**Emergency Food and Shelter Program**

San Diego Local EFSP Board

**EFSP Phase 39**

**REQUEST FOR PROPOSALS**

**LOCAL SUB-RECIPIENT ORGANIZATIONS**

**Submit to:**

**Proposals must be received by email at** [**EFSP39@CCDSD.ORG**](mailto:EFSP39@CCDSD.ORG)

Note: It is the agency’s responsibility to confirm the proposal is received by 5:00 pm on Monday, November 15, 2021. A confirmation email will be sent when the proposal is received by email. If no confirmation is received by your agency within 24 hours please contact Alysia Bloxham at efsp39@ccdsd.org.

|  |  |
| --- | --- |
| UPDATE Release Date: November 1, 2021 | Due Date: November 15, 2021 |

SD Website: [www.efspsd.org](http://www.efspsd.org)

**Dear EFSP Sub-Recipient Applicant Agency,**

The Local Board of the San Diego County Emergency Food and Shelter Program (EFSP) invites all interested, qualified 501(c) non-profit community organizations to request participation to provide emergency shelter and food to people in need in San Diego County for the funding period beginning July 1, 2021 to May 31, 2022 (ending date tentative).

Please find attached

* Emergency Food and Shelter Program (EFSP) Phase 39 Act Proposal Instructions
* EFSP Phase 39 Proposal Template

The completed request is **due on Monday, November 15, 2021**, and must be **EMAILED**

Email: [EFSP39@CCDSD.ORG](mailto:EFSP35@CCDSD.ORG)

This material is being sent to you because A) your agency is a previous EFSP participant or recipient; B) you have shown an interest in the program; or C) you might be able to forward a copy to a non-profit agency providing emergency food and shelter services within San Diego County.  **Interested agencies must be current providers of emergency food and shelter services**; participation is not available for a start-up program.

As always, we anticipate funding to come down from the federal government for this program in its 2021 budget. At this time we have not been advised of a funding release date. The local EFSP board has selected Catholic Charities as the phase 39 single Local Recipient Organization (LRO). Your agency is applying as a sub-recipient.

Please see [www.efspsd.org](http://www.efspsd.org) for Frequently Asked Questions (FAQ). If your question is not answered, please submit your question to EFSP39@CCDSD.ORG.

Sincerely,

Phase 39 EFSP San Diego Board of Directors

**San Diego County Jurisdiction**

**EMERGENCY FOOD AND SHELTER PROGRAM**

**PHASE 39 REQUEST FOR PROPOSAL**

**Instructions to submit a proposal – please read all pages!**

The Emergency Food and Shelter Program was established in 1983 by Congress with the intent of supplementing local efforts to provide emergency shelter and food to people in need. The EFSP National Board governs the EFSP Program. The San Diego County Program is governed by a Local Board of seven member agencies that represent the local counterparts of the National Board member agencies, as well as a range of service providers, coalitions, advocacy groups, technical assistance providers, planning and community development agencies. The funds come from the federal Stewart B. McKinney Homeless Assistance Act and are sometimes identified as “FEMA” funds.

The Local Board of the San Diego County Emergency Food and Shelter Program invites all interested, qualified non-profit community organizations to request program participation to provide emergency shelter and food to people in need in San Diego County for the period beginning July 1, 2021 to May 31, 2022.

**The deadline for receipt of proposals is:** The completed request is **due on Monday**, November 15 and must be EMAILED.

Note: It is the agency’s responsibility to confirm the proposal is received by 5:00pm on Monday, November 15, 2021. Agency must submit through email no later than 5:00 pm on Monday, November 15, 2021.

Email: [EFSP39@CCDSD.ORG](mailto:EFSP34@CCDSD.ORG)

The San Diego County Emergency Food and Shelter Local Board received EFSP awards from the National Board for the past 38 phases. The award amount in Phase 39 for the San Diego jurisdiction is TBD.

As of the date of release of this Request for Proposal (RFP), EFSP Phase 39 funding has not been released by the National Board. Proposals are being accepted on the basis that we anticipate Phase 39 funds will be available in the near future. Funds are used to provide services through participating non-profit social service agencies throughout San Diego County during Phase 39 funding.

In addition, the Local Board has no certain knowledge as to when Congress and the National Board will make funding available once awarded. The Local Board will be prepared to immediately allocate all funds when they are made available and the deadlines set in this proposal are firm.

**Proposals received after 5:00 pm on Monday, November 15, 2021 will not be accepted.**

**Incomplete proposal packets will be disqualified.**

**AGENCY ELIGIBILITY**

* 501(c), non-profit agencies, or public agencies, providing food and/or shelter to homeless and low-income people. 501(c) \_\_\_\_\_\_\_Initial
* Agencies must not charge fees to clients for EFSP-provided services, nor may a donation be required. \_\_\_\_\_\_\_Initial
* Service providers must be **supplementing existing** food and shelter programs. \_\_\_\_\_\_\_Initial
* Agencies must practice non-discrimination and ***not require religious participation***. *(Note: “Non-discrimination” is not interpreted to apply to Native American organizations if they serve only members or descendants of members of federally recognized Indian tribes.)* \_\_\_\_\_\_\_Initial
* Agencies must be governed by a volunteer Board of Directors (except for government units). \_\_\_\_\_\_\_Initial
* Agencies must conduct an independent annual review if requesting or receiving $25,000-$49,999, an annual independent audit if requesting or receiving $50,000 or more in EFSP funds, and an OMB Circular A-138 if receiving $500,000 or more in Federal Funding. **Audit must not have received an adverse or no opinion audit**. *NOTE: It is at the Local Board’s discretion to request an audit from any agency, regardless of the amount allocated*. \_\_\_\_\_\_\_Initial
* Agencies must not be debarred or suspended from receiving federal funds. \_\_\_\_\_\_\_Initial
* Agencies must have Federal Employer Identification Number (FEIN) and Data Universal Number System (DUNS). \_\_\_\_\_\_\_Initial
* Agencies must have no known EFSP compliance exceptions in this or any other jurisdiction. \_\_\_\_\_\_\_Initial
* Agencies must have the EFSP programs your agency is applying for listed on 2-1-1 San Diego database. \_\_\_\_\_\_\_Initial
* Agencies with multiple program sites providing services in more than one geographic area may request participation as a multi-region proposal. Agencies with only one service site, regardless of where clients come from, MUST apply for participation in one region only in San Diego County. \_\_\_\_\_\_\_Initial
* Agencies should be able to capture client counts and provide that information in reports as required. \_\_\_\_\_\_\_Initial
* EFSP participating agencies **cannot** operate as vendors for themselves or other EFSP-funded agencies. \_\_\_\_\_\_\_Initial
* New programs or applicants that did not participate in Phase 37 or 38 are limited to a $5,000 maximum award amount for each of the following categories: Mass Shelter, Food Pantry and Served Meals. \_\_\_\_\_\_\_Initial
* Pilot or programs not operational by the release of the RFP on November 1, 2021, are not eligible for EFSP funding. \_\_\_\_\_\_\_Initial

The Data Universal Numbering System, abbreviated as DUNS or D-U-N-S, is a system developed and regulated by [Dun & Bradstreet](http://en.wikipedia.org/wiki/Dun_%26_Bradstreet)(D&B), that assigns a unique numeric identifier, referred to as a "DUNS number" to a single business entity. Visit [www.dnb.com](http://www.dnb.com) to obtain or lookup your organization’s DUNS.

**ELIGIBLE ACTIVITIES**

The following are activities that are eligible under the guidelines of the EFSP. There are other activities, which may be eligible under National Board guidelines, but are not eligible under the San Diego County Local Board’s guidelines.

**FOOD**

Eligible costs include food and served meals; this funding is intended to provide basic, nutritional meals on an ongoing basis not for non-nutritive items. The funding is not intended to be used for a singular event, special celebratory events, holiday baskets, etc. Dessert items (i.e., cookies, snack food, candy, etc.) used as part of a daily meal plan may be purchased in limited amounts.

* Served Meals—a pre-set amount of $2.00 per meal. Limited amount of funding for food-related supplies and transportation (part of the food grant and must be requested in writing during the program year)
* Food Pantry— Food items will be selected and purchased by local board to supplement existing food pantries (If awarded, food value minimum is $500). Agencies applying for Food Pantry assistance must have adequate storage facilities to store awarded allocations. If awarded, agencies will be receiving nonperishable food products. No direct funding will be awarded.

**SHELTER/UTILITIES**

* Per Diems, Mass Shelter—pre-set amounts of $7.50 a night per person without case management OR $12.50 a night per person with case management
* Hotel/Motel Vouchers- 30-days assistance per individual per program period;
* Rent/Mortgage Assistance - 1-month assistance per household; payment must guarantee an additional 30 days of housing; no late fees, legal fees, deposits or condo fees are allowed.
* Utility Assistance - 1-month assistance per household; payment must guarantee an additional 30 days of service. Utilities include water, gas and electricity.

**PROGRAM PARTICIPATION REQUEST GUIDELINES**

* The program must demonstrate in the narrative that they have the capacity to operate the program effectively.
* EFSP participation must **supplement a currently running program**. The funds are not to start new programs or stop a program from closing. Reminder: If the program were to close if EFSP participation were to be removed, then EFSP funds are not being used properly.
* EFSP participation cannot be utilized to replace federal, state or city grant contracts.

**PROPOSAL PROCESS**

* **Proposals will only be accepted by email to** [**EFSP39@CCDSD.ORG**](mailto:EFSP34@CCDSD.ORG)
* Please refer to Mandatory Attachments on page 7. If any of the proposal information is incomplete or missing, the proposal will be deemed unresponsive and incomplete, and will not meet the threshold for scoring and allocation.
* Proposals will be reviewed and scored by EFSP Phase 39 Board members. Proposals are scored to determine participation eligibility on the narrative questions beginning on page 11. Board members or Local Recipient Organization staff may contact other sources listed in the proposal to verify information contained in the proposal.
* **Program allocation will be based on an agency’s program capacity to provide services**.
* Once a proposal has been submitted, **please do not call or email about the status of the proposal unless you are confirming receipt**. You will be notified by email of the outcome of your proposal.

# **NARRATIVE INSTRUCTIONS**

* **All final proposals, including the narrative responses, MUST be emailed**
* You will submit this document as your proposal. **Put your agency’s name in the footer**.
* Enter requested information into the corresponding fields (usually response in a box) where prompted.
* Maintain the order of the entire RFP to aid the review committee in its work. Be sure attachments are in the order requested. **Label each attachment.**

**PROPOSAL SCORING**

Only those proposals that meet the threshold will be forwarded for scoring. Sections I through IV, on pages 8-11, of this proposal contain general agency questions and **must be answered by all applicants**. Proposals missing answers to any of these questions or required attachments on page 7 will be considered unresponsive and incomplete, and will not meet the threshold for scoring. Please see check off list on last page.

Section V, on page 12 of this proposal, contains specific program questions. **Only complete the program section(s) for which your agency desires to participate.**

The specific programs are:

* Served Meals
* Food Pantry
* Mass Shelter
* Hotel/Motel Vouchers
* Rental/Mortgage Assistance
* Utility Assistance

Awards for each program will be based on the agency’s capacity to deliver services.

**APPEALS**

* If your agency is not selected for participation, you have the right to appeal, provided that your appeal is based upon Board violations of program regulations only. No appeals will be heard on the basis of scores or award level.
* A written appeal must be submitted within the timeline indicated in your notification email.
* You will have the opportunity to present your appeal to the Board or a committee of Board members. You will be notified in writing of the outcome of your appeal.

**POST AWARD PROCESS**

* Site visits may be conducted. Board members or Local Recipient Organization staff may contact other sources listed in the proposal to verify information contained in the proposal.
* Feedback on the participation in EFSP Phase 39 may be requested through a survey.

SAN DIEGO PROPOSAL FORM

EMERGENCY FOOD AND SHELTER PROGRAM

SAN DIEGO COUNTY JURISDICTION

# PHASE 39

July 1, 2021 to May 31, 2022 (ending date tentative)

**Submit the agency proposal via email EFSP39@CCDSD.ORG:**

**Proposal will only be accepted on or before the due date Monday, November 15,2021.**

*All proposals must be typed no handwritten proposals will be excepted*

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### **Mandatory Attachments for ALL Agencies**

**All applicants** must include the following attachments in their proposal **(please scan each separately). Incomplete proposals will be deemed ineligible and will not be reviewed or scored.**

1. Copy of the most recent audit report or review (dated 6/30/2020 or later) or copy of the most recent, board-approved, financial statement if agency does not prepare an audit.
2. Copy of the IRS Form 990 for the same time period (*if agency is required to file, if agency is not required to file please include a document stating the reason it is not required*)**.**
3. Copy of current 501(c) (if private non-profit)

1. Copy of visible ***certification page*** of current Articles of Incorporation from the Secretary of State
2. Current list of all members of the Board of Directors with affiliations
3. Copy of program listing on 2-1-1*(must include each program for which your agency is requesting funds)*
4. Attach current program budget or “profit and loss” statement listing individual income sources for each EFSP category that agency is requesting to participate in – served meals, food pantry, mass shelter, hotel/motel voucher, rent/mortgage assistance, utility assistance
5. Congregate meals sites only: copy of current AO6 Permit for the kitchen AND copy of at least one person’s Food Safety Manager Certification

### **Section I. Agency information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** (legal name)**:** |  | | | | | | | |
| **D.B.A.** (if applicable)**:** |  | | | | | | | |
| **Year Founded** |  | | | | | | | |
| **Agency Operating Budget** | Current Year: $ | | | | | | | |
| **Federal Employer ID #** |  | | | | | | | |
| **DUNS Number** |  | | | | | | | |
| **Administrative Address:** |  | | | | | | | |
| **City, State Zip:** |  | | | | | | | |
| **Fax:** |  | | | | | | | |
| **Executive Director:** |  | | | | | | | |
| **Telephone:** |  | | | | | | | |
| **Email:** |  | | | | | | | |
| **Board Chair:** |  | | | | | | | |
| **Contact Person & Title:** |  | | | |  | | | |
| ***NOTE****: This individual should be able to answer questions regarding this proposal.* | | | | | | | | |
| **Telephone:** |  | | | | | | | |
| **Email:** |  | | | | | | | |
| **Fiscal Contact & Title:** |  | | | |  | | | |
| ***NOTE****: This individual should be able to answer questions regarding the fiscal aspects of this proposal.* | | | | | | | | |
| **Telephone:** |  | | | | | | | |
| **Email:** |  | | | | | | | |
| **Website:** |  | | | | | | | |
| **Participated in Phase 37 or 38 YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_** | | | | | | | | |
| **Region:** Select the region of San Diego County in which your program is located. *(only select multi-region if your organization has physical sites located in more than one region in San Diego County)* | Central | North Coastal | N. Central | N. Inland | | East County | South | Multi-Region |

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| **EFSP Categories:** check all categories for which you are applying; *you may check more than one* | | |
| Served Meals | Mass Shelter | Rental/Mortgage Assistance |
| Food Pantry | Hotel/Motel Vouchers | Utility Assistance |

**CEO/ED/Board President Signature Print Name / Title**

##### SECTION II. SITE INFORMATION

**Please complete the following section for each of the sites that you are requesting an EFSP award for. Attach additional pages if necessary. If the site is confidential, give the city, state, and zip code.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site Name 1:** | | |  | | | | | | | | | | | | | | | |
| **Site Address:** | | |  | | | | | | | | | | | | | | | |
| **City, State Zip:** | | |  | | | | | | | | | | | | | | | |
| **Site Days & # of Hours of Operation** | | | **MON** | | **TUES** | | **WED** | | | **THURS** | | | **FRI** | | **SAT** | | | **SUN** |
| **Hrs.** | | **Hrs.** | | **Hrs.** | | | **Hrs.** | | | **Hrs.** | | **Hrs.** | | | **Hrs.** |
| **Site Contact Name & Title:** | | |  | | | | | | | |  | | | | | | | |
| **Site Phone & Email address:** | | |  | | | | | | | |  | | | | | | | |
| **Site Fax Number:** | | |  | | | | | | | | | | | | | | | |
| **Service Area:** | | | | | | | | | | | | | | | | | | |
| **Central** | **East** | | | **N. Central** | | | | **N. Coastal** | | | | **N. Inland** | | | | **South** | | |
| **Program Type (check all that apply)** | | | | | | | | | | | | | | | | | | |
| **Served Meals** | | **Food Pantry** | | | | **Mass Shelter** | | | **Hotel / Motel Vouchers** | | | | | **Rent/Mortgage Assistance** | | | **Utility Assistance** | | |
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| **Site Name 2:** | | |  | | | | | | | | | | | | | | | |
| **Site Address:** | | |  | | | | | | | | | | | | | | | |
| **City, State Zip:** | | |  | | | | | | | | | | | | | | | |
| **Site Days & # of Hours of Operation** | | | **MON** | | **TUES** | | **WED** | | | **THURS** | | | **FRI** | | **SAT** | | | **SUN** |
| **Hrs.** | | **Hrs.** | | **Hrs.** | | | **Hrs.** | | | **Hrs.** | | **Hrs.** | | | **Hrs.** |
| **Site Contact Name & Title:** | | |  | | | | | | | |  | | | | | | | |
| **Site Phone & Email address:** | | |  | | | | | | | |  | | | | | | | |
| **Site Fax Number:** | | |  | | | | | | | | | | | | | | | |
| **Service Area:** | | | | | | | | | | | | | | | | | | |
| **Central** | **East** | | | **N. Central** | | | | **N. Coastal** | | | | **N. Inland** | | | | **South** | | |
| **Program Type (check all that apply)** | | | | | | | | | | | | | | | | | | |
| **Served Meals** | | **Food Pantry** | | | | **Mass Shelter** | | | **Hotel / Motel Vouchers** | | | | | **Rent/Mortgage Assistance** | | | **Utility Assistance** | | |
|  | |  | | | |  | | |  | | | | |  | | |  | | |

##### SECTION III. AGENCY ELIGIBILITY

Are shelter services and all related services free of charge to clients? (Fees include cash, benefits including GR, CalWORKs, SSI, etc. or vouchers from DPSS, GR, etc.).

yes  no  N/A

*If you answered NO to this question, attach a document following this page that explains* **fees charged** *to clients for any service.*

Are all services which EFSP participation is requested provided free of charge without mandatory requirement of a donation from service recipient?

*yes  no*

*If you answered NO to this question, attach a document following this page that explains* ***donations*** *expected from clients for any service.*

Are all related services provided without discrimination, **without any requirement of participation in religious observances, and without proselytizing**?

yes  no

Is your program listed on 2-1-1 San Diego?

yes  no

If you are an emergency or interim shelter, does your agency have five or more beds? *Check N/A if you are not a mass shelter provider.*

yes  no  N/A

Funding requested from the Emergency Food and Shelter Program will supplement existing services your agency provides:

yes  no

If you are requesting funding for food programs, is your organization a member in good standing with either Feeding San Diego or San Diego Food Bank?

yes  no  N/A

If no explain:

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If you are requesting funds for food programs, does your program meet USDA guidelines for food storage and handling?

yes  no  N/A

Agency agrees that all copies of records, bills, documentation, and case file information pertinent to any participating EFSP category shall be retained for a period of three (3) years.

yes  no

Approximate date (mm/yy) your agency became a continuous provider of food and/or shelter services: \_\_/\_\_

**CEO/ED/Board President Signature Print Name / Title**

### **IV. AGENCY NARRATIVE**

Complete the following narrative information. Only submit one agency narrative, even if requesting participation as a multi-regional agency or requesting participation in multiple EFSP categories. There is no word limit for each question. Each agency is encouraged to thoroughly and succinctly respond to each question.

A. Agency Background and Information – *ALL applicants must complete this section*

1. What are your agency’s overall mission and goals?

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1. Please describe all services your agency provides to the community.

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1. How will EFSP funding improve/expand your existing services?

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1. In the event of staff turnover, how will you ensure EFSP procedures and guidelines will be maintained in each awarded area?

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B. Accounting and Financial Stability – *ALL applicants must complete this section*

1. Describe how your agency will ensure EFSP funding will be used only for their intended purposes. Include in your answer the person responsible for the financial management.

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1. Since EFSP funding is supplemental, briefly describe how EFSP supplements your overall revenue stream.

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### **V. PROGRAM NARRATIVE SECTIONS**

Supplemental Food Program

*Served Meals*

The following sections relate to the services supplemented through EFSP. Please only complete and submit the section(s) for which you request participation. Only submit one program narrative per category, even if requesting participation as a multi-regional agency. There is no word limit for each question. Each agency is encouraged to thoroughly and succinctly respond to each question.

EFSP Supplemental Food Program funding is intended to provide for basic, nutritional meals on an ongoing basis not for non-nutritive items. The funding is not intended to be used for a singular event, special celebratory events, holiday baskets, etc. Dessert items (i.e., cookies, snack food, candy, etc.) used as part of a daily meal plan may be purchased in limited amounts.

Current program budget or “profit and loss” statement for this program must be attached.

**A.** **Served Meals** – If program operates at multiple sites, please respond to specific sites requesting funding. In each box, indicate whether the answer applies to all sites or answer per site.

1. Briefly describe your served meals program, including food acquisition and cost effectiveness.

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1. Describe the eligibility requirements for your served meal program. Describe in detail the enrollment procedures used once a client is determined eligible. Your answer should include a timeline from initial point of contact to having services provided.

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1. Describe the process for monitoring the program. How will data be tracked? (This can include # served, client feedback, any outcomes you might collect, etc.)

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1. How many days of the week do you serve meals? What are the hours of operation during which clients can receive food?

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1. How many meals did your program serve in a 12 month period (January 1, 2020 through December 31, 2020)?

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1. What items are in a typical meal? Please include a sample menu of breakfast, lunch, and/or dinner.

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1. What is the annual budget for food purchases? Do not include budget for any items other than food (i.e. staff, transportation, office supplies, etc.).

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1. Describe how the program ensures that anyone who serves or handles food has passed a food handler’s test. (A current copy of AO6 Permit for the kitchen and copy of at least one person’s food Safety Manager Certification is required)

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Supplemental Food Program

*Food Pantries*

EFSP funds are to be used to extend existing food programs and services (pantries), but not as a substitute for food programs or to start new food programs. Supplemental food items awarded with EFSP funds may be added to the regular food items distributed from an existing food pantry, but may not be the sole source of food contained in the packages distributed by an agency. If your agency operates a food pantry year-round and is supplied by your agency, you may be eligible to receive a food allotment from EFSP that is added to the existing packages you distribute.

Food pantries are normally a brick and mortar facility operated by an agency that distributes food to those in need in the community. However, there are organizations that provide mobile food services by delivering food items to areas where a food pantry does not exist, these are usually rural areas. In this case, your agency may be eligible to receive a food allotment from EFSP if the food is in addition to food normally provided by your existing mobile program.

Current program budget or “profit and loss” statement for this program must be attached.

B. Supplemental Food- *Please read the following questions carefully, and check the box that represents an accurate depiction of your agency status. Your agency will be required to document the answers you check during a site visit. If a question does not provide a box with an exact answer that describes your agency’s status, choose the one that describes it the closest. You must answer all questions in order to be eligible to receive EFSP funding.*

1. Demonstrated Effectiveness
2. Describe the agency’s past services in this category. Include information on how the program developed, how long such services have been provided and how many clients were served in a 12 month period (January 1, 2020 through December 31, 2020).

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1. Describe the process for monitoring the program. How will data be tracked? (This can include # served, client feedback, any outcomes you might collect, etc.)

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| --- |

1. Type of Food Pantry

1) Is your food pantry a brick and mortar facility?  *yes  no*

2) Is your food pantry a mobile food service? (If no, skip to section C)  *yes  no*

3) If mobile, is the food delivered the same type of food as typically distributed from a food pantry? (i.e., packaged and not prepared meals)  *yes  no*

1. If you operate a mobile food pantry, what is the address or location of the distribution site(s)?

|  |
| --- |

1. Food Pantry Program Information
2. Is your food pantry program listed with 2-1-1 San Diego?  yes  no
3. Do the people who receive food from your organization receive case management?  yes  no
4. If case managed, does the case management include: (check all that apply)

a) Assessment \_\_\_ b) Individual Referral \_\_\_ c) Individual Follow-Up \_\_\_

d) Files Kept on Site \_\_\_\_

1. Are the people who receive food from your organization required to volunteer or pay?  *yes  no*
2. Does your organization receive USDA Commodities, also known as: Emergency Food Assistance Program (EFAP)?  *yes  no*

6) What are the sources of funds your food pantry program receives to operate?

(check all that apply)

1. Parent Org \_\_\_ b) Church \_\_\_ c) United Way \_\_\_ d) Donations \_\_\_ e) Gov. \_\_\_

f) Grants \_\_\_

g) Other (Specify below)

|  |
| --- |

7) What are the geographical service areas that your food pantry covers? (check all that apply)

a) Central \_\_\_ b) North Coastal \_\_\_ c) North Central \_\_\_ d) North Inland \_\_\_

e) East County \_\_\_ f) South \_\_\_

8) Where does your organization typically purchase food for your food pantry program?

a) The San Diego Food Bank \_\_\_ b) Feeding San Diego \_\_\_

c) North County Food Bank \_\_\_ d) Retail Store \_\_\_ e) Discount Store \_\_\_

f) Distributors/Wholesalers \_\_\_ g) Donations \_\_\_\_

h) Other (Specify below)

|  |
| --- |

1. Capacity
2. Name of person responsible for your food pantry?

|  |
| --- |

1. How many paid full-time staff are assigned to the applying food pantry?

|  |
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1. How many volunteer staff are assigned to the applying food pantry?

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1. How many families were served by your pantry in the past 12 months? (January 1, 2020 –December 31, 2020)

NOTE: Family is defined as 1 or more per household, please count multiple visits to your pantry in the past 12 months. This is a duplicated count.

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1. How many people are in your average family size?

a) 1 \_\_\_ b) 2 \_\_\_ c) 3 \_\_\_ d) 4\_\_\_ e) 5 or more \_\_\_

1. How many days and hours per week is food from your food pantry and/or mobile unit available to your clients?

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1. What is the average weight of one of your agency’s food packages? (do not use ranges on weight)

NOTE: Food package is defined by what an average family receives from your food pantry per visit.

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1. What are the items and quantity of those items in an agency food package?

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Mass Shelter Program

The Mass Shelter category is intended to allow mass shelter providers (five beds or more in one location) to supplement on-site housing for eligible clients. Agencies may not operate as vendors for themselves or other LROs; self-billing is not eligible with this funding.

**Current program budget or “profit and loss” statement listing individual income sources for this program must be attached.**

**C. Mass Shelter** – If program operates at multiple sites, please respond to specific sites requesting funding. Complete for each site. In each box, indicate whether the answer applies to all sites or answer per site.

1. What is the name of the Mass Shelter Program?

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1. Describe the agency’s past services in this category. Include information on how the program developed, how long such services have been provided and how many clients were served in the last fiscal year.

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1. Describe the process for monitoring the program. How will data be tracked? (This can include # served, client feedback, any outcomes you might collect, etc.)

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1. Please answer the following capacity questions.
   1. How many nights is the shelter open annually?
   2. How many unduplicated individuals did you serve in a 12 month period?
   3. How many bed nights were provided in that same 12 month period?
   4. What is that 12 month period?
   5. What is the average length of stay in that 12 month period?

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1. Please describe the population served.
   1. What is the number of beds for each population type? *(I.e. families, singles, youth, etc.)*
   2. What is the initial length of stay?

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1. Please describe the eligibility requirements for your shelter program.
   1. What are those requirements?
   2. If you maintain a waitlist, how long is it and what is the average length a person remains on the list?

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1. Are the clients residing in the mass shelter program case managed?
   1. If so, please describe the components and requirements of case management.
   2. If not, what records are kept for each client?

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1. Please describe how your services assist clients to become stable and placed in longer-term or permanent housing.

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1. Outcomes: Please list the number and percent of clients that…
   1. Exit into all types of permanent housing
   2. Exit into transitional housing programs
   3. Exit into all other housing types

(Percent totals should add up to 100%)

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1. Funding Sources: Please answer the following questions with respect to funding:
   1. Does the program receive funding from federal, state or local government and if so what is the total dollar amount received from government sources for the program?
   2. If it does receive government funding, is there a matching requirement and if so what is the percentage of the match (i.e. 25%, 100%)
   3. If there is no matching requirement, is the government funding intended to fully fund the program regardless of actual costs?

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Other Shelter Program

Hotel/Motel Vouchers

The Other Shelter category is intended to allow agencies to provide off-site emergency housing of eligible clients. Agencies may not operate as vendors for themselves or other LROs; self-billing is not eligible with this funding.

**Current program budget or “profit and loss” statement listing individual income sources for this program must be attached.**

**D. Hotel/Motel Vouchers** – *EFSP funds may pay for no more than 30 days of hotel/motel stay* ***per EFSP phase****.* – If program operates at multiple sites, please respond to specific sites requesting funding. In each box, indicate whether the answer applies to all sites or answer per site.

1. Describe your current hotel/motel voucher program: include the screening methods you use to determine client eligibility. Also, describe the enrollment procedures used once a client is determined eligible including a timeline from initial contact to having services provided.

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1. Describe the process for monitoring the program. How will data be tracked? (This can include # served, client feedback, any outcomes you might collect, etc.)

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1. Describe the agency’s past services in this category. Include information on how the program developed, how long such services have been provided and how many clients were served in the last year January 1, 2020 – December 31, 2020.

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1. What criteria are used in choosing the hotels/motels? Describe your methods in monitoring the hotels/motels used by your clients.

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1. Given the limited resources for hotel/motel voucher funds, what other resources does your agency utilize for clients not able to be assisted with hotel/motel voucher funds?

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1. Attach a listing of hotels/motels you expect to use. Include hotel/motel name, address, phone and contact person; also include the average cost of hotel/motel per room per night.

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1. How many days of the week do you provide hotel/motel vouchering? What are the hours of operation during which clients can receive hotel/motel voucher?

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1. Are clients receiving a hotel/motel voucher case managed?

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1. Describe case management services and include a list of all additional agency resources available to clients receiving hotel/motel voucher. Please include other housing resources that are available to clients receiving vouchers after their voucher assistance ends.

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1. List the name, title, and experience of all staff/volunteers that will be responsible for hotel/motel vouchers.

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Rent/Mortgage Assistance Program

The rent/mortgage category is intended to provide a partial payment of one month’s rent or mortgage for qualifying clients. Each household may receive this assistance only once per EFSP phase.

**Current program budget or “profit and loss” statement listing individual income sources for this program must be attached.**

**E. Rental/Mortgage Assistance** – If program operates at multiple sites, please respond to specific sites requesting funding. In each box, indicate whether the answer applies to all sites or answer per site.

1. Describe your current rental/mortgage program; include the screening methods you use to determine client eligibility.

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1. Describe the process for monitoring the program. How will data be tracked? (This can include # served, client feedback, any outcomes you might collect, etc.)

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1. How many days/week and hours/day are you available for rental/mortgage appointments?

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1. How and where do you refer clients you cannot assist?

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1. Are clients receiving rent/mortgage assistance case managed?

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1. Describe case management services available, including a list of all additional agency resources available to clients receiving rent/mortgage assistance.

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1. List the name, title, and experience of all staff/volunteers who will be responsible for rent/mortgage assistance.

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Utility Assistance Program

The Utilities category is intended to provide a one-month billed usage amount of a metered (electric, gas, water) or non-metered (propane, firewood, coal) utility bill for qualifying clients. Each household may receive this assistance only once per EFSP phase.

**Current program budget or “profit and loss” statement listing individual income sources for this program must be attached.**

**F. Utility Assistance** – If program operates at multiple sites, please respond to specific sites requesting funding. In each box, indicate whether the answer applies to all sites or answer per site.

1. Describe your current utility assistance program; include the screening methods you use to determine client eligibility.

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1. Describe the process for monitoring the program. How will data be tracked? (This can include # served, client feedback, any outcomes you might collect, etc.)

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1. How many days/week and hours/day are you available for utility appointments?

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| --- |

1. How and where do you refer clients you cannot assist?

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1. Are clients receiving utility assistance case managed?

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1. Describe case management services available, including a list of all additional agency resources available to clients receiving utility assistance.

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1. List the name, title, and experience of all staff/volunteers who will be responsible for utility assistance.

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**CONFIRMATION OF AUDIT REQUIREMENTS – Phase 39**

The National Board has specific audit requirements for agencies receiving EFSP funding. The following mandatory information must be completed for agencies receiving funds in EFSP Phase 39.

**COMPLETE PARTS I & II**

**PART I**

**Initial All Categories that Apply**:

**AGENCIES THAT RECEIVE LESS THAN $50,000 IN EFSP FUNDING:** \_\_\_\_\_\_

* Complete and sign the bottom portion of this form and return it with Phase 39 required certification.

**AGENCIES THAT RECEIVE $50,000 OR MORE IN EFSP FUNDING:** \_\_\_\_\_\_

* Complete and sign the bottom portion of this form and return it with Phase 39 required certification.
* ***Send most current Annual Review ($50,000-$99,000) or Independent Audit ($100,000 and over) to*** [***EFSP39@ccdsd.org***](mailto:EFSP34@ccdsd.org) ***“IF” it was not included in your original Phase 39 Proposal.***

**AGENCIES THAT RECEIVE $750,000 OR MORE IN ANY FEDERAL FUNDING:**  \_\_\_\_\_\_

* Complete and sign the bottom portion of this form and return it with Phase 39 required certification.
* Any Organization receiving $750,000 or more in combined federal funds must comply with Uniform Administrative Requirement, Cost Principles, and Audit Requirement for Federal Awards at 2CRF 200 of the Office of Management and Budget. The $750,000 is a combination of all federal funds, not just EFSP funding.
* ***Send most current Singe Audit to*** [***EFSP39@ccdsd.org***](mailto:EFSP34@ccdsd.org) ***“IF” it was not included in your original Phase 39 Proposal..***

**ANY AGENCIES THAT HAVE AUDIT “FINDINGS” OR “ADVERSE AUDIT OPINIONS”:** \_\_\_\_\_\_

* **An adverse or no opinion audit been issued? \_\_\_No \_\_\_Yes\***

**PART II**

**Check Appropriate Box(es):**

* Current annual Review or Independent Audit **required** ($50,000 or more in EFSP Funding) :
  + Select one
    - Sent with RFP: Year ending: \_\_\_\_\_\_\_\_\_\_\_
    - Attached: Year ending: \_\_\_\_\_\_\_\_\_\_\_
* Current Single Audit **required** Organization receives $750,000 or more in combined federal funding and is required to complete a Single Audit (Uniform Administrative Requirement, Cost Principles, and Audit Requirement for Federal Awards at 2CRF 200 of the Office of Management and Budget):
  + Select one
    - Sent with RFP: Year ending: \_\_\_\_\_\_\_\_\_\_\_
    - Attached: Year ending: \_\_\_\_\_\_\_\_\_\_\_
* Organization has “findings” or “adverse audit opinions”: Resulted in an adverse or no opinion audit being issued.

*By signing this Confirmation of Audit Requirement Form, our agency certifies the above information.*

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(CEO/Executive Director/Board President)**

**TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ORGANIZATION NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EFSP CHECK OFF LIST**

* Agency Eligibility page has been reviewed and initialed
* Each attachment has been labeled
* Copy of the most recent audit report or review (dated 6/30/2020 or later) or copy of the most recent, board-approved, financial statement if agency does not prepare an audit.
* Copy of the IRS Form 990 for the same time period (*if agency is required to file, if agency is not required to file please include a document stating the reason it is not required*)**.**
* Copy of current 501(c) (if private non-profit)

* Copy of visible ***certification page*** of current Articles of Incorporation from the Secretary of State
* Current list of all members of the Board of Directors with affiliations
* Copy of program listing on 2-1-1*(must include each program for which your agency is requesting funds)*
* Attach current program budget or “profit and loss” statement listing individual income sources for each EFSP category that agency is requesting to participate in – served meals, food pantry, mass shelter, hotel/motel voucher, rent/mortgage assistance, utility assistance
* Congregate meals sites only: copy of current AO6 Permit for the kitchen AND copy of at least one person’s Food Safety Manager Certification
* Confirmation of Audit Requirements (page 23) has been completed
* Page 8,10 and 23 have been signed.
* Entire proposal and attachments have been emailed to [EFSP39@CCDSD.ORG](mailto:EFSP35@CCDSD.ORG)