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Sacramento Regional Emergency Food & Shelter Program Phase 37 Request for Proposals

Bidders Conference



Structure of the National Emergency Food & Shelter Program

- National program established in 1983
- Authorized under the McKinney-Vento Act
- Funds allocated to Dept. of Homeland Security, Federal Emergency Management Agency (FEMA)
- Administered by Emergency Food and Shelter National Board Program under United Way Worldwide (Washington DC)
- National Board allocates funding to local jurisdictions
- Sacramento Regional Emergency Food and Shelter Board allocates funding to local agencies.

Sacramento Region Emergency Food & Shelter Local Board



Chair: Brian Moore, St. Vincent de Paul Society

Vice Chair: Jeremiah Rhine, Sacramento Food Bank & Family Services

Members:

- Rabbi David Azen, Fresher Sacramento
- Nancy Baglietto, Foothill House of Hospitality
- Michelle Cook, Folsom Cordova Community Partnership
- Patricia Davis, American Red Cross
- Julie Davis-Jaffe, SETA
- Julie Field, Sacramento County Dept. of Human Assistance
- Yasmin Hichborn, El Dorado County
- Elizabeth Hudson, Sacramento Self-Help Housing
- Greg Larkins, United Way Capital Region
- Emily Meza, Yolo County
- Danielle Munoz, CSU Sacramento, Homeless Advocate
- Sergei Shkurkin, Shores of Hope

Phase 36 Allocations by County

- Alpine County:
- El Dorado County
- Nevada County
- Placer County:
- Sacramento County:
- Yolo County:

- \$ 5,000
- \$ 45,000
- \$ 45,000
- \$ 90,000
- \$629,898
- \$105,778

EFSP Allocations: Direct vs. Set-Aside Funding

Direct Funding:

To receive direct funding from National EFSP, a county must meet one of the following criteria:

- 300 or more unemployed <u>and</u> 7% rate of unemployment, <u>OR</u>
- 300 or more unemployed and a 17.6% rate of poverty
- Or, the County includes a major city in that county that qualifies via the abovementioned criteria

State Set-Aside (SSA):

Counties that do not meet the above criteria and receive allocations for SSA funding. Requests for funding are made by the Local Board Coordinator

Eligibility Criteria for EFSP Funding

Agencies cannot:

- Charge fees for EFSP-funded services
- Supplement existing programs
- Start a new program with EFSP funds
- Replace federal, state or city contracts with EFSP funds
- Be debarred or suspended from receiving Federal funding

Agencies must:

- Provide services in the six Sacramento Region EFSP region
- Be a 501[c][3] non profit <u>or</u> governmental agency
- Have a Federal Employer Tax ID number + a DUNS number
- Provide an independent annual audit if award is \$50,000 or more; comply with OMB single audit requirement if award is over \$300,000
- Have a non-discrimination policy in place
- Have a voluntary board of directors [if a private nonprofit]

See Phase 37 RFP for more details

Eligibile Activities for EFSP Funding

FOOD

- ✓ Food Closets: distribution of bagged groceries, mileage
- ✓ Served meals [mass feeding]: Ready to eat meals, served on-site or delivered
- ✓ **Food Vouchers:** vouchers for food at local grocery stores <u>or</u> restaurants
- ✓ Food Banks: distribution of food to food closets, shared maintenance, mileage

SHELTER

- ✓ Per Diem Shelter: lodging at a mass shelter facility
- ✓ Motel/Hotel Vouchers: temporary lodging at a motel/hotel
- ✓ Rent/Mortgage Assistance: Eviction prevention <u>or</u> first month's rent
- ✓ **Utility Assistance:**Assistance with gas, electricity, water, sewer service and cut wood (for heating purposes

Sample: Eligible and Ineligible Expenditures

CATEGORY	SAMPLE ELIGIBLE EXPENDITURES	SAMPLE INELIGIBLE EXPENDITURES
MASS FEEDING	Any food or equipment essential to the operation of a mass feeding program. (Payment made as a per meal allowance)	Any items not related to feeding of client. Staff events/functions
FOOD CLOSET / FOOD BANK	Food purchased for food banks/food closets. Mileage to deliver food to sites	Non-nutritive and non-food items (with exceptions). Tobacco, alcohol. Paper products. Holiday or special celebratory events.
FOOD VOUCHERS	Purchase of food vouchers, gift cards, or gift certificates to food retailers, such as markets or restaurants.	Gift cards / certificates/ vouchers must state "food and diapers" only.

Sample: Eligible and Ineligible Expenditures (cont.)

CATEGORY	SAMPLE ELIGIBLE EXPENDITURES	SAMPLE INELIGIBLE EXPENDITURES
MASS SHELTER	Direct expenses associated with housing a clientsupplies, rent, utilitiestransportation costs	Any items not related to sheltering of client.
RENT/ MORTGAGE ASSISTANCE	Past due rent or mortgage [P/I only]. Current rent/mortgage <u>due</u> within 10 calendar days. Limit is one month's cost	Payment exceeding one month; deposits; down-payment; late fees; legal fees, taxes, insurance, escrow
SHELTER VOUCHERS	Any <u>reasonable</u> motel or non- profit facility acting as a vendor; SRO; 30 day limit	An LRO <u>may not</u> act as a vendor for themselves or another LRO; motel prepayments
UTILITIES	Past due bills, or current bills <u>due</u> within 5 calendar days for gas, electricity, oil, water, reconnect fees. Limit is one month's cost	Payment exceeding one month; deposits; cable TV bills, phone bills, internet service, late fees

Sample: Eligible and Ineligible Expenditures (cont.)

- The Emergency Food & Shelter Program only funds the direct delivery of services.
- Funded agencies <u>cannot</u> charge administrative or indirect fees

End of Grant Year Requred Documentation

Service Area	Documentation			
MASS FEEDING	Mass feeding per diem schedule.			
FOOD CLOSET / FOOD BANK	Dated, itemized receipts for food purchased <u>and</u> canceled checks (or evidence of electronic payment).			
FOOD VOUCHERS	Dated, itemized receipts for food purchased <u>and</u> canceled checks (or evidence of electronic payment). A single copy of the voucher/gift card/ gift certificate stating, "food and diapers only."			
MASS SHELTER	Mass shelter per diem schedule.			
RENT/ MORTGAGE ASSISTANCE	Dated, signed letters (pay or quit notices) from landlords (must include amount of one month's rent <u>and</u> due date) and canceled checks (or evidence of electronic payment).			
SHELTER VOUCHERS	Dated, itemized receipt/vouchers for lodging stay <u>and</u> canceled checks (or evidence of electronic payment).			
UTILITIES	Monthly billing statement and/or past due notice indicating monthly usage charges, <u>and</u> cancelled checks (or evidence of electronic payment).			

Client Eligibility

EFSP-funded assistance must be distributed to all who qualify. Agencies cannot discriminate by:

- ✓ Age
- ✓ Race
- √ Sex
- ✓ Religion
- ✓ National origin
- ✓ Disability
- √ Economic status
- √ Sexual orientation

Verification of proof of citizenship <u>or</u> qualified alien status of any applicant is <u>not</u> required

Spending period, payments and reporting

- Phase 37 spending period: Alpine and El Dorado Counties (4/1/20 - 3/31/21);
- Nevada, Placer, Sacramento and Yolo Counties (3/1/20 - 2/28/21)
- First and second payments
- Funded agencies must submit final documentation at the end of the spending period

Proposal Narrative

In no more than THREE (3) pages

- 1. Community Need [20 points]
- 2. Project Description [20 points]
- 3. Population to be served with EFSP funds [10 points]
- 4. Agency capacity to provide proposed services [20 points]
- 5. Collaboration and awareness of community capacity [20 points]

Other criteria considered in scoring (do not include narrative for the following criteria):

- 6. Budget. [10 points]
- 7. Previous year EFSP reporting. [10 points], as applicable

Agency Info. and Income Report

<u>EME</u>	RGENCY FOOD & SHE	LTER PROGRAM - F	PHASE 37 A	gency Income	e Report (Pag	<u>je 1)</u>	
PROPOSAL DEADLINE: 3/20/20	FESP	Funding Request Cannot	Exceed 50% o	of Program Bude	net		
THOS GOVE BENDEINE GEORES	AGENCY INFORMATION	- '					
	7.02.1.0.1 0.1	THE HOUSE HE GIVE	(. ago .,2)(. r aga . a z ,		
AGENCY NAME :				=		County:	
C	commonly Used Name, if ap	vlicable:					
dministrative Address:	Street	City:	State: Z	ip:			
Mailing (PO), if different		City:	State: Z	ip:			
Address (s) where service is to be provided, if	f different.						
Congressional District where service is to be p	provided:						
A OFNOV BLIONE /F	Db	F					
AGENCY PHONE/Fax: F	Phone:	Fax:					
Executive Director:		Email:				_	
Program Contact:		Email:				_	
Fed Tax ID Number:		DUNS#:_					
rea raxib Nambei.		DUNS#					
List Your Agency's Top 10 sources of donors into a single "donors" line ite	of budgeted income for your	current fiscal year. Group	allindividual				
donois into a single donois line ite	in (include Any Curent Li C	Awaided Amounts)					
					PURPOSE	All That Apply	Place an "X" for
Source of Incom	ie e	Amount \$			Food	Shelter	Other
	9						
	\$						
5							
Fotal Agency Budget for FOOD Pro	-						
Total Agency Budget for SHELTER	Programs \$						
	\$						
Fotal Agency Budget for OTHER Pro	-						
Fotal Agency Budget - ALL Program	ns \$						
, J							
	4						

Agency Info. and Income Report, page 2

	EMERO	GENCY FOOD	& SHELTER	PROGRAM -	PHASE	37 Income Report (Page	2)
EFSP - FUNDING REQUEST FORM & SIGNATURE PAGE				(Page Two.of Two.)			
AGENCY NAME	:						
FOOD	(ELIGIBLE ACTIVITIE	ES FOR FUNDING)					
,	FOOD BANKS	- Distribution of b	ulk foods to Foo	od Closets			
,	FOOD CLOSE	ΓS - Distribution o	of bagged groce	ries to individual	dients		
,	MASS FEEDIN	IG - Ready to eat	meals, served of	on-site or delivere	d to dient	S	
SHELTER		ERS - Vouchers	for use at local o	grocery stores or	restaurant	s	
,	PER DIEWMA	SS SHELTER - L	odging ata mas	ss shelter facility			
,	MOTEL/HOTE	L VOUCHERS - 1	emporary, eme	rgency lodging a	motel/hot	el	
,	RENT/MORTG	AGE ASSISTAN	CE - Eviction pr	evention or 1st m	onth's rent		
,	UTILITYASSIS	STANCE - Include	es gas, electricit	y, water, sewers	ervice and		
	cut wood (for h	eating purposes)					
FIII	NDING REQUE	ST - FOOD COM	PONENT (F	unding Reguest (Cannot Ev	peed 50% of Program Budget)	
	Estimated # of meals to be distributed	Estimated # of individuals to be served	Estimated # of households to be served	Estimated pounds of food to be distributed		THIS EFSP FUNDING AMOUNT REQUEST \$	FUNDING AMOUNT TOTAL AVAILABLE FROM OTHER SOURCES
Food Bank						\$	\$
Food Closet						\$	\$
Mass Feeding						\$	\$
Food Vouchers						\$	\$
		1	FOOD COMPO	NENT TOTAL R	FOUEST	\$	\$
		Ī				,	· ·
FUN	DING REQUES	T - SHELTER CO	OMPONENT (Funding Request	Cannot E	xceed 50% of Program Budget	
						THIS EFSP FUNDING AMOUNT REQUEST \$	FUNDING AMOUNT TOTAL AVAILABLE FROM OTHER SOURCES
erDiem/ Mass Shelter	(# of Beds x Fixed Beds Total #x = \$	d Rate Per Bed) \$12.50 Per Night	Nights to be Provided Total				
Motel/Hotel Vouchers	Rate Per Roomper night \$	Nights to be Provided Total				\$	\$
RentMortgage Assistance	Avg Costper Bill	Total # of Bills to be paid				\$	\$
Utility Assistance	Avg Costper Bill	Total # of Bills to be paid				\$	\$
		SHE	TER COMPC	NENT TOTAL R	EQUEST:	\$	\$
	COMBIN	ED FOOD & SHI	ELTER COMPO	NENT TOTAL R	FOUE ST:	\$	\$
					-		
rinted Name and	Tide of Person w	ha is authorized	to apply for fund		Si	gnature (use Blue Ink)	Date

Attachments

All of the following must be submitted even if you have submitted them in previous years. If any of the items are missing, your agency will not be considered for funding.

- Agency Mission Statement, Goals and Objectives
- Most Recently Approved Agency Budget
- Agency Audit (If applicable. Only if your agency is applying for \$50,000 or more)
- Organization Chart
- Board of Directors' Names with Addresses
- By-Laws
- Proof of Liability and Workers Compensation Insurance
- IRS Determination Letter. For example, 501(c) 3 Status Letter
- Current Agency Non-discrimination Policy

Attachments (cont.)

Provide the following when applicable:

- <u>Food Closet or Mass Feeding</u>: attach guidelines for serving clients.
- <u>Food Vouchers</u>: describe process and attach a copy of forms used.
- <u>Food Bank</u>: 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.

Grant Application Format

SUBMIT THE FOLLOWING BY Friday, March 20, 2020 at 5:00 pm

- ✓ Submit ONE [1] signed original application and all attachments by mail/drop off to: Emergency Food and Shelter Board, c/o Community Link 8001 Folsom Blvd., Sacramento, CA 95826 and
- ✓ ONE [1] application and all attachments <u>electronically</u> (preferred) by email to <u>vmihanovich@communitylinkcr.org OR</u> on a Flash Drive to the same address noted above.
- ✓ Applications are to be completed using 8 ½ x 11 inch white paper with 1-inch margins and 12-point Ariel type or larger. The electronic documents should be in Microsoft Word or Portable Document Format (PDF). Consecutively number the narrative pages of the application (attachments do not need to be numbered).

Phase 37 Timeline

Applications due Friday, March 20, 2020 by 5:00p.m.

Late applications will <u>not</u> be accepted. <u>No</u> exceptions.

Preliminary funding announcement: TBD*

Appeals process: TBD

Local Board of approval of final awards and submittal of Local

Board Plan to EFSP National Board Program: TBD*

Contract execution: TBD*

Payments received: First payment automatic, second payment comes after any previous compliance issues have been cleared by National EFSP staff

*Awards timeline pending announcement of funding availability from National Board





Contact

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Food & Shelter Program
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vmihanovich@communitylinkcr.org

FAQs

https://www.handsonsacto.org/phase 37

<u>NOTE</u>: DO <u>NOT</u> CALL ABOUT THE STATUS OF YOUR APPLICATION – AGENCIES WILL BE NOTIFIED AFTER THE ALLOCATIONS COMMITTEE MEETS AT A DATE TBD