***Monroe County Emergency Food and Shelter Program***

**Funding Application**

**Emergency Food and Shelter Program**

**American Rescue Plan Act (ARPA) Funding**

**Completed applications are to be submitted to:**

**Wesley.Aikens@USE.SalvationArmy.Org**

**-or-**

**Wesley Aikens**

**The Salvation Army**

**70 Liberty Pole Way**

**Rochester, NY 14604**

**NO LATER THAN**

**Noon on April 8th, 2022**

**Emergency Food and Shelter Program**

**GENERAL INFORMATION**

The Local Board of the Monroe County Emergency Food and Shelter Program is requesting proposals for American Rescue Plan Act (ARPA) Funding. The purpose of this RFP is to identify nonprofit organizations and local government agencies to provide services under the Emergency Food and Shelter Program (EFSP).

PROPOSALS MUST BE SUBMITTED IN ACCORDANCE WITH THE INSTRUCTIONS LISTED IN THIS RFP. **Late or incomplete applications will be considered ineligible for scoring. Only complete applications will be scored.** The EFSP Local Board encourages applicants to submit applications prior to the deadline to confirm completeness. EFSP staff can provide completeness review and technical assistance **through noon on April 8th, 2022.** The EFSP Local Board will not award funding to any organization to pay costs incurred in the preparation of an application. **The EFSP Local Board and its designated representatives reserve the right to negotiate with applicants regarding services and costs, and to cancel, in part or in its entirety, this RFP if it is in their best interest to do so or if federal funding is not approved.**

PAST EFSP AWARDEES – **Agencies should be aware that EFSP funding from one year to the next is neither automatic, nor guaranteed.** Each year the EFSP Local Board Review Committee reviews all eligible applications submitted and makes allocation decisions based on the most effective and efficient delivery of emergency services across the county. Applicants are strongly encouraged not to regard EFSP funding as part of their annual operational funding base, but as emergency funding to meet specific emergency needs.

Please note that EFSP guidelines state that:

● Funding is not intended to make up for budget shortfalls or to be considered a separate line in an annual budget.

● Funding is open to all organizations helping hungry and homeless people and is not intended to go only to Local Board member agencies or local government.

● Funded service providers are required to comply with local ordinances.

All questions regarding this document should be directed to Wesley Aikens at The Salvation Army: (585) 754-9923 or Wesley.Aikens@USE.SalvationArmy.org.

**SPENDING PERIOD**

The estimated spending period for ARPA funds will be 11/01/2021 to 10/31/2022. Please make sure you retain documentation for expenses incurred during the estimated spending period.

**ELIGIBLE ACTIVITIES**

The EFSP National Board regulations and the EFSP Local Board policy currently allow the activities that are listed below and their associated expenses. Note that in each category, EFSP funding is intended to meet specific emergency needs for food and shelter. The Local Board has the right to determine funding priorities for ARPA Funding. ***Per the local board, priority will be given to RENTAL ASSISTANCE programs due to the increased need in the region.***

Funding can be requested to support the following activities:

**Emergency Rental/Mortgage Assistance:**

Proposals should address assisting people with emergency rental or mortgage assistance. Rental/mortgage payments must be in arrears (for past due balances), due within 10 calendar days (for current rent), requested within 30 days of the move-in date (for first-month’s rent), and limited to three months or 90 days assistance. EFSP will allow a one-time payment of $250 or less for rent/mortgage assistance where the past due balance is $250 or more without the verification of the monthly rent/mortgage amount.

**Other Shelter:**

For other shelter assistance, eligible program costs include off-site emergency lodging (room and tax only) in a hotel/motel or other off-site shelter facility provided conditions 1 and 2 are met. 1. No appropriate on-site shelter is available; and 2. Assistance is limited to 30 days per individual or household during the current program period. (Note: Assistance may be extended in extreme cases with prior Local Board written approval). A copy of this approval must accompany LRO’s documentation.)

**Emergency Food/Served Meals:**

Proposals for food should address helping people who are without resources to secure food. Food can be provided through hot/cold meals, distribution of food boxes, bags or sack lunches, or vouchers for use at restaurants or grocery stores. Service providers can provide emergency food in any one of the areas listed above or a combination of areas. The per diem rate for hot/cold served meals is $3.00.

**Mass Shelter:**

Proposals should address assisting people who are without resources and experiencing a housing crisis and have no means to secure temporary shelter. Mass shelter is defined as five beds or more in one location. A 30-day maximum stay per person, per twelve-month period is allowed. The bed night per diem rate is $12.50.

First month’s rent can only be provided when the person receiving assistance is transient and plans to stay in the area for an extended period of time or moving from a temporary shelter to a more permanent living arrangement. Individuals/Families receiving assistance must show reasonable evidence of their ability to resume rental payments to avoid eviction after assistance is received. A household can only be provided assistance one time in every twelve-month period.

Applicants should be prepared to assist any qualifying individual or family seeking assistance in their designated county in need of emergency food and/or shelter.

**PROPOSAL STANDARDS**

In order to be considered for funding, proposals must comply with the following:

One (1) signed application must be received by Wesley Aikens at Wesley.Aikens@USE.SalvationArmy.org or to Wesley Aikens at The Salvation Army, 70 Liberty Pole Way, Rochester, NY 14604, **no later than noon on April 8th, 2022. Late or incomplete packets will not be accepted. Only complete applications will be scored.**

● Uniform, letter sized (8 ½ x 11) sheets of paper

● 1-inch margins, 12-point type, Arial font, single-spaced

● Typed or computer generated, clear, legible print on white paper, suitable for copying

**A Complete proposal must contain the following required documents:**

● ARPA Funding Grant Application form, Narrative and Budget

● Copy of your organization’s 501(c) 3

● List of the Agency’s Board of Directors

Project Narrative is limited to a **maximum of 6 pages** including the questions. **Pages exceeding the stated limit of 6 pages will not be reviewed or scored.**

**APPLICATIONS MUST CONTAIN THE REQUIRED DOCUMENTATION IN ORDER TO BE ELIGIBLE. INCOMPLETE APPLICATIONS WILL NOT BE SCORED.**

**Applications will be deemed “INCOMPLETE” and not graded if one or more of the following conditions are present:**

● **Application was submitted late**

● **Missing any of the Required Documents**

● **Application or Budget is incomplete**

All applicant organizations must establish eligibility to receive EFSP ARPA funds and clearly demonstrate administrative capacity by submitting all items outlined in this package. Members of the Local Board may conduct on-site evaluation visits to applicant agencies. If it is determined that the applicant does not have capacity to carry out the project as set forth in the proposal or does not meet eligibility requirements, the proposal will be ineligible.

**CRITERIA FOR EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) FUNDING**

In order to be eligible for funding under the American Rescue Plan Act Funding (ARPA) applicants must meet the following criteria:

● 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.

● 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.

● The organization must demonstrate that generally accepted accounting principles and procedures are employed. **Funded agencies may be audited so 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.**

● 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.

● The organization must work closely with the EFSP Local Board and staff to quickly resolve any problems related to compliance exceptions.

**SELECTION PROCESS**

The selection process is conducted by members of the local Emergency Food and Shelter Program Board. Proposals will be evaluated against the following criteria and selection will be made on the basis of overall scores and community priorities identified by the Local Board.

**Proposal Evaluation Criteria**

● Proposal must meet the following criteria to be evaluated:

○ \_\_\_\_\_\_\_Completion of ALL Parts of the application

○ \_\_\_\_\_\_\_Application submitted and received on time

○ \_\_\_\_\_\_\_ Required documents included

○ \_\_\_\_\_\_\_ Consistency with EFSP Goals

● Specific Scoring Criteria

○ Proposals will be scored based on a potential of 60 points

○ Target Population: 10 Points

○ Funding Request Table and Budget: 15 Points

○ Narrative: 35 Points

**Monroe County Emergency Food and Shelter Program**

**ARPA Funding Grant Application Form**

**General Information:** This information is required by the National Emergency Food and Shelter Program Board. In order for your application to be considered this section must be completed.

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Employer Identification Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DUNS Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Target Population:** Please select from the list below the top three client populations targeted by your organization. **In the boxes below list the top three and describe why these populations are targeted.**

|  |  |  |
| --- | --- | --- |
| 1. | 2. | 3. |

|  |  |
| --- | --- |
| ● Chemically Addicted  ● Native Americans  ● Families with Children  ● Other target populations (please specify)  ● Minorities  ● Veterans  ● Single Men  ● No target populations | ● Unaccompanied Minors  ● Elderly  ● Single Women  ● People with Disabilities  ● Domestic Violence Victims  ● People with AIDS/HIV  ● Mentally Disabled |

**FUNDING REQUEST**

Write the units to be served and the dollar amount requested in each of the allowable categories listed below. You may request funds in more than one category. Requested funds must supplement ongoing emergency food and shelter programs at your agency so if column A is zero, the application will be rejected.

**Funding Request Table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Category** | **A.**    **# of units to be provided by existing program not including EFSP/ARPA** | **B.**    **# of additional units to be provided if awarded EFSP/ARPA funds** | **C.**    **(A+B)**  **Total # of units to be provided during the Grant’s Time Period** | **D.**      **Dollar amount requested from EFSP/ARPA** |
| Example: Rental Assistance | 150 | 100 | 250 | $8,000.00 |
| Served Meals |  |  |  |  |
| Other Food |  |  |  |  |
| Mass Shelter |  |  |  |  |
| Other Shelter |  |  |  |  |
| Rent/Mortgage Assistance |  |  |  |  |
| Total $ Request |  |  |  |  |

***\*Note: Total $ Request in Column D must agree with the budget figure in Column C***

**ARPA Funding Grant Application Narrative**

**Monroe County Emergency Food and Shelter Program**

***Reminder:*** *American Rescue Plan Act (ARPA) funding is intended for the purchase of food and shelter to supplement or expand current available resources due to the impacts of COVID-19, and not to substitute or reimburse ongoing programs and services or to start new programs. Please answer the following questions. Please limit your narrative to 6 pages. Type must be at least 12-point Ariel font.*

1. Please describe your organization’s service area and major source of referrals (if collaborating with another agency, please describe that partnership)?
2. Please describe the ongoing impact that the COVID-19 pandemic has had on your organization’s activities and the increased need that you see in your service area.
   1. Please identify how you propose to use American Rescue Plan Act funding to cover these costs/meet these needs.
   2. You may be asked to produce records showing that these costs are pandemic related. If awarded ARPA funding, how will you document the relationship to COVID-19? Please see examples from the National Board below. \*
   3. **For applicants intending to provide Rental Assistance:** What will your organization do to ensure that client assistance requests are legitimate and that the requested assistance has not already been funded by other sources? How will you determine if a household is reasonably able to pay rent after the assistance is paid?
3. How does your organization’s homeless and hunger services work with other providers in the community to maximize community resources that address the multiple needs of the hungry and homeless? Please describe any involvement with the local Continuum of Care or Homeless Services Network.
4. Please describe the specific staff roles and activities associated with how the proposed ARPA funds will be used.

*\* The intent of the ARPA-R $400M [National Amount] is to address the ongoing impact of COVID-19. Local Boards and SSA Committees will need to consider that when making award decisions. LROs will need to track their expenditures separate from Phase 39 services provided, should they receive funds from both phase 39 and ARPAR.*

*Moreover, client eligibility remains the same, as outlined in the EFSP Manual.  To verify clients were impacted by COVID-19, agencies may have reflected it in their intake process. During the client intake process, LROs should interview clients and document how the client was impacted by COVID.*

*Moving forward, they can ask, if not verbally, they can have the clients indicate it on a sign-in sheet with a simple yes or no question; at a drive-thru implement a simple yes or no questionnaire.  If they wish to know how the client was impacted (job loss, etc.), they can add that.*

*In instances, where an agency may question a client on if they have been impacted by COVID, the LRO can ask the question, but if clients believe it is personal and does not wish to respond, the agency may provide services.  The agency should be able to inform how they inquired to determine if they were impacted by COVID.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ARPA Funding Grant Application Budget**  **Monroe County Emergency Food and Shelter Program** | | | | | | | |
| **Provider:** | | | | | | | |
|  | **A.**  **Current Year Program Budget** | | **B.**  **Proposed Year Program Budget without EFSP** | | **C.**  **Proposed EFSP ARPA Grant** | **D = B+C**  **Proposed Year Program Budget Total** |
| **Program Income** |  | |  | |  |  |
| Emergency Food and Shelter Grant |  | |  | |  |  |
| United Way Investment |  | |  | |  |  |
| Foundation Support |  | |  | |  |  |
| Government Grants – City of Rochester |  | |  | |  |  |
| Government Grants – Monroe County |  | |  | |  |  |
| Government Grants – New York State |  | |  | |  |  |
| Government Grants – Federal |  | |  | |  |  |
| Monroe County Fees |  | |  | |  |  |
| Program Service Fees |  | |  | |  |  |
| Medicaid / Medicare |  | |  | |  |  |
| Fundraising |  | |  | |  |  |
| Miscellaneous Revenue |  | |  | |  |  |
| **Total Program Income** |  | |  | |  |  |
| **\**Note: Dollar amount in Column C above must agree with Total $ Request in Funding Request Table*** | | | | | | | |
| **Direct Program Expenses** |  | | | | | |
| Emergency Programming |  | | | | | |
| Served Meals |  |  | |  | |  |
| Other Food |  |  | |  | |  |
| Mass Shelter |  |  | |  | |  |
| Other Shelter |  |  | |  | |  |
| Rent/Mortgage |  |  | |  | |  |
| Salaries of Provider Staff |  |  | |  | |  |
| Fringe Benefits |  |  | |  | |  |
| Professional Fees |  |  | |  | |  |
| Supplies, Printing, Computer, Phone |  |  | |  | |  |
| Program’s Occupancy |  |  | |  | |  |
| Travel, Meetings, Training |  |  | |  | |  |
| Miscellaneous |  |  | |  | |  |
| **Total Direct Program Expenses** |  |  | |  | |  |
| **Total Indirect Program Expenses (G&M)** |  |  | |  | |  |
| **Grand Total Program Expenses** |  |  | |  | |  |
|  |  |  | |  | |  |
| **Surplus (Deficit) from Current Operations** |  |  | |  | |  |