

Sacramento Regional Emergency Food and Shelter Program

Phase 30 Requests 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 funds are granted from the federal Stewart B. McKinney Homeless Assistance Program and are often identified as “FEMA” funds. The EFSP National Board governs the EFSP. The Sacramento Regional Emergency Food and Shelter Board is the local governing board. Its 12 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.

At the National level, Congress has approved an allocation for Phase 30 of the Emergency Food and Shelter Program in an amount that matches total funds available for Phase 29. Although not yet announced, the Sacramento Regional Emergency Food and Shelter Board anticipates that funding will again be available for the jurisdictions in the Sacramento region, including El Dorado County, Placer County, Sacramento County, Yolo County, and Alpine County. In Phase 29, the Sacramento Regional Emergency Food and Shelter Board allocated approximately \$1,250,000 to more than 40 non-profit social service agencies in El Dorado, Placer, Sacramento, Yolo, and Alpine 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 request funding grants to provide emergency food and shelter to people in need in El Dorado, Placer, Sacramento, Yolo, and Alpine Counties. We anticipate the fiscal year beginning January 1, 2012, with the spending period running through December 31, 2012. 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, 909 12th Street, Suite 200, Sacramento, CA 95814 **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. 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).
- **Bidders Conference:** March 26, 2012, 9am-11am, United Way California Capital Region, 10389 Old Placerville Road, Sacramento, CA 95827.. While not mandatory, applicants, especially new applicants, are strongly encouraged to attend. Please RSVP to: alange@communitylinkcr.org.
- The deadline for submission of proposals [one original **and** one electronic] is **Thursday, April 12, 2012 at 4:00 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.
- **DO NOT call about the status of the application.** Agencies will be notified by email of the application outcome.

APPLICANT ELIGIBILITY STANDARDS

Eligible applicants **must**:

- Not charge fees for EFSP-funded services.
- Be already providing services in the area for which the agency is seeking funding.
- 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 component. Requests in excess of half of an agency's budget for a particular component 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 January 1, 2012 and December 31, 2012, however, funded agencies will likely not receive payments until late in the 2012 calendar year. Agencies must be able to provide documentation of all expenditures within the spending period, regardless of when payment is actually received.

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 30 - 2012**

DEADLINE: April 12, 2012

AGENCY INFORMATION & GRANT REQUEST SUMMARY

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

<i>Category</i>	<i>Dollars</i>	<i>Units</i>
<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>	\$	#
TOTAL REQUEST:	\$	#

Printed Name and Title of person
authorized to apply for funds

Signature
Please use blue ink for signature.

Date

PROPOSAL NARRATIVE

In no more than THREE (3) pages (12-point font or larger), please address the following questions/information in your proposal.

1. Services to be delivered with EFSP funds. [18 points]
Discuss what services will be provided and the key activities associated with delivering those services. In describing how services will be provided, include discussion of processes such as intake, client tracking, 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. [18 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, income source, ethnicity, family-type, or other special populations, as relevant. List the zip codes that will be served. If serving an entire county or city, you may list the name in lieu of a complete list of zip codes.
3. Agency capacity to provide proposed services. [18 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. [10 points]
List the names and locations of other agencies with comparable services operating in your county. Discuss any relevant collaborative partnerships. 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. *EFSP funds cannot exceed half of an agency's total budget for a particular component.* [14 points]
Agency's budget and application demonstrate that EFSP funding is supplemental. **Funding requests for a service component that amount to more than 50% of an agency's budget for that component will not be considered for funding.**
8. EFSP reporting. [12 points]
Funding will be awarded according to agency's past record of submitting monthly and year-end reporting in a timely fashion and for the agency's past record of meeting EFSP service goals. (This assessment will not be applied to applicants who were not funded in Phase 29.)

FUNDING REQUEST

A. FOOD COMPONENT

	Average cost per unit*	# of units to be served	\$ Requested	Agency definition of service unit
<i>Food Closet</i>	\$ _____	X _____	= \$ _____	
<i>Food Bank</i>	\$ _____	X _____	= \$ _____	
<i>Food Vouchers</i>	\$ _____	X _____	= \$ _____	
<i>Mass Feeding</i>	Fixed rate per meal \$ <u>2.00</u>	# of meals to be served X _____	= \$ _____	[Hatched Area]
FOOD COMPONENT TOTAL REQUEST:			= \$ _____	

* Agency can either use numbers from the last 12 months or the most recent fiscal year. (Circle one)

B. SHELTER COMPONENT

<i>Per Diem Shelter</i>	# of beds X Fixed rate per night per bed # _____ X \$12.50	Nights to be provided X _____	\$ Requested = \$ _____
<i>Shelter Vouchers</i>	Rate per room per night* \$ _____	Nights to be provided X _____	\$ Requested = \$ _____
<i>Rent/Mortgage Assistance</i>	Avg. cost per bill* \$ _____	# of bills to be paid X _____	\$ Requested = \$ _____
<i>Utility Assistance</i>	Avg. cost per bill* \$ _____	# of bills to be paid X _____	\$ Requested = \$ _____
SHELTER COMPONENT TOTAL REQUEST			= \$ _____

* Agency can either use numbers from the last 12 months or the most recent fiscal year. (Circle one)

AGENCY INCOME REPORT

A. List the sources of agency income for each applicable component for which funding is requested. Combining individual donations is permitted. Use the most recent spending or fiscal period for each funding source.

COMPONENT NAME: FOOD COMPONENT

Source	Amount	Grant Period	Purpose
<i>Insert rows, as needed.</i>			
	\$		
	\$		
	\$		
	\$		
	\$		
<i>TOTAL AGENCY BUDGET FOR FOOD COMPONENT</i>	\$		
<i>EFSP REQUEST FOR FOOD COMPONENT</i>	\$	<i>REQUEST AS A % OF TOTAL COMPONENT BUDGET.*</i>	%

*Funding requests for a service component that amount to more than 50% of an agency's budget for that component will not be considered for funding.

COMPONENT NAME: SHELTER COMPONENT

Source	Amount	Grant Period	Purpose
<i>Insert rows, as needed.</i>			
	\$		
	\$		
	\$		
	\$		
	\$		
<i>TOTAL AGENCY BUDGET FOR SHELTER COMPONENT</i>	\$		
<i>EFSP REQUEST FOR SHELTER COMPONENT</i>	\$	<i>REQUEST AS A % OF TOTAL COMPONENT BUDGET.*</i>	%

*Funding requests for a service component that amount to more than 50% of an agency's budget for that component will not be considered for funding.

ATTACHMENTS CHECKLIST

Also attach a copy of each of the following to the application:

1. Mission Statement
2. 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.