

ATTACHMENT A PROJECT APPLICATION



EMERGENCY FOOD AND SHELTER PROGRAM

PHASE 35 (01/01/2018-12/31/2018)

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
NOVEMBER 30, 2017

**APPLICATION FORM
EMERGENCY FOOD AND SHELTER PROGRAM
RIVERSIDE COUNTY JURISDICTION
PHASE 35
(January 1, 2018 through December 31, 2018)**

Hand deliver or mail 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).

Please Note: *if you don't receive an e-mail acknowledgement after you submit the application, consider it not received.*

All applications must be typewritten (no smaller than 12 point font); no handwritten copies will be accepted. The EFSP Administrative Office must receive all application materials no later than **November 30, 2017, 12:00 p.m.**, Late or faxed applications will not be accepted. **DO NOT SUBMIT THIS COVER PAGE as part of the application.**

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Mandatory Attachments for *Returning* Agencies

1. Board Roster
2. Current adopted by-laws
3. Scheduled Board Meetings
4. Copies of Board Meeting Minutes
5. Financial Year end Report
 - 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)

Mandatory Attachments for New Agencies

Note: the term “new agencies” refers to those agencies who did not receive EFSP funding in Phase 34. **All 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. Current adopted by-laws
4. Scheduled Board Meetings
5. Copies of Board Meeting Minutes
6. Financial Year end Report
 - A. Independent Annual Audit
 - B. Annual Review
 - C. Financial Year end Report
7. Match Documentation
8. Client Forms
9. Client Nondiscrimination Statement
10. Mission Statement
11. Motel/Hotel Agreement(s)
12. 2-1-1 Community Resource Database Program Information Form
13. Sample CoC Membership Letter

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: _____

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 34?
 No. (If the answer is NO, you are a NEW applicant and must apply for only \$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) 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)).
- 6) A: Has your organization experienced a reallocation of unspent funds by the Local Board to another LRO from the previous 2 years funding cycle? Yes. or No.
- 7) Please complete the following section for each of the sites that you are requesting EFSP funding:

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

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

8A) Funding Categories, Primary Target Population and Affiliation

(This information will be published nationally):

<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

8B) 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: _____

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 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 FUNDING REQUEST

B.1 New applicants are limited to applying for a maximum of \$10,000. Applicants that have received previous EFSP funding are limited to applying for a minimum \$10,000 or maximum \$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	c. Funds Requested (a x b = c)
Mass Shelter	\$12.50/night*		
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 35 \$ _____

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	Admin 2%	Per District Total
D-1	\$	\$	\$	\$	\$	\$	\$
D-2	\$	\$	\$	\$	\$	\$	\$
D-3	\$	\$	\$	\$	\$	\$	\$
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 35 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 35 Funds Requested** – This is the dollar amount you are requesting for the Phase 35 funding cycle per category. This dollar amount **MUST** equal the dollar amounts in the request table of the total EFSP request in **B.2**

Riverside County Department of Public Social Services
 EFSP Project Application – Phase 35 (01/01/2018-12/31/2018)

District 1	District 2	District 3	District 4	District 5
<p>Cities of: Canyon Lake Lake Elsinore Riverside (most portions) Wildomar</p> <p>Riverside Areas of: Arlanza Arlington Canyon Crest Casa Blanca La Sierra Mission Grove Riverside National Cemetery UCR</p> <p>Unincorporated Communities: Alberhill Air Force Village West Alessandro Heights Arnold Heights Box Springs Mountain California Meadows Canyon Ridge Canyon Spring Cottonwood Canyon Dawson Canyon De Luz Eastside El Cariso Gavilan Hills Glen Ivy Hot Springs Glen Valley Good Hope Hawarden Hills Horsethief Canyon Ranch Hunter Industrial Park La Cresta Lake Hills Lake Mathews Lakeland Village Meadowbrook Mead Valley Mocking Bird Canyon Montecito Ranch Orangecrest Presidential Park Rancho Carrillo Rancho Capistrano Ramona Santa Rosa Plateau Sedco Hills Spanish Hills Sycamore Canyon Sycamore Creek Teneja Temescal Valleys Tongva Nation/ Traditional Trilogy The Farm The Orchard The Retreat University University City Victoria Victoria Grove Wild Rose Woodcrest</p>	<p>Cities of: Corona Norco Riverside (western side) Eastvale Jurupa Valley</p> <p>Unincorporated Communities: Coronita El Cerrito Highgrove Home Gardens</p> <p>Riverside Areas of: Belltown Downtown Glen Avon Green River Indian Hills Jurupa Jurupa Hills Magnolia Center Mira Loma Pedley Prado Basin Rubidoux Sunnyslope</p>	<p>Cities of: Hemet Murrieta San Jacinto Temecula</p> <p>Unincorporated Communities: Aguanga Anza Diamond Valley East Hemet French Valley Garner Valley Gilman Hot Springs Glen Oaks Green Acres Homeland Idyllwild Lake Riverside Mountain Center Murrieta Hot Springs Pauba Valley Pine Cove Pine Meadow Pinyon Pines Poppet Flats Rancho California Sage Soboba Hot Springs Valle Vista Winchester Wine Country</p> <p>Cahuilla Indian Reservation Pechanga Indian Reservation Ramona Indian Reservation Santa Rosa Indian Reservation Soboba Indian Reservation</p>	<p>Cities of: Blythe Cathedral City Coachella Desert Hot Springs Indian Wells Indio La Quinta Palm Desert Palm Springs (southern part) Rancho Mirage</p> <p>Unincorporated Communities: Bermuda Dunes Chuckawalla Chiriaco Summit Chocolate Mountain Colorado River Communities Desert Beach Desert Center Desert Edge Desert Haven Desert Palms Eagle Mountain Indio Hills Joshua Tree Lake Tamarisk Mecca Mesa Verde Midland North Shore Oasis Ripley Sky Valley Salton Palo Verde Thermal Thousand Palms Valerie Jean Vista Santa Rosa</p> <p>Agua Caliente Reservation Augustine Indian Reservation Cabazon Band of Mission Indians Torres Martinez Reservation</p>	<p>Cities of: Banning Beaumont Calimesa Menifee Moreno Valley Palm Springs (northern part) Perris</p> <p>Unincorporated Communities: Badlands Banning Bench Box Spring Cabazon Cherry Valley Eden Hot Springs Garnet Juniper Flats Lake Perris Lakeview March ARB Menifee Valley Mission Lakes North Palm Springs Nuevo Oak Valley Painted Hills Pigeon Pass Reche Canyon Romoland San Gorgonio San Timoteo Canyon Sun City Quail Valley Twin Pines Whitewater</p> <p>Morongo Indian Reservation</p>

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 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

Attachment 6: One MUST be Included:

6A: Copy of most the most recent financial records (within past 12 months) audited by an independent certified public accountant, if your organization received \$100,000 of ESP Funds or \$750,000 or more from any federal grants last year.

Included Not Applicable

6B: 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

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

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 the project categories for each district & community where funds are used 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 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

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.

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.

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).

D4. ACCOUNTING AND FINANCIAL MANAGEMENT (20 MAXIMUM POINTS)

D4.1 Federal Grant Experience

Describe your organizational expeditors 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 organization 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 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"/>

**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 Department of Public Social Services, Homeless Programs Unit
4060 County Circle Drive
Riverside, CA 92503

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]