

Emergency Food and Shelter Program
Phase 28 – 2009/2010 - Project Application and Narrative

Total Funding Request \$ _____ **Supervisorial District:** _____

Name of Applicant Organization:

Federal Employer Identification Number (FEIN) of Applicant Organization:

Has your organization received EFSP funding in prior years? (If yes, please list the last year EFSP funding was received and the total years funded):

Does your organization have any open compliance exceptions from any prior EFSP phase? Yes, Phase _____ No

Project Location: (please complete separate application for each project site):

Street: _____

City: _____ Zip Code: _____

Tel #: _____ Fax #: _____

Organization Contact:

Name: _____

Street: _____

City: _____ Zip Code: _____

Tel #: _____ Fax #: _____

E-Mail Address: _____

Organization Website: _____

PROJECT NARRATIVE

COMMUNITY NEED (25 MAXIMUM POINTS)

1. **25 possible points.** Please be specific in describing the community need for each EFSP service category that your project will provide. Your needs statement should address poverty, unemployment, and housing/homelessness in your community.

AVAILABILITY OF SERVICES (25 MAXIMUM POINTS)

2. **5 possible points.** Please describe your staffing effort to support the EFSP services your project will provide. Please enumerate (a) how many staff will be involved and (b) whether they are full-time, part-time, or volunteers.
3. **10 possible points.** Please describe how you will offer these services to the community. The following items should be addressed: (a) the organization's specific schedule for days and hours that they are available to complete client intake and provide funded services; and (b) whether clients are seen on a walk-in basis or by appointment only.
4. **10 possible points.** Please 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, etc.)

CAPACITY/PROGRAM MANAGEMENT (25 MAXIMUM POINTS)

5. **5 possible points.** Please describe your (a) client intake process, and (b) client eligibility requirements for each service.
6. **10 possible points.** Please describe your organization's experience in providing the service categories that this grant will fund. Organization's must demonstrate that they have been providing the services requested for longer than one year.
7. **10 possible points.** Please 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 this grant.

COORDINATION AND COLLABORATION (15 MAXIMUM POINTS)

8. **15 possible points.** Please describe how your organization collaborates with other members of the Riverside County Coalition for Housing and Homelessness – the Continuum of Care – to coordinate and maximize

services to clients. Reference (a) specific partnering agencies, (b) frequencies of interaction, and (c) specific instances of collaboration.

If your organization is not a current member of the Continuum of Care, please 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.

CASE MANAGEMENT COMPONENT (10 MAXIMUM POINTS)

9. **10 possible points**. Please describe your organization's process for providing informal (linkages, referrals, etc.) or formal case management to help clients reach self-sufficiency.

BONUS QUESTION:

EXPANSION

10. **5 possible points**. If your organization will be using the grant funds to expand existing services, please describe your plans for expansion in detail. Please include how many new, unduplicated persons you are projecting will be served. If you have applied for more than one service category, please state your expanded service projection numbers for each service.

(Your application will be scored based on your project narrative. The project narrative is limited to a maximum of 8 pages. 1" inch margins, 12-point type, Arial font, single-spaced. Pages exceeding the stated limit will not be reviewed or scored.)

**HOUSING AND HOMELESS COALITION OF RIVERSIDE COUNTY
FORMAL MEMBERSHIP LETTER**

[Please Print on Organization Letterhead or Insert a Copy of Previously Submitted Letter]

[Date]

Ronald Stewart, Ph.D.
County of Riverside, Homeless Programs
4060 County Circle Drive
Riverside, CA 92503

RE: Representative to the Housing and Homeless Coalition of Riverside County

Dear Dr. Stewart:

The purpose of this letter is to formally appoint [name of your organization's representative] as the [name of your organization]'s representative to the Housing and Homeless Coalition of Riverside County effective immediately. As you know, [name of your organization] is committed to supporting the effort to end homelessness in our area, and we look forward to working with you and other homeless and housing advocates.

Should you need any additional information or have any questions, you may contact me at [phone number] or e-mail me at [email address].

Sincerely,

[Name of Executive Director/Agency Head]
[title]

EMERGENCY FOOD AND SHELTER FUNDING REQUEST

First time applicants are limited to a total request of \$10,000.00

Applicants that have received previous EFSP funding are limited to a request of \$50,000.00

Service Category	Amount
Mass Meals (Hot and Cold)	\$
Food Distribution (Boxes, Bags, Sacks)	\$
Food Vouchers/Certificates	\$
Mass Shelter	\$
Motel Vouchers	\$
Rent/Mortgage Assistance	\$
Administrative (must equal 2% of the total request)	\$
Total Request	\$

I certify that the information provided in this application is true and correct to the best of my knowledge. I am authorized to submit this application on behalf of this organization. I understand that if awarded Emergency Food and Shelter funding, the amount requested may not be the amount awarded. My organization will comply with all reporting requirements.

SIGNATURE AND TITLE (Blue Ink Only)

DATE