services

Describe how EFSP services will be offered and implemented in the community/district where funds are requested. Address: a) organization's specific schedule for day and hours that staffs 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.

D3.3 Client Intake and Eligibility

Describe your organization's a) client intake process (include staff responsibilities and forms & assessments), and b) client eligibility requirements for each service.

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D3.4 Case Management

Describe your organization's process for providing informal (linkages, referrals, etc.) or formal case management to help clients reach self-sufficiency.

D3.5 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).

D3.6 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.

D4. ACCOUNTING AND FINANCIAL MANAGEMENT (20 MAXIMUM POINTS)

D4.1 Federal Grant Experience

Describe your organization's experience with federal grants and how EFSP supplements the agency's overall revenue stream.

D4.2 Accounting Procedures

Describe your organization's accounting procedures. Discuss any internal or external checks and balances, fiscal controls and financial management systems in place to adequately administer the grant.

D5. COORDINATION AND COLLABORATION (10 MAXIMUM POINTS)

D5.1 Organization Collaboration

Describe how your organization collaborates with other members of the County of Riverside Continuum of Care to coordinate and maximize services to clients. Please reference: a) specific partnering agencies, b) frequencies of interaction and c) specific examples of collaboration.

OR

If your organization is not a current member of the County of Riverside Continuum of Care, briefly discuss the reason(s) your agency has not participated in the past and demonstrate your agency's ability to work with other organizations to coordinate and maximize services to clients.

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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 enclose your brochure and return to:
 2-1-1 Riverside County
 2060 University Ave, Suite 212
 Riverside, CA 92507
 Phone: (951) 328 8290

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"/>

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COUNTY OF RIVERSIDE CONTINUUM OF CARE
FORMAL MEMBERSHIP LETTER

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

[Date]

Continuum of Care for Riverside County
c/o Department of Public Social Services, Homeless Programs Unit
4060 County Circle Drive
Riverside, CA 92503

RE: Representative to the County of Riverside Continuum of Care

Dear CoC:

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]