

Emergency Food and Shelter Program  
Phase 30 – 2012 Revised 09/08/2011 - Project Application

**Cover Page**

**Supervisorial District:** \_\_\_\_\_

**Name of Applicant Organization:**

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**Grant Contact:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Emergency Food and Shelter Program  
Phase 30 – 2012 Revised 09/08/2011 - Project Application  
Application**

**Total Funding Request \$ \_\_\_\_\_ Supervisorial District: \_\_\_\_\_**  
(New applicants are limited to \$10,000)

**Name of Applicant Organization:**

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Federal Employer Identification Number (FEIN) of Applicant Organization:

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Data Universal Numbering System (DUNS):

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

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

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: \_\_\_\_\_

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**PROJECT NARRATIVE**

(Your application will be scored based on your responses to the following nine questions. Your response narrative is limited to a maximum of 9 pages. Pages exceeding the stated limit will not be reviewed or scored.)

Please Note:

- Please respond to the questions as though the person(s) reviewing your application know nothing about your organization or the services it provides.
- Please be sure to answer every question regardless of whether you believe you have already provided the answer in a previous question.
- Please be sure to clearly identify the partners in your community that you collaborate with and all services provided.

**A. 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 the communities you will use EFSP Funding.

**B. 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 include a break out of (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 EFSP services to the community. The following items should be addressed: (a) the organization's specific schedule for days and hours that staff 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.)

**C. 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 each service category that this grant will fund. Organizations must demonstrate that they have been providing the services requested for longer than one year.

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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.

**D. COORDINATION AND COLLABORATION (15 MAXIMUM POINTS)**

8. **15 possible points.** Please describe how your organization collaborates with other members of the Housing and Homeless Coalition for Riverside County – the 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.

If your organization is not a current member of the Housing and Homeless Coalition for Riverside County, 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.

**E. 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.

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## General EFSP Certification

I hereby certify that the organization listed below meets the following criteria for EFSP Funding:

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(Name of Organization / Program)

- Has a current non-profit (501(c) 3) status or is an agency of the government.
- Has provided emergency shelter and/or service programs for at least one year.
- Has a Federal Employer Identification Number (FEIN) or be in the process of obtaining a FEIN.
- Has a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP.
- Will be prepared to have EFSP funding directly deposited to their bank account. Except for the first check to newly funded organizations, the National Board will make all payments by electronic funds transfer (EFT) only.
- Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services.
- Is not debarred or suspended from receiving Federal funds.
- Will not use EFSP funds as a cost-match for other Federal funds or programs.
- Will not charge a fee to clients for EFSP funded services.
- Has an accounting system or an approved fiscal agent.
- Has described and demonstrated that generally accepted accounting principles and procedures are employed. At a minimum, accounting records must be supported by source documentation. Recipient organizations must maintain a chronological register of cash receipts and disbursements and original supporting documentation such as purchase orders, invoices, canceled checks, and any other documentation that is necessary to support eligible costs.
- Understands that cash payments (including petty cash) are not eligible under EFSP.
- Will conduct an independent annual audit if receiving \$50,000 or more in EFSP funds. If an organization received EFSP grants totaling \$50,000 or more during EFSP Phase 29, that organization must attach a copy of the most recent audit to its application. If an organization received EFSP grants totaling \$25,000 to \$49,999 during EFSP Phase 29, that organization must attach a copy of the organizations annual review to its application. Organizations that received grants totaling less than \$25,000 during Phase 29 must provide the same complete fiscal information that they provide to their board of directors.

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- Has not received an adverse or no opinion audit.
- Has a voluntary board if private, not-for-profit.
- Will, to the extent practicable, involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services.
- Practices religious non-discrimination. Those agencies with a religious affiliation wishing to participate in the program must not refuse services to an applicant based on religion or require attendance at religious services as a condition of assistance, nor will such groups engage in any religious proselytizing in any program receiving EFSP funds.
- Practices client non-discrimination. by providing for assistance to needy individuals without discrimination (age, race, sex, religion, national origin, disability, economic status or sexual orientation), sensitivity to the transition from temporary shelter to permanent homes, attention to the specialized needs of homeless individuals with mental and physical disabilities and illness and to facilitate access for homeless individuals to other sources of services and benefits.
- Will ensure its employees, volunteers or other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect.
- Will ensure its employees, volunteers or other individuals associated with the program will not use EFSP funds to support access to classified national security information.
- Will provide separate applications for projects physically located in different Supervisorial Districts.
- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date.
- Will work closely with the EFSP Local Board and staff to quickly resolve any problems related to compliance exceptions. If a Local Recipient Organization is unable to clear all compliance exceptions by September 30, 2011 of the current phase, the EFSP Local Board reserves the right to reallocate their second disbursement.
- Will comply with the Office of Management and Budget Circular A-133 if expending \$500,000 or more in Federal funds.
- Will comply with lobbying prohibition certification and disclosure of lobbying activities if receiving \$100,000 or more in EFSP funds, if applicable.
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds to the National Board (\$5.00 or more; checks made payable to United Way Worldwide/Emergency Food and Shelter National Board Program, 701 North Fairfax Street, Suite 310, Alexandria, VA 22314).
- Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports).

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- Will maintain records in accordance with EFSP guidelines, and will submit quarterly reports to Riverside County Department of Public Social Services Homeless Programs Unit.
- Will provide information to Riverside County Department of Public Social Services Homeless Programs Unit clearinghouse prior to payment of rent, mortgage or motel costs to ensure that duplication of client services does not occur.
- Will participate in the Homeless Management Information System (HMIS) if we receive EFSP funds to provide mass shelter, motel vouchers and rental assistance, record the required client-level information in the countywide HMIS.
- Will participate in the Housing and Homeless Coalition for Riverside County (Continuum of Care) and associated meetings.
- Has read and understood the Emergency Food and Shelter Program Phase 29 Manual Responsibilities and Requirements.
- Will comply with the Phase 30 Responsibilities & Requirements Manual, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements.

Certified by:

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(Signature and Title)

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**CERTIFICATION OF PARTICIPATION IN HOMELESS  
MANAGEMENT INFORMATION SYSTEM (HMIS)**

The Homeless Management Information System or HMIS is a web based software application designed to record and store client-level information on the characteristics and service needs of homeless persons or persons at risk of becoming homeless.

Because the HMIS knits together homeless assistance providers within a community and creates a more coordinated and effective housing and services delivery system, the Emergency Food and Shelter (EFSP) Designated Local Board and the County of Riverside Housing and Homeless Coalition now require that organizations who receive EFSP funds to provide **mass shelter, motel vouchers and rental assistance**, record the required client-level information in the county wide HMIS.

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(Name of Organization / Program)

Agrees

Does Not Agree

to participate in the County of Riverside Homeless Management Information System (HMIS).

Certified by:

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(Signature and Title)

**Contact Information:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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**THE HOUSING AND HOMELESS COALITION FOR  
RIVERSIDE COUNTY  
FORMAL MEMBERSHIP LETTER**

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

[Date]

Judith Murdock  
County of Riverside, Homeless Programs  
4060 County Circle Drive  
Riverside, CA 92503

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

Dear Judith Murdock:

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]

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Submitted/Updated by: _____	Date: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Reviewed by: _____	Date: _____

**Riverside County Community Services Directory  
AGENCY INFORMATION FORM**

Information on this form should pertain to the agency only.  
Please use the Program Information form to add or change program details.

Agency Name: \_\_\_\_\_

List Aliases/ known abbreviations/ other names: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Confidential location:  Yes  No

Handicap accessible?  Yes  No

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ TDD/TYY: \_\_\_\_\_

Hotline: \_\_\_\_\_ Other: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Legal Status**

Private, non-profit       Public-County       Public-State       Public-Federal

Faith Based       For Profit       Other \_\_\_\_\_

**Tax Classification:**

Year of Incorporation: \_\_\_\_\_

Office Days and Hours: \_\_\_\_\_

Eligibility/ Target Population: \_\_\_\_\_

Agency Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

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Please complete both pages

Fees:

- No Cost                       Low Cost                       Sliding Fee                       Donation  
 Vary                               Other \_\_\_\_\_

Method of Payment

- Medi-Cal                       Cash                       Credit Cards                       Personal Check

Personnel

Agency Director: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any additional Information you would like us to be aware of?

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Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_

Date : \_\_\_\_\_



Community  
Connect

Please enclose your brochure and return to  
2-1-1 Riverside County  
P.O Box 5376  
Riverside, CA 92517-5376  
Phone: (951) 328-8290  
Fax: (951) 686-7417

Agency Information  
Page 2 of 2  
Please complete both page

# Emergency Food and Shelter Program Phase 30 – 2012 Revised 09/08/2011 - Project Application

## EMERGENCY FOOD AND SHELTER FUNDING REQUEST

**Total Funding Request \$ \_\_\_\_\_ Supervisorial District: \_\_\_\_\_**  
(New applicants are limited to \$10,000)

**Name of Applicant Organization:**

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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 (cannot exceed 2% of the total request)	\$
<b>Total Request</b>	\$

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

\_\_\_\_\_  
DATE

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**EFSP PHASE 30 REQUIRED DOCUMENTATION CHECKLIST**

Total Funding Request \$ \_\_\_\_\_ Supervisorial District: \_\_\_\_\_  
(New applicants are limited to \$10,000)

Name of Applicant Organization:

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The following items **must** be submitted with this application. If it is not applicable to your organization, please explain why. 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 will not be reviewed or scored.**

**One (1) signed original and four (4) signed copies**

**Section One – Order of Assembly** (page numbers reference application pages).

- Cover Page - Page 1
- Application - Page 2
- Narrative - Page 3
- General EFSP Certification – Page 5 - 7
- Certification or Participation in HMIS – Page 8
- COC Formal Membership Letter – Page 9
- 211 Community Connect – Page 10-11
- EFSP Funding Request – Page 12

**Section Two - Check List Attachments**

1. Most recent IRS 501(c)3 status letter.  
[ ] Included. [ ] Not Included. Explanation:  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Board Roster, including full name, address, phone number, and role on board. (Designate board officers)  
[ ] Included. [ ] Not Included. Explanation:  
\_\_\_\_\_  
\_\_\_\_\_
  
3. List of scheduled board meetings for the past year and copies of last three (3) meeting minutes.  
[ ] Included. [ ] Not Included. Explanation:  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Complete copy of most recent fiscal year-end report provided to agency board.  
[ ] Included. [ ] Not Included. Explanation:  
\_\_\_\_\_  
\_\_\_\_\_

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5. Copy of most recent independent annual audit (within past 12 months) in accordance with Government Auditing Standards, if your organization received \$50,000 or more from the EFSP last year. Organizations that received \$25,000 to \$49,999 from EFSP last year must attach an annual review. Organizations that received grants totaling less than \$25,000 during Phase 29 must provide the same complete fiscal information that they provide to their board of directors.  
 Included.                       Not Included. Explanation:

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6. Copy of organization's client application form, sign-in sheet or intake form used for clients receiving EFSP services.  
 Included.                       Not Included. Explanation:

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7. A copy of organization's official document which addresses non-discrimination related to client served.  
 Included.                       Not Included. Explanation:

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8. A copy of the organization's official mission statement.  
 Included.                       Not Included. Explanation:

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9. If requesting funding for motel vouchers, please attach a copy of the agreement with the motel or hotel.  
 Included.                       Not Included. Explanation:

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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.

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SIGNATURE AND TITLE

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DATE