

Emergency Food and Shelter Program
Charlotte County
Phase 39 and ARPA-R Application

APPLICATION SUBMISSION AND DEADLINE INSTRUCTIONS:

Application in its entirety (with all required attachments) for Phase 39 and ARPA-R must be received by the **Deadline of Thursday, April 14, 2022, 4pm ET.**

Applications must be received **no later than 4:00 pm EST on Thursday, April 14, 2022.** Late applications, including those arriving after 4:00 pm on Thursday, April 14, 2022, regardless of sending time, will not be considered for funding.

Please make sure your application has a cover page indicating your organization's name and LRO # (or organization name and county if you are not a prior recipient).

All parts of this application as detailed in each section, required attachments, and a cover sheet clearly identifying your organization's name and LRO #, or organization name and county if you are not a previous recipient, must be submitted by the identified deadline in the order required. Failure to meet any of these instructions will eliminate your application from the review process and thereby funding consideration. THERE WILL BE NO EXCEPTIONS. This is a federal grant requiring the strictest of adherence.

Applications are available in Word and PDF format.

Submit application by **Thursday, April 14, 2022, at or before 4 pm to:**

Via Email: Angela.hogan@gulfcoastpartnership.org or delivered in person to 408 Tamiami Trl Unit 121, Punta Gorda, FL 33980.

Proof of submittal of the EFSP Phase 39 and ARPA-R application is the sole responsibility of the applicant organization.

EFSP LOCAL BOARD/PROGRAM ADMINISTRATIVE OFFICE

Contact: Gulf Coast Partnership
Tel: 941-626-0220
Email: Angela.Hogan@gulfcoastpartnership.org or
Mail: 408 Tamiami Trl Unit 121, Punta Gorda, FL 33980
Website: www.gulfcoastpartnership.org

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PHASE 39 & ARPA-R FUNDING PRIORITIES

The intent of this program is to supplement and expand current available resources, and not to substitute or reimburse ongoing programs and services or to start new programs. Consequently, the Local Board will only consider fully operational agencies to receive funds to supplement and expand eligible on-going services and will not fund agencies in anticipation of a needed service (i.e., fire victims, floods, tornadoes, etc.) nor for singular or special celebratory/holiday baskets, etc. The Local Emergency Food and Shelter Program (EFSP) Board will not consider applications for funding due to budget shortfalls or reductions in other funding sources.

Below are the funding priorities established by the Emergency Food and Shelter Program Local Board of Charlotte County. The local board will allocate Phase 39 and ARPA-R funding based on the dollar amounts listed below:

Mass Shelter allocation	\$19,825.00
Other Shelter (Hotel/Motel) allocation	\$84,319.00
Rent or Mortgage Assistance allocation	\$11,834.00
Administration (Local Board Only) allocation	\$2,367.00

Mass Shelter (on-site) - This category pertains to funds to provide shelter within the LRO's own facility. Food served in a shelter is not included here. LROs may use a per diem rate of \$12.50 for housing clients in their facility.

Other Shelter – This category pertains to funds to provide any reasonable hotel/motel or non-profit acting as a vendor; actual charge by vendor, per night; 90-day limit.

Rent/Mortgage - This category pertains to funds to provide clients with rent/mortgage assistance (three month only per client/family).

PHASE 39 & ARPA-R TIMELINE:

March 31, 2022	Public Posting and Application Release
April 14, 2022	Applications Due by 4:00 pm EST
April 25, 2022	Local Board Application Review and Approvals
April 26, 2022	Award Announcements and Notifications
April 28, 2022	Mandatory Training for funded LROs (Tentative time 9am-10am)
May 3, 2022	Local Board Plan Submission

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LOCAL RECIPIENT ORGANIZATION (LRO) CRITERIA:

To be eligible for funding applicant must:

- Be a nonprofit or an agency of government.
- Providing services and using its other resources in the area in which they are seeking funding for a minimum of one year.
- Not be debarred or suspended from receiving Federal funding.
- May not have an outstanding compliance problem any jurisdiction the LRO was funded.
- Have a checking account and sign up for EFT Payments (cash payments are not allowed).
- Have an accounting system or fiscal agent approved by the Local Board.
- Have a Federal Employer Identification number (FEIN).
- Have a DUNS (Data Universal Numbering System) number.
- Have a valid email address for program communications and electronic signatures.
- Conduct an independent annual audit if receiving \$100,000 or more in EFSP funds; conduct an annual accountant's review if receiving \$50,000 to \$99,999 in EFSP funds.
- Practice nondiscrimination (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).
- If private, not-for profit, have a voluntary board.
- To the extent practicable, involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services.
- EFSP Shelter and Rent, Mortgage LRO's must be actively inputting data into the CIS Charlotte County Community Information System - CIS (also known as the Homeless Management Information System - HMIS) to report expenditures by client, date, and amounts expended in a timely manner.
- If you anticipate receiving funding in EFSP Phase 39 or ARPA-R (Rent/Mortgage, Mass and/or Other Shelter), you are encouraged to communicate with Shannon Miller, at the Gulf Coast Partnership to become familiar with the CIS program and ensure your agency meets all technical requirements. Mrs. Miller can be reached at 941-626-0220 ext. 6 or Shannon.miller@gulfcoastpartnership.org.
- All EFSP Mass Shelter, Other Shelter, and /or Rent/Mortgage LRO recipients must be registered with CIS and be in compliance with all terms identified in licensing requirements and any additional contracts or MOU's required by the respective management information system provider.

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(Please note: Applications submitted after the deadline will NOT be accepted or reviewed.)

Name of Organization (acronyms are not acceptable):		
Organization Mailing Address:		
FEIN#	DUNS#	
Executive Director Name:		
Executive Director Email:		
EFSP Contact Information (if not Executive Director)	Contact Name: Contact Title: Contact Email:	
Program Name(s):		
Mass Shelter	Amount Requested:	\$
Other Shelter (Hotel/Motel)	Amount Requested:	\$
Rent / Mortgage Assistance	Amount Requested:	\$
Total All Programs	Total Amount Requested:	\$

PART 1: EFSP REQUIREMENTS CHECKLIST:

Please submit the following as separate documents and attach to the full application and collate in the order below. Failure to include attachments will eliminate the application from funding consideration. **Please separate attachments with tabs labeled A, B, C, etc.**

- A. **Attachment A:** Does your agency attempt to serve, and solicit feedback from, homeless individuals and families in the provision of emergency food and shelter services (through employment, volunteer programs etc.)?
 - a. Yes (If yes, attach a description of how you do this)
 - b. No (If no, attach a description of how you plan to serve them and/or solicit their feedback through this program, to the extent practical)

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- B. **Attachment B:** Are your facilities and services compliant with the Americans with Disabilities Act (ADA)?
 - a. Yes
 - b. No (If no, attach a description of how you plan to be compliant)

- C. **Attachment C:** A copy of IRS 501(c) 3 determination

- D. **Attachment D:** IRS 990

- E. **Attachment D:** A copy of your current Volunteer Board Member Roster (Please provide a list of current Board members and their terms of office.)

- F. **Attachment E:** A copy of your agency's nondiscrimination policy for the provision of Services (This is not your nondiscrimination policy for employment or volunteer services).

- G. **Attachment F:** Attach a copy of the most recent Board approved Agency Operating Budget(s) for program(s).

PART 2: PROGRAM AND AGENCY INFORMATION:

- 1. Please provide the mission of the organization and describe how it aligns to EFSP purposes.

- 2. Name of Program for which you are requesting funding.

- 3. Total Program Budget, not including the requested EFSP funding:

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4. Describe the agency (or fiscal agents') accounting process by which you would manage EFSP funding and what procedures your agency has implemented to prevent fraud and misuse of funds should they be awarded.

5. Please provide a brief summary of the program for which you are requesting funds to include the following:
- a. Target population
 - b. Number of clients currently served without EFSP funding
 - c. A general description of program activities and processes used by the agency to deliver services
 - d. How the EFSP funds will be used to enhance the current services.

6. Please describe how your agency collaborates with other organizations in your community.

7. Please list:
- a. All the proposed service locations for the program for EFSP funds are being requested
 - b. Days and hours of operation
 - c. Number of staff and their role providing services

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8. What are the eligibility criteria for individuals requesting services and how is this documented?

9. Has your agency received EFSP funding in previous Phase(s)? If yes, which Phase(s).

10. Has your agency returned EFSP funds in previous Phase(s)? If yes, what dollar amount was returned and what program was the funds for.

FOR MASS SHELTER APPLICANTS ONLY

- a) What is your shelter bed capacity for your entire program?
- b) What is your bed utilization for the last fiscal year for your entire program, both by number of bed nights and by percentage of capacity?
- c) How many bed nights will be funded by EFSP funds?

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FOR OTHER SHELTER APPLICANTS ONLY

- a) How many motel/hotel nights did you provide in the past fiscal year and how many people did you serve with these vouchers?
- b) How many motel/hotel nights do you anticipate providing in the coming fiscal year, and how many people do you anticipate serving with those vouchers?
- c) How many of the nights and people described in question 2 will be funded with / without EFSP?

PART 3: PROGRAM COST ANALYSIS

Complete Part 3 below using your last fiscal year's data. Please complete the table below for each category for which you are requesting **EFSP** funding. The program budget and cost are for the entire program, not only the portion funded with EFSP funds.

SHELTER SERVICES	Number of units provided	Program budget for previous fiscal year	Average cost per unit
Mass Shelter	_____ bed nights		
Other Shelter	_____ room nights		

FINANCIAL SERVICES	Number of units provided	Program budget for previous fiscal year	Average cost per unit
Rent / Mortgage	_____		

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PART 4: OVERALL REQUEST SUMMARY

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute for or reimburse ongoing programs and services or to start new programs. Services for which funding is being requested must already be provided by your agency through other funding sources.

1. For each EFSP line item for which you are requesting funding, please indicate other agency funds available and the source of this funding by filling in the grid below:

	Current Program Non-EFSP Funds	Sources of Current Non- EFSP Program Funds	EFSP Funds Requested
Shelter			
Mass	\$		\$
Other Shelter	\$		\$
Total	\$		\$
Rent/Mortgage			
Rent & Mortgage	\$		\$

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To the best of my knowledge and belief, the data in this proposal is true and correct and the governing body of the applicant has duly authorized the enclosed documents. I understand that incomplete applications or applications submitted after the deadline will not be accepted or reviewed.

By signing below, the undersigned acknowledges, and attests having read and understood the EFSP manual and Operating Procedures and being able to fully comply with the provisions of these guidelines as well as any and all additional applicable federal, state and local requirements, including procurement and finance management. Applicant also acknowledges that if a funding recommendation is made for less than the full amount applied for, additional documentation to include but not limited to a revised budget, scope of work and proposed accomplishments may be requested prior to final funding determinations.

Executive Director Signature: _____ Date: _____

Printed Executive Director: _____

Important Note: Applications that do not meet ALL the program requirements listed below or do not submit ALL the necessary documentation and attachments will be deemed ineligible for funding consideration. THERE WILL BE NO EXCEPTIONS.