

Emergency Food and Shelter Program



(EFSP)

Phase 30 – Training

August 31, 2011

Program Overview

- ❑ The Emergency Food and Shelter Program (EFSP) was authorized in 1983 under the Stewart B. McKinney Homeless Assistance Act, since renamed the McKinney-Vento Homeless Assistance Act.
- ❑ The EFSP was created to supplement and expand the work of local social service agencies, both nonprofit and governmental, in an effort to help people with economic (not disaster related [i.e., fire victims, floods, tornadoes, etc.]) emergencies.

Program Overview (cont'd)

| | |
|-------------------------------------|---|
| FEMA | <ul style="list-style-type: none">▫ Receives the EFSP appropriation from Congress.▫ Awards the appropriation to the EFSP National Board.▫ Monitors program performance.▫ Accounts for use of funds to Congress. |
| National Board | <ul style="list-style-type: none">▫ Makes policy decisions and sets program parameters.▫ Selects jurisdictions by formula to receive the annual funding.▫ Disburses funding to agencies chosen by jurisdictions.▫ Accounts for use of funds to Congress. |
| Local Board | <ul style="list-style-type: none">▫ Chooses local agencies (Local Recipient Organizations) for funding.▫ Determines the amount and categories of funding for each agency.▫ Monitors agency performance.▫ Advertises the availability of funds to the jurisdiction. |
| Local Recipient Organization | <ul style="list-style-type: none">▫ Provides services to people with emergency economic needs.▫ Uses funds to supplement and expand its existing food and shelter services.▫ Fulfills EFSP reporting and documentation requirements. |

Program Overview (cont'd)

- ❑ The EFSP funding is open to all organizations helping hungry and homeless people.
- ❑ In Riverside County, program expenditures are limited to emergency food, shelter, and rent/mortgage assistance.
- ❑ EFSP funds are not intended to substitute or reimburse ongoing programs and services or to start new programs.

Program Overview (cont'd)

- ❑ EFSP is governed by a National Board that selects jurisdictions for funding.
- ❑ Local Boards are convened in those qualifying jurisdictions to determine the highest need and best use of funds and to select Local Recipient Organizations (LROs) that will provide emergency food and shelter services.

EFSP PHASE 30 RFP ADDENDUM

- Will not and 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 not and 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**.

EFSP Phase 30 RFP – General Information

- This RFP is being released with a provisional guarantee that EFSP funding will occur for Phase 30.
- **Late** or **incomplete** applications will be considered ineligible. Only complete applications will be scored.

EFSP Phase 30 RFP – General Information (cont'd)

- ❑ PAST EFSP SPONSORS – Funding is neither automatic, nor guaranteed.
- ❑ First time applicants are limited to a total request of \$10,000.
- ❑ Applicants that have received previous EFSP funding are limited to a request of \$50,000.

EFSP Phase 30 RFP – Eligible Activities

- ❑ The priority services identified by the Local Board for Phase 30 are:
 - Emergency Food (Hot/Cold Meals, Food Distribution, Food Vouchers)
 - Emergency Shelter – (Motel Vouchers)
 - Mass Shelter
 - Emergency Rental/Mortgage Assistance
 - Administrative Costs – Up to 2% of your total EFSP grant.

Funding can be requested to support only these activities.

EFSP Phase 30 RFP – Proposal Standards

□ Proposal Standards

- One (1) signed (in blue ink) original application and four (4) signed copies
- Must be received by the
Department of Public Social Services
Homeless Programs Unit
4060 County Circle Drive
Riverside, CA 92503
- No later than 5 p.m. PST on October 13, 2011.
- Late or incomplete packets will not be accepted.
- Only complete applications will be scored.

EFSP Phase 30 RFP – Proposal Standards (cont'd)

□ **Additional Proposal Standards**

- DO NOT BIND COPIES (Clamp or clip only)
- Uniform, letter sized (8 ½ x 11) sheets of paper
- 1" inch margins, 12 point type, Arial font, single spaced
- Project Narrative is limited to a **maximum of 9 pages** including the questions. Pages exceeding the stated limit of 9 pages will not be reviewed or scored.
- Typed or computer generated, clear, legible print on white paper, suitable for copying

EFSP Phase 30 RFP – Proposal Standards (cont'd)

- ❑ Applicants ***must submit*** all **REQUIRED DOCUMENTATION** (in the Order of Assembly found on page 10 of the EFSP Application) with the application and each copy.
- ❑ All application copies must also include a full set of the required documentation when submitted. These documents must be attached to the back of the “**Required Documentation Checklist**”.
 - ❑ As set forth in the Order of Assembly found on page 10 of the EFSP Application.
 - ❑ APPLICATIONS MUST CONTAIN THE REQUIRED DOCUMENTATION IN ORDER TO BE ELIGIBLE.

EFSP Phase 30 RFP – Proposal Standards (cont'd)

- ❑ INCOMPLETE APPLICATIONS WILL NOT BE SCORED.
 - Applications will be deemed “INCOMPLETE” and not graded if one or more of the following conditions are present:
 - ❑ Late Applications
 - ❑ Original Blue Signature on the Original Application
 - ❑ 1 original and 4 complete signed application copies
 - ❑ Incorrect Order of Assembly (see Application Checklist (page 10))
 - ❑ Missing Required Documents (see Application Checklist (page 10))

EFSP Phase 30 RFP – Criteria

- ❑ Applicants must meet **criteria** to be eligible for funding under the Emergency Food and Shelter Program. (RFP pgs. 5 7)
- ❑ In order to be eligible for funding under the EFSP Emergency Food and Shelter Program (EFSP), applicants must meet the following criteria:

EFSP Phase 30 RFP – Criteria (cont'd)

- ❑ The organization must have a current **non profit** (501(c) 3) status or be an agency of the government.
- ❑ The organization must have an **accounting** system or an approved fiscal agent.
- ❑ The organization must have a **Federal Employer Identification Number (FEIN)** or be in the process of obtaining a FEIN.

EFSP Phase 30 RFP – Criteria (cont'd)

- The organization must 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.

EFSP Phase 30 RFP – Criteria (cont'd)

- ❑ The organization must practice **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.)
- ❑ The non-profit organization must have a **voluntary** board.
- ❑ The organization should, to the extent practicable, involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services.

EFSP Phase 30 RFP – Criteria (cont'd)

- The organization must describe and demonstrate 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.

EFSP Phase 30 RFP – Criteria (cont'd)

- The organization should be prepared to have EFSP **directly deposit** funding 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.

EFSP Phase 30 RFP – Criteria (cont'd)

- ❑ The organization must maintain records in accordance with EFSP guidelines, and must submit quarterly reports to Riverside County Department of Public Social Services Homeless Programs Unit.
- ❑ The quarterly reports will include the number of units of service delivered and the amount of funding expended during each **month** in each of the client service categories. Failure to do so may result in repayment of funds used to assist duplicated clients.

EFSP Phase 30 RFP – Criteria (cont'd)

- The Homeless Management Information System (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 Housing and Homeless Coalition for Riverside County now requires 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.

EFSP Phase 30 RFP – Criteria (cont'd)

- The organization must 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.

EFSP Phase 30 RFP – Criteria (cont'd)

- ❑ The organization that is funded to provide Emergency Rental and Mortgage Assistance or Motel Vouchers will be required to provide information to a clearinghouse prior to payment of rent, mortgage or motel costs to ensure that duplication of client services does not occur.
- ❑ The organization must provide separate applications for projects physically located in different Supervisorial Districts.

EFSP Phase 30 RFP – Criteria (cont'd)

- ❑ The organization must demonstrate they have provided emergency shelter and/or service programs for at least one year.
- ❑ Participation in the Housing and Homeless Coalition for Riverside County (Continuum of Care) and associated meetings is required.

EFSP Phase 30 RFP – Scoring Criteria

- ❑ All complete applications will be reviewed and scored by the Ranking and Scoring Committee, comprised of Local Board members and DPSS staff.

- ❑ Applications will be scored in the following areas:
 - Community Need (25 Pts) Q1
 - Availability of Services (25 Pts) Q2, Q3, Q4
 - Capacity/Program Management (25 Pts) Q5, Q6, Q7
 - Coordination and Collaboration (15 Pts) Q8
 - Case Management Component (10 Pts) Q9

EFSP Phase 30 RFP – Scoring Criteria (cont'd)

Point Deductions

Points may be deducted for the following reasons based on information from Phase 28:

| Description of Deduction Category | Points Deducted |
|---|------------------------|
| Failure to turn in monthly/quarterly reports in a timely manner | Up to 5 |
| Failure to attend Continuum of Care Meetings (2 Minimum) | Up to 5 |
| Failure to cooperate with Monitoring/Inadequate accounting system | 5 |
| Open compliance issues from previous year's close out | 5 |
| Reallocation of funds from previous year's funding cycle due to non-compliance, lack of need, or contractual issues | 5 |
| Failure to spend previous EFSP grant award (Points will be deducted if greater than \$200 is returned to National Board at closeout time) | 5 |

EFSP
PHASE 30
APPLICATION

Emergency Food and Shelter Program
Phase 30 – 2012 - Project Application

Cover Page

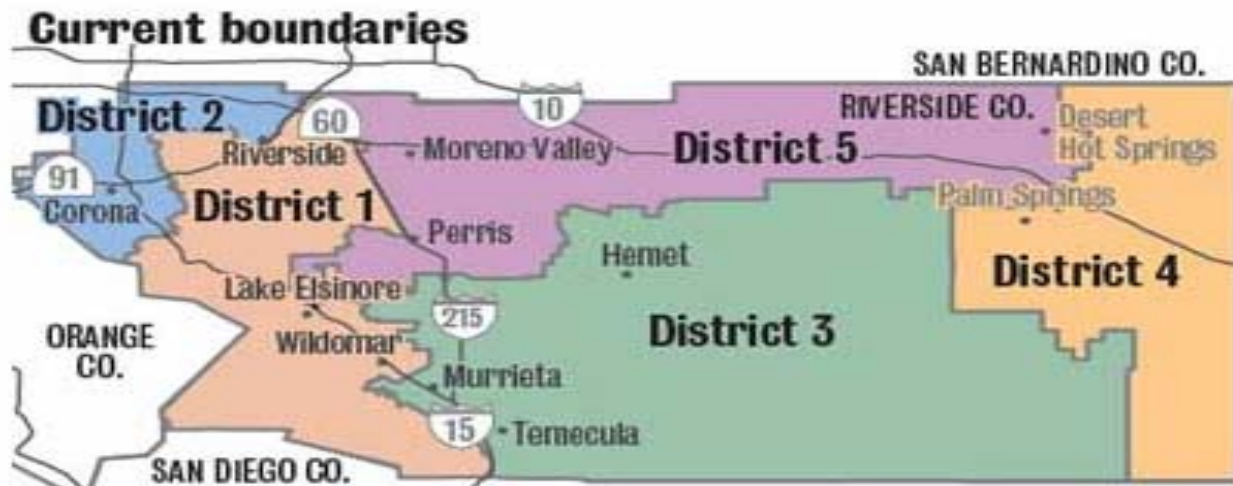
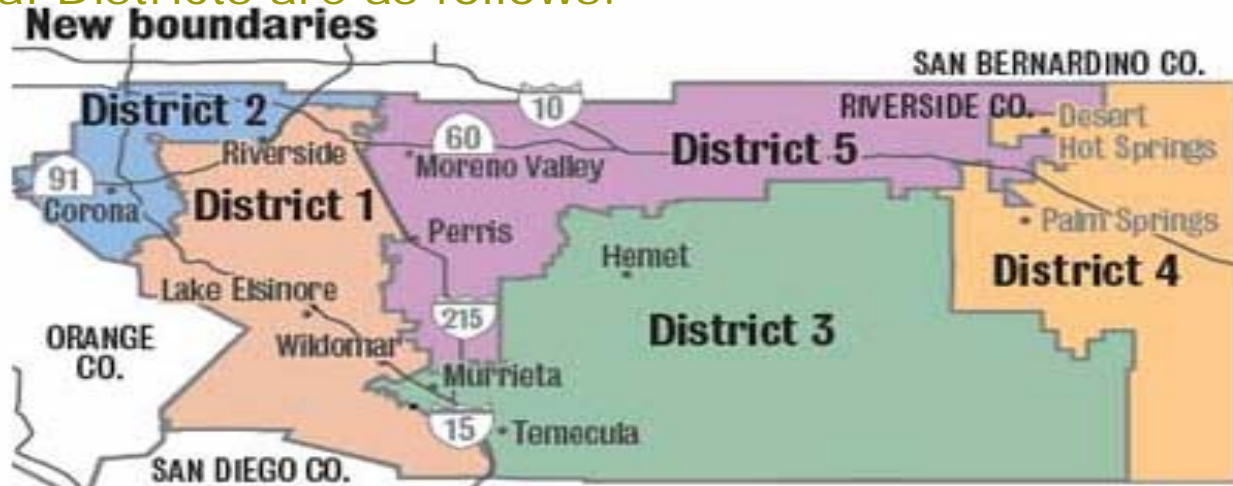
Supervisorial District: _____

Name of Applicant Organization:

EFSP Phase 30 Application (cont'd)

The Supervisorial Districts are as follows:

Takes Effect
on
10/27/2011



EFSP Phase 30 Application (cont'd)

- To find your Supervisorial District, please visit:

www.election.co.riverside.ca.us/incumbents/xmllookup/IE6/Index.asp

www.rivcoconnection.com/RiversideCountyDistrictInfo/tabid/73/Default.aspx

Grant Contact:

Name: _____

Street: _____

City: _____ Zip Code: _____

Tel #: _____ Fax #: _____

E-Mail Address: _____

EFSP Phase 30 Application (cont'd)

- ❑ First time applicants are limited to a total request of \$10,000.
- ❑ Applicants that have received previous EFSP funding are limited to a request of \$50,000.
- ❑ Phase 29 Award
 - Highest \$36,388
 - Lowest \$2,586

Emergency Food and Shelter Program Phase 30 – 2012 - Project Application

Application

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

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? No Yes, Phase _____

- Federal Employer Identification Number (FEIN)

www.simplefilings.gov-tax.net/?rdir=1285712738&sc=0

EFSP Phase 30 Application (cont'd)

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: _____

Emergency Food and Shelter Program Phase 30 – 2012 - Project Application

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

Question 1 (25 MAXIMUM 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.

□ **Poverty, Unemployment, Housing**

<http://www.labormarketinfo.edd.ca.gov/>

<http://www.calmis.ca.gov/file/lfmonth/rivesub.xls>

<http://www.epodunk.com/>

<http://quickfacts.census.gov/qfd/states/06/06065.html>

<http://www.riversidehomeless.org/>

Question 2 (5 MAXIMUM 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.

Question 3 (10 MAXIMUM 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.

Question 4 (10 MAXIMUM 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.)

<http://www.disasterrecoveryworld.com/>

Question 5 (5 MAXIMUM POINTS):

Please describe your:

- (a) client intake process; and
- (b) client eligibility requirements for each service.

Question 6 (10 MAXIMUM 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.

Question 7 (10 MAXIMUM 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.

Question 8 (15 MAXIMUM 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.

Question 8 (15 MAXIMUM POINTS):

- ❑ 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.

Question 9 (10 MAXIMUM POINTS):

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

- ❑ CERTIFICATION OF PARTICIPATION IN HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
 - Mass Shelter
 - Motel Vouchers
 - Rental Assistance

HMISsupport@riversidedpss.org

**THE HOUSING AND HOMELESS
COALITION FOR RIVERSIDE COUNTY**

- Signed Letter must be attached to Project Application
- If already submitted, please attach a copy

Liz A. Calanche, CoC Coordinator

(951)358 5640- Desk

ELCalanc@riversidedpss.org



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.



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

Emergency Food and Shelter Program
Phase 30 – 2012 - Project Application

**EMERGENCY FOOD AND SHELTER FUNDING
REQUEST**

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

Name of Applicant Organization:

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

EFSP Phase 30 Application (cont'd)

Page 9 of App

| 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) | \$ |
| 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

DATE

Emergency Food and Shelter Program
Phase 30 – 2012 - Project Application

**EFSP PHASE 30 REQUIRED DOCUMENTATION
CHECKLIST**

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

Name of Applicant Organization:

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
- Certification or Participation in HMIS – Page 5
- COC Formal Membership Letter _ Page 6
- 211 Community Connect – Page 7
- EFSP Funding Request – Page 9

Section Two - Check List Attachments

1. Most recent IRS 501(c)3 status letter.
[] Included. [] Not Included. Explanation:

The organization must have non profit (501(c) 3) status or be an agency of the government.

EFSP Phase 30 Application (cont'd)

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:

The non-profit organization must have a voluntary board.

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:

The organization must 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.

6. Copy of organization's client application form, sign-in sheet or intake form used for clients receiving EFSP services.

Included. Not Included. Explanation:

7. A copy of organization's official document which addresses non-discrimination.
[] Included. [] Not Included. Explanation:

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

The organization must practice 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.)

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

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.

SIGNATURE and TITLE

DATE

Submission Deadline

Thursday

October 13, 2011

5:00 p.m. PST

Important Reminders

- ❑ **Incomplete Applications:** Applications will be deemed “INCOMPLETE” and not graded if one or more of the following conditions are present:
- ❑ **Late Applications**
- ❑ **Missing **Blue** Signature on the Original Application**
- ❑ **Failure to provide 1 original and 4 complete signed application copies**
- ❑ **Incorrect Order of **Assembly**** (see Application Checklist (page 10))
- ❑ **Missing Required Documents** (see Application Checklist (page 10))

Important Reminders (cont'd)

- ☑ Please read **ALL** documents thoroughly.
- ☑ Please sign **ALL** pages that require signatures.
- ☑ Please attach **ALL** required documentation to the checklist provided.
- ☑ Please follow the proposal standards set forth in the RFP.
- ☑ Please follow the **Order of Assembly** document to prepare your application packets.

QUESTION AND ANSWER

Contact Information

▣ For Technical Assistance*:

Anabel M Ramos

Riverside County Department of Public Social Services

Homeless Programs Unit

4060 County Circle Drive

Riverside, CA 92503

anaramos@riversidedpss.org

(951) 358-5617

***Technical assistance requests must be received by:**

Thursday, October 6, 2011 at 5:00 p.m. PST

THANK YOU
AND
GOOD LUCK!

