

EMERGENCY FOOD & SHELTER PROGRAM SANTA CRUZ COUNTY BOARD



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<http://www.efsp.unitedway.org>

REQUEST FOR PROPOSALS

Dear Applicant:

Please read the instructions thoroughly; please note that applicants must have the Unique Entity Identifier (UEI) / Data Universal Number System (DUNS) for Phase 42 To be considered for funding under the Emergency Food & Shelter Program (EFSP), your application must be submitted electronically in PDF format. In order to be considered, an applicant agency must:

- ◆ be a tax-exempt non-profit organization.
- ◆ have an accounting system.
- ◆ practice nondiscrimination.
- ◆ have demonstrated the capacity to deliver Emergency Food and/or Shelter programs.
- ◆ if a private organization, have a voluntary Board of Directors.

Applicant organizations will be requested to produce proof of their status with respect to the above items.

Under Phase 42, the Local Board for Emergency Food & Shelter will determine how funds will be distributed among the emergency food and/or shelter programs operated by local service organizations. Funding priorities are listed on the following page. Only eligible activities, as determined by the National Emergency Food & Shelter Board, will be funded. A description of eligible and non-eligible costs is attached to this application.

The amount of funding to be awarded to Santa Cruz County is \$152,455.00.

In order to have your application for funding by the Local Emergency Food & Shelter Board you must be cleared through the Emergency Food & Shelter Board through previous phases if you were previously awarded funds. You must complete and submit the requested documents in the following order with attachment cover sheets. **Your final document must be submitted in a combined PDF format (check off these items as you assemble your application)**

Completed Request for Proposal Application form – **MUST COMBINE ALL PAGES & SUBMIT IN ONE PDF FORMAT**

- Attachment A: Organization History & Executive Summary (**2 Pages Maximum**)
- Attachment B: FY 24-25 Program Budget
- Attachment C: Balance Sheet as of 07/01/24 to Present
- Attachment D: Profit & Loss Statement between 7/1/23 - 6/30/24
- Attachment E: Most Recent Complete Audit
- Attachment F: List of Current Board of Directors
- Attachment G: Copies of IRS and State Franchise Tax Board Nonprofit Determination letters
- Attachment H: Copy of attached Certification of Non-Discrimination Policy

Applications are due no later than Wednesday, February 26, 2025 by 4:00pm.

Email complete application and required documents to ajones@unitedwaysc.org

LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Each original application will be acknowledged with Date Stamp when they are received.

For additional information, please contact Audrey Jones, United Way Contact
ajones@unitedwaysc.org

NOTICE:

*The grievance procedure of this Local Board will be one hearing before the full Board, with no funding allocation changes to be made in that year – the purpose of the grievance review hearing shall be to ascertain if future changes in the funding procedure are indicated. (*Only when there is a significant question of misapplication of guidelines, fraud, or other abuse on the part of the Local Board, will the National Board consider action, see Manual of Rights and Responsibilities.*)

Unanimous motion passed August 29, 1996

*Agencies receiving Santa Cruz Emergency Food & Shelter Program funds must complete all required paperwork on time; failure to do so *will be* considered as a factor in the next round of funding decisions.

Unanimous motion passed August 29, 1996

MISSION STATEMENT

This Emergency Food & Shelter Board exists to advocate for, encourage, fund and support public and private efforts to alleviate homelessness and hunger in Santa Cruz County.

LOCAL FUNDING PRIORITIES

- **Target Population Primarily Serving (listed in priority order):**
 - Currently homeless individuals and/or families
 - Individuals and/or families at risk of becoming homeless
 - Low-income seniors/disabled individuals ineligible for CalFresh benefits
- **Funding Allocation Priorities:**
 - 50% Shelter (Mass Shelter & Other Shelter)
 - 50% Food related to Shelter, serving seniors and disabled individuals not related to shelter (Served Meals & Other Foods not related to Shelter)
- **24-Hour Services**
 - Shelters serving children that are open 24 hours a day
- **Location**
 - Adequate proximity to services for target population
- **Organizational Capacity**
 - Financial stability
 - Annual budget with shelter/rent assistance program defined
 - Representative Board of Directors
 - Qualified staff
 - Ability to document proposed project and provision of services
 - Demonstrated ability to leverage additional support
- **Quality of Shelter Services**
 - Adequate and safe housing environment, lounge/recreation areas, adequate privacy, laundry facilities, fire, health and use permits
 - Provision of food (minimum of 2 meals per day)
 - Provision of a program of services (assistance finding jobs/housing, client counseling, social services/medical/childcare referral, transportation/bus passes to services, phone access, etc.)
 - Past performance in providing shelter services
 - Case management

- **Quality of Transitional Housing Services**

- Adequate and safe housing environment, lounge/recreation areas, adequate privacy, laundry facilities, fire, health and use permits
- Provision of a program of services (assistance finding jobs/housing, client counseling, social services/medical/childcare referral, transportation/bus passes to services, phone access, etc.)
- Case management

- **Quality of Basic Human Needs Services**

- Provision of food
- Capability to provide and document a well-managed utility assistance program

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EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM Santa Cruz County, CA-Local Application Form – Phase 42

NAME OF AGENCY: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

E-MAIL: _____ WEBSITE: _____

AGENCY FEIN #: _____ UEI / DUNS #: _____

The Unique Entity Identifier (UEI) / Data Universal Number System (DUNS) is a unique identification number used to track how federal grant money is allocated. If you do not know your DUNS number, you may obtain it from www.grants.gov.

Is the agency debarred or suspended from receiving funds or doing business with the federal government? NO YES

FUNDS REQUESTED

	Amount Per Activity	Activities
A. Served Meals (Congregate Meals) (may use \$3.00 per meal per diem)	_____	#____meals
B. Other Food	_____	#____meals
C. Mass Shelter (may use \$12.50 per night per diem)	_____	#____nights
D. Other Shelter	_____	#____nights
E. Supplies/Equipment (Purchase of equipment not to exceed \$300.00)	_____	
F. Supplies & Equipment Purchases • (Not to exceed \$300/item)	_____	
G. Administration (limited to 2%)	_____	
	_____ N/A _____	

Total Amount Requested: _____

Authorization of Agency Board Chair or Executive Director:

SIGNATURE: _____ Date: _____

PRINT NAME: _____

RELATIONSHIP TO AGENCY: _____

DUE DATE: One electronic application must be received by 4:00pm on Wednesday, February 26, 2025.
Email your application to Audrey Jones at ajones@unitedwaysc.org

EMERGENCY FOOD & SHELTER PROGRAMS SANTA CRUZ COUNTY BOARD

Attachment H:

Certification of Non-Discrimination Policy for Emergency Food & Shelter Board Program Phase 42

The Local Board's policy regarding non-discrimination is as follows:

- A. Local recipient organizations and their agents receiving funds awarded by or through the Emergency Food & Shelter Board of Santa Cruz County shall not discriminate against any employee or against any applicant for employment because of color, religion, age, handicap, national origin, sex, sexual orientation, marital status, ancestry, medical condition or any other non-merit factor unrelated to job performance.
- B. No person shall be excluded from participation in, be denied the benefits of or be subjected to discrimination by any program receiving funds awarded by or through the Emergency Food & Shelter Board of Santa Cruz County because of color, religion, age, handicap, national origin, sex, sexual orientation, marital status, ancestry, medical condition.

In order to be eligible for Emergency Food & Shelter Board Program Phase 42 and CARES ACT funds, an authorized representative of your agency must sign the following certification:

(Name of Agency) _____ hereby assures and certifies that it will comply with the non-discrimination policy of the Emergency Food & Shelter Board of Santa Cruz County.

CERTIFYING OFFICIAL:

(Type or print name)

(Type or print title)

(Signature)

(Date)

**ATTACHMENT A COVER SHEET
ORGANIZATION HISTORY & EXECUTIVE SUMMARY**

**ATTACHMENT B COVER SHEET
PROGRAM BUDGET**

**ATTACHMENT C COVER SHEET
BALANCE SHEET**

**ATTACHMENT D COVER SHEET
PROFIT & LOSS STATEMENT**

**ATTACHMENT E COVER SHEET
RECENT COMPLETE AUDIT**

**ATTACHMENT F COVER SHEET
LIST OF THE CURRENT BOARD OF DIRECTORS**

**ATTACHMENT G COVER SHEET
NONPROFIT DETERMINATION LETTER**

**ATTACHMENT H COVER SHEET
CERTIFICATION OF NON-DISCRIMINATION POLICY**