

ATTACHMENT A PROJECT APPLICATION



EMERGENCY FOOD AND SHELTER PROGRAM

PHASE 36 (01/01/2019-12/31/2019)

COMPLETED APPLICATIONS MUST BE SUBMITTED TO:
THE DEPARTMENT OF PUBLIC SOCIAL SERVICES – HOMELESS PROGRAMS UNIT
1111 Spruce Street, RIVERSIDE, CA 92507
NO LATER THAN
NOVEMBER 30, 2018
4:00 p.m.

**APPLICATION FORM
EMERGENCY FOOD AND SHELTER PROGRAM
RIVERSIDE COUNTY JURISDICTION
PHASE 36**

(January 1, 2019 through December 31, 2019)

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 do not 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, 2018, 4:00 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

Note: the term “returning agencies” refers to those agencies who received EFSP funding in Phase 35. **All returning applicants** must include the following attachments in their *original* application. If attachment 6 is not applicable indicate N/A. **Please note that incomplete applications will be deemed ineligible and will not be reviewed or scored.**

1. Board Roster
2. Scheduled Board Meetings
3. Copies of Board Meeting Minutes
4. Financial Year end Report
 - A. Independent Annual Audit
 - B. Annual Review
 - C. Financial Year end Report
5. Match Documentation
6. Motel/Hotel Agreement(s) (if applicable)
7. Excluded Parties List (EPLS) verification

Mandatory Attachments for New Agencies

Note: the term “new agencies” refers to those agencies who did not receive EFSP funding in Phase 35. **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. Scheduled Board Meetings
4. Copies of Board Meeting Minutes
5. Financial Year end Report - one of the following
 - 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) (if applicable)
11. Excluded Parties List (EPLS) verification
12. 2-1-1 Community Resource Database Program Information Form
13. CoC Membership Letter

COVER PAGE
(All Applicants)

Name of Applicant Organization: _____

Grant Contact

Name: _____

Street: _____

City: _____

Zip Code: _____

Tel #: _____

Fax #: _____

E-Mail Address: _____

Organization Contact

Name: _____

Street: _____

City: _____

Zip Code: _____

Tel #: _____

Fax #: _____

E-Mail Address: _____

Organization Website: _____

PART A: APPLICANT INFORMATION (All Applicants)

- 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 35?
 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 25% reallocation of unspent funds from the previous 2 years funding? Yes. or No.
- 7) Please complete the following section for each of the sites that you are requesting EFSP funding:

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

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 ECWS

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 ECWS

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 ECWS

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 EWCS

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"/> Emergency Cold Weather Shelter (ECWS)	<input type="checkbox"/> Rent /Mortgage Assistance

8B) Primary Target Population: Select the target population(s) that will be served by your agency.

CHECK all that apply.

<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 (all Applicants)

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	b. Estimated # of Clients	c. Funds Requested (a x b = c)
Mass Shelter	\$12.50/night*	_____	_____
Emergency Cold Weather Shelter (ECWS)	\$12.50/night*	_____	_____
Other Shelter	_____	_____	_____
TOTAL	_____	_____	_____
3. Rent/Mortgage Assistance	a. Average Assistance (Maximum \$1,200)	b. # Anticipated to Assist	c. Funds Requested (a x b = c)
Rent/Mortgage Assistance	_____	_____	_____
TOTAL	_____	_____	_____

TOTAL REQUESTED FOR EFSP PHASE 36 \$ _____

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	ECWS	Other Shelter	Rent/Mortgage Assistance	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 36 Funds Requested³
Served Meals	\$		\$
Other Food	\$		\$
Mass Shelter	\$		\$
ECWS	\$		\$
Other Shelter	\$		\$
Rent/Mortgage Assistance	\$		\$
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 36 Funds Requested** – This is the dollar amount you are requesting for the Phase 36 funding cycle per category. This dollar amount **MUST** equal the dollar amounts in the request table of the total EFSP request in **B.2**

***ECWS funds do not require matching funds**

Riverside County Department of Public Social Services
 EFSP Project Application – Phase 36 (01/01/2019-12/31/2019)

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 (New Applicants)

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

One **MUST** be Included:

5A: 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

5B: 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

5C: 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 6: Match Documentation includes a copy of contract, grant award letter, donation letter, organization certification, etc.
 Included

PART D: APPLICATION NARRATIVE (New Applicants)

Please Note:

- Respond to the questions as though the person(s) reviewing your application know(s) nothing about your organization or the services your organization provides.
- 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. ORGANIZATION HISTORY/OVERVIEW (30 MAXIMUM POINTS)

D1.1 Describe in detail the priority and need for each EFSP service category that your organization will provide and discuss what qualifies your organization to manage EFSP Phase 36 funding? Describe how the requested funding will supplement your existing program.

D2. PERFORMANCE 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/documentated.

D2.2 Discuss how your organization will evaluate project accomplishments and outcomes as a result of EFSP funding.

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 Financial Capacity

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

D3.3 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.

D3.4 Client Intake and Eligibility

Describe your organization's (a) client intake process (include staff responsibilities and forms and assessments), and (b) client eligibility requirements for each service and (c) your organization's current record keeping process to ensure protection of client's sensitive information.

D3.5 Case Management

Describe your case management and referral process. What is your agency's process for dealing with client's needs that cannot be met using EFSP funds?

D3.6 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).

D3.7 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- Financial Stability
Since EFSP funding is supplemental, briefly describe how EFSP funds will supplement your organization's overall revenue.

D4.2 Accounting Procedures
Describe the types of internal procedures in place to adequately monitor program expenditures; Discuss how often the expenditures are monitored; and who reviews the documentation information.

D5. COORDINATION AND COLLABORATION (10 MAXIMUM POINTS)

D5.1 Organization Collaboration
Discuss your agency's efforts to collaborate with other organizations to coordinate and maximize services to clients.



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 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"/>

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

**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]

PART C: REQUIRED DOCUMENTATION (Returning Applicants)

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

Attachment 2: List of scheduled board meetings for the past year.
 Included

Attachment 3: Copies of last three (3) board meetings minutes.
 Included

Attachment 4: Complete copy of most recent **financial** year-end report provided to agency board.
 Included

One MUST be Included:

4A: 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

4B: 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

4C: 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 5: Match Documentation includes a copy of contract, grant award letter, donation letter, organization certification, etc.
 Included

Attachment 6: If requesting funding for motel vouchers, a copy of the agreement with the motel or hotel.
 Included
 Not Applicable

Attachment 7: Provide a copy of the print out from www.epls.gov verifying that the organization is not listed on the Excluded Parties List and is not debarred or suspended from receiving Federal funds
 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 Local Board.

PRINT NAME and TITLE

SIGNATURE DATE

EMAIL ADDRESS

PHONE NUMBER

PART D: APPLICATION NARRATIVE (Returning Applicants)

- As a current EFSP provider, please provide information for the following:

D1. LROs EFSP FUNDING HISTORY/OVERVIEW (30 MAXIMUM POINTS)

D1.1 Discuss your agency's past services for each category funds are being requested. Include performance outcomes and the number of clients served from your most recent EFSP funding.

D2. PERFORMANCE OUTCOMES (20 MAXIMUM POINTS)

D2.1 Describe the scope of services for which you are requesting funding. Discuss how EFSP funding has supplemented your existing program.

D3. CAPACITY/PROGRAM MANAGEMENT (20 MAXIMUM POINTS)

D3.1 Describe your organizational capacity and experience with operating emergency programs.

D4. ACCOUNTING AND FINANCIAL MANAGEMENT (20 MAXIMUM POINTS)

D4.1 If selected for funding under EFSP Phase 36, how will you cover EFSP program costs if funding is delayed in the EFSP process?

D5. COMPLIANCE AND GRANTS MANAGEMENT (20 MAXIMUM POINTS)

D5.1 Did your agency reallocate any funds in Phase 34 or 35? **(MAXIMUM 5 POINTS)**

D5.2 Did your agency submit required reports and documentation by the due date identified by either National or Local Board? **(MAXIMUM 5 POINTS)**

D5.3 Did your agency have any compliance exceptions for Phase 33 or 34? **(MAXIMUM 5 POINTS)**

If so, have they been corrected?

PART D: APPLICATION NARRATIVE (ECWSP)

D1. ORGANIZATIONAL CAPACITY (MAXIMUM 20 POINTS)

D1. Describe your organization's experience in providing emergency shelter services. Organization must demonstrate that they have the capacity to provide shelter services beyond those already being provided.

D2. PERFORMANCE OUTCOMES (MAXIMUM 20 POINTS)

D2. Describe in detail the current services, if any, provided to the homeless population during the cold weather season. (i.e food, support services)

D3. PROGRAM MANAGEMENT (MAXIMUM 20 POINTS)

D3.1 Describe your staffing for ECWS services. Include a breakdown of: (a) how many staff will be providing service(s); and (b) whether they are full-time, part-time, or volunteers. **(MAXIMUM 5 POINTS)**

D3.2 Describe the client intake process for this program? **(MAXIMUM 5 POINTS)**

D3.3 Describe all support services that are provided to the Emergency Shelter client. **(MAXIMUM 5 POINTS)**

D3.4 How many clients do you anticipate serving in this category? **(MAXIMUM 5 POINTS)**

D4. ACCOUNTING AND FINANCIAL MANAGEMENT

D4.1 If selected for funding for ECWSP, how will you cover the program costs if funding is delayed in the EFSP process?