


**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: <b>Old Pueblo Community Services</b>	
Legal Status of applicant (e.g., non-profit corporation, government entity): Non-Profit	
Address of Organization: <b>4501 E. 5th. Street, Tucson, AZ 85711</b>	
Name and Title of contact person for this application: Lindsay Eulberg, Director of Quality Management	
Phone number: <b>520-546-0122</b>	Fax number: <b>520-777-4512</b>
E-mail address: <b>leulberg@helptucson.org</b>	
Indicate the amount of FEMA EFSP Phase 39 funds you are requesting for each service category. Phase 39 funding will be limited to the following categories. Total your requests at the bottom. Round requests to the nearest dollar; request only whole dollar amounts.	
Served meals/Mass feeding	\$ <input type="text"/>
Other food	\$ <input type="text"/>
Mass shelter	\$ <input type="text"/>
Other shelter	\$ <b>27,375</b>
Rent/Mortgage assistance*	\$ <input type="text"/>
Utility assistance*	\$ <input type="text"/>
<b>Total requested</b>	<b>\$ 0 27,375</b>
* PLEASE NOTE: All local providers for emergency rent/mortgage and utility assistance must utilize Pima County's Emergency Services Network (ESN) to ensure NO DUPLICATION of assistance.	
To the best of my knowledge and belief, all of the information in this application is true and correct. The document has been authorized by the governing body of the applicant and the applicant will comply with the attached assurances if funding is awarded.	
Typed name of Authorized Signature:  Tom Litwicki	
Authorized Signature: 	Date signed: <b>02/23/2022</b>

## Attachment B Application Form

### I. FEMA EFSP FUNDING HISTORY

<b>Phase 39 request</b>	<b>\$ 27,375</b>
Phase 38 received	\$ 18,000
Phase 37 received	\$ 32,810

Note: FEMA funds are intended to be used to supplement or expand existing programs and services.

Describe how the organization intends to use these funds. Will the money requested in this proposal be used to support a service or program that was supported by FEMA funds in the past? If yes, describe below how services have been or will be expanded or supplemented.

Old Pueblo Community Services (OPCS) proposes to use FEMA funds to expand our Low Demand Shelter Program. Six additional shelter beds will be provided to individuals, couples, and families experiencing homelessness. These funds will be used to support a service that received FEMA funds in the past. Homeless individuals in Low Demand Shelter receive temporary shelter and are offered supportive services. This program follows Housing First principles in which individuals are not denied housing unless they are a danger to themselves or others. Once in shelter, individuals will have access to supportive services that will assist them with obtaining health insurance, benefits, employment, substance use recovery, life skills, and permanent housing.

### II. ORGANIZATION ELIGIBILITY CRITERIA

#### 1. Identify the status of the agency. (Select one)

- Government Agency (public entity)
- Private Nonprofit (501(c)(3) or 501(c)(4)  
 If your agency has not previously received FEMA funds, **attach** the Federal tax exempt letter to your submission.

#### 2. Is the agency considered in good standing by the Arizona Corporation Commission? Y N

#### 3. A. Accounting System: Describe the accounting system used by the organization to track grant-funded expenditures and revenues.

FundEZ tracks grants as cost centers in order to distinguish both revenues and expenses related to the funding stream.

#### B. Audit: Does the organization conduct an independent annual audit? (Check one)

- Yes.** Indicate below the CPA firm that conducted the organization's most recent financial audit and the time period covered by the audit.
- If the agency has not received FEMA funding in the last 5 years, **attach** a copy of the organization's most recent audit to your submission.

Keegan, Linscott & Associates, PC January 1 2020 – December 31, 2020

- No.** The organization does not conduct an independent annual audit.
- Please **attach** FY2020-21 internal agency budget and year-to-date financial statements to your submission.

#### 4. Federal Employer Identification Number (FEIN)

86-0836556

#### 5. How does your facility assure accessibility for people with physical disabilities?

OPCS provides oral and language interpretation and has ADA units available for individuals with physical disabilities.

### III. ORGANIZATION TARGET POPULATION

Please indicate the three primary target client populations served by your agency in the list below. Type "1," "2," and "3" to identify the top three client populations. If your agency targets no specific population, please select "No target population."

<input checked="" type="checkbox"/> People with substance use disorder <sup>1</sup>	<input type="checkbox"/> Native Americans	<input type="checkbox"/> Unaccompanied minors
<input type="checkbox"/> Domestic violence victims	<input type="checkbox"/> People with AIDS/HIV	<input checked="" type="checkbox"/> Veterans <sup>2</sup>
<input type="checkbox"/> Elderly	<input type="checkbox"/> Racial/Ethnic minorities	<input type="checkbox"/> NT (no target population)
<input checked="" type="checkbox"/> Families with children <sup>3</sup>	<input type="checkbox"/> Single men	<input type="checkbox"/> Other targeted populations:
<input type="checkbox"/> Mentally disabled	<input type="checkbox"/> Single women	

### IV. NARRATIVE

Please answer the following questions. Limit answers to the space provided.

1. Give a brief explanation of your organization's ability to coordinate service delivery with other human service providers. Specifically identify the networks, coalitions and collaborative arrangements that your agency maintains.

OPCS has twenty years of experience providing homeless and homeless prevention services in Tucson Arizona. OPCS is a voting member of TPCH, fills a leadership role on the Performance Monitoring and HMIS Committees, is an active member of the Downtown Homeless Coalition, member of the Second Chance Coalition, and has a contractual arrangement with Arizona Complete Health for housing and Behavioral Health Services. OPCS has current contracts with the VA, HUD, DOJ, Arizona Department of Corrections, Primavera Foundation, The City of Tucson, Pima County, and Arizona Complete Health Complete Health Plan, United Healthcare, and Banner Healthcare. OPCS also partners with Intermountain Health, El Rio Health Center, Southern Arizona Gender Alliance, St. Francis low barrier men's winter shelter, and Southern Arizona Fair Housing Counsel. Additionally, OPCS has a licensed Outpatient Program with capacity to provide addiction treatment, behavioral health supports, and referral relationships with all major health homes in Tucson.

2. Describe any changes in the magnitude of the current need and/or funding sources experienced during the past year or expected in the next 12 months (for example, number of requests or types of clients).

Based on the 2019 point in time count, the number of chronically homeless individuals living on the streets increased over 100% during 2018. (In 2018, there were 93 unsheltered persons who were chronically homeless and in 2019, there were 187 unsheltered persons counted during the January Point in Time count.) It has been demonstrated that chronically homeless persons are often unable to meet the entrance criteria to traditional mass shelter, explaining why there are often unsheltered chronically homeless persons in the community while there are open beds at traditional shelters. These criteria may include a ban of persons with pets or too many belongings, persons who need to stay with a partner to ensure their protection, and persons who suffer from the disease of addiction and are currently using drugs or alcohol.

3. Give a brief explanation of how your service(s) will be addressing a gap in existing services available to the community.

OPCS and Sr. Jose Women's Shelter are the only low barrier shelters operating year round in Tucson. OPCS currently operates 12 beds of low barrier shelter for individuals, couples, and four shelter units for families. The St. Francis shelter can offer approximately 60 beds in the coldest winter months, and Sr. Jose provides 36 beds for women. This is not enough beds to meet the need of persons who are homeless and unable to get into a traditional shelter.

In order to help the persons who are banned from traditional shelters, OPCS will provide shelter with a higher degree of privacy and staff interaction. This is accomplished by providing shelter in traditional apartment units, with semi-private rooms that can accommodate pets, couples, and families. All shelter residents will be provided with nutritious food, and all units will come with beds, bedding, furnishings, and a refrigerator. On-site laundry facilities are available to all residents. Staff will be present on property seven days per week. While residing in the shelter, OPCS staff will work with individuals to get them enrolled with mainstream benefits, as well as coordinate/provide any other needed services. Individuals will also be assisted with finding permanent housing. This project will provide 6 beds and serve 24 individuals over one year.

4. Explain any anticipated funding cuts. Identify the funding source anticipated to be reduced and describe any alternative funding sources sought by the organization to make up for these cutbacks.

OPCS currently operates 12 beds of low barrier shelter for individuals, couples, and four apartment units for families. Due to funding reductions, only eight of those individual and couple beds are funded by the City of Tucson, a fifty percent reduction in those beds compared to 2018. Funding for these new low barrier beds will help offset some of the reduction in this funding, and allow us to maintain all 12 beds and all 4 family apartments throughout 2020. Based on the 2019 PIT count, it can be predicted that these beds and more will be needed in order to address the 100% increase in chronic unsheltered homeless in our community.

5. Define the geographical area to be served with requested FEMA Phase 39 funds.

OPCS will serve the Tucson Metro area. The City of Tucson has a land area of 226.71 square miles and an estimated population of 996,544.

6. Briefly describe the target population for each service for which you are requesting FEMA EFSP funds.

This project will serve unsheltered persons who are high in need, experience chronic homelessness, and are typically banned from traditional mass shelter facilities in Tucson. This program is not gender based, and can serve individuals, couples, or families. Based on historic data, we can expect that the majority (85%) of these individuals will be single adults over the age of 24. (Youth aged 18-24 represent 5% of this population), and homeless males will most likely account for 72% of those served. We expect that approximately a majority of individuals will report a Serious Mental Illness and a co-occurring Substance Abuse Disorder. Local Point in Time data does not collect information on sexual orientation, however, according to a national survey of service providers, 30% of homeless youth in street outreach programs identified as LGBTQ (Durso, L.E., & Gates, G.J. 2012). Using this as one indicator, we can estimate that at least 2% of our target population will be LGBTQ. This project will target homeless individuals either identified through OPCS Outreach activities or referred from partner agencies. Using the VI-SPDAT, needs will be identified and individuals will be prioritized based on the greatest need for immediate shelter. Individuals will also be supplied with emergency goods. Based on the previous year Point in Time count it is estimated that approximately 187 persons are in need of low barrier shelter on an average day in Tucson.

7. Please discuss how your program collaborates with other homeless assistance providers, including those organizations which are part of the Tucson Pima Collaboration to End Homelessness.

OPCS has had a long standing participation in numerous coalitions and networks throughout Tucson. OPCS is a voting member of TPCH, fills a leadership role on the Performance Monitoring and HMIS Committees, and participates in the Coordinated Entry process. We are also an active member of the Downtown Homeless Coalition, a member of the Second Chance Coalition, and have a contractual arrangement with Arizona Complete Health for housing and Behavioral Health Services. OPCS has current contracts with the VA, HUD, DOJ, Arizona Department of Corrections, Primavera Foundation, The City of Tucson, Pima County, Arizona Complete Health Complete Health Plan, United Healthcare, and Banner Healthcare. OPCS also partners with Intermountain Health, El Rio Health Center, Southern Arizona Gender Alliance, St. Francis low barrier men's winter shelter, and Southern Arizona Fair Housing Counsel. OPCS is a leader in the effort to end homelessness in Tucson Arizona, serving as host for the annual Housing First Forum, and leading a multi-agency community collaboration of over 3 million dollars in homeless service grants funded by the Department of Health and Human Services, SAMHSA.

V. BUDGET AND FINANCIAL/SERVICE INFORMATION

**Unit of Service/Request**

Complete the appropriate table for each category in which funding is requested.

Shelter Category					
	Column A	Column B	Column C	Column D	Column E
Shelter category	FEMA funds requested	Per diem	FEMA-funded total nights	FEMA-funded number of rural clients	FEMA-funded number of clients served
Mass shelter - Direct cost	\$	Not applicable			
Mass shelter - Per diem	\$	\$ 12.50	0		
Other shelter	\$ 27,375	Not applicable	2190		32

- GUIDANCE: Shelter category**
- Column A State the amount of FEMA funds you are requesting.
  - Column B In past years the local board has selected a \$12.50/night per diem rate. ***This amount may change when the award is finalized.***
  - Column C Indicate the total number of nights for mass shelter (Columns A ÷ B = C).
  - Column D State the number of rural clients to be served with FEMA request.
  - Column E Indicate the total number of clients to be served (include rural clients reported in Column D) with FEMA request.

Food (served meals/mass feeding) Category					
	A	B	C	D	E
Food category	FEMA funds requested	Meal per diem	FEMA-funded total nights	FEMA-funded number of rural clients	FEMA-funded number of clients served
Served meals - Direct cost	\$	\$			
Served meals - Per diem	\$	\$ 3.00	0		

- GUIDANCE: Food category**
- Column A: Indicate the amount of FEMA funds you are requesting.
  - Column B In past years the local board has selected a \$2.50/meal per diem rate. ***This amount may change when the award is finalized.***
  - Column C State the total number of meals served with FEMA funds (Columns A ÷ B = C).
  - Column D Indicate the number of rural clients to be served with FEMA request.
  - Column E State the total number of clients to be served (include rural clients reported in Column D) with FEMA request.

<b>Other food category</b>	
FEMA funds requested:	\$
Indicate the number of rural clients to be served with FEMA request:	
<p>Please use the space below to document how your request will be used. Give specifics (e.g., FEMA funds will buy approximately "X" number of food boxes to help "X" number of clients at "X" approximate cost per box).</p>	

<b>Financial Assistance Category</b>				
<p><i>*Note: All local providers for emergency rent/mortgage and utility assistance must utilize Pima County's Emergency Services Network (ESN) to ensure no duplication of assistance occurs.</i></p>				
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Financial assistance category	FEMA funds requested	Number of households served	Average bill	Number of rural households served
Rent/Mortgage	\$		\$	
Utility	\$		\$	

- GUIDANCE: Financial assistance category**
- Column A: Indicate the amount of FEMA funds you are requesting.
  - Column B: Indicate how many households (including rural households) are projected to be served with FEMA EFSP funds.
  - Column C: State the amount of the average bill expected to be paid (Columns A ÷ B = C).
  - Column D: Indicate how many rural households are projected to be served with this FEMA request.

### Program/Service Revenue & Expenditures

Complete tables A and B for each category in which FEMA EFSP funds are requested. Please reproduce this page if you are requesting funding in more than one service category.

<b>A. Program/Service revenue</b>	
Provide budgeted revenues for this program year for each service for which FEMA EFSP Phase 39 funds are requested. At the bottom of the table, indicate the percent of the total program revenues that will be met with FEMA assistance.	
<b>Service category:</b>	
Funding sources	Amount
Federal funds	\$
State funds	\$
City of Tucson funds	\$ 496,722.00
Pima County funds	\$
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program revenues/Client fees	\$
Foundation grants	\$
Fundraising/Donations	\$
Other/In-kind	\$
FEMA EFSP request	\$ \$27,375
<b>Total service funding</b>	<b>\$ 0</b>
What percentage of your Program budget is the FEMA funding request?  <i>Example: Motel Voucher Program:</i> \$8,000 FEMA FUNDING REQUEST <u>\$2,000 PRIVATE FUNDS</u> \$10,000 = 80% of Program Budget	5.5 %
What percentage of your overall Agency Budget is the FEMA funding request?  <i>Example:</i> \$250,000 AGENCY BUDGET <u>\$8,000 FEMA FUNDING REQUEST</u> = 3% of Overall Agency Budget	0.003 %



<b>B. Program/Service expenditures</b>	
Indicate budgeted expenditures for this program year for each service for which FEMA EFSP Phase 39 funds are requested. <u>Total agency budgets are not acceptable.</u>	
<b>Service category:</b>	
Line item budget categories	Total service budget
Personnel/Employee related expenses	\$ 134,753
Professional/Outside services	\$
Facilities/Occupancy	\$ 361,969
Travel	\$
Other (specify)	\$
Other (specify)	\$
Other (specify)	\$
<b>Total service expenditures</b>	<b>\$ 0496,722</b>

# Attachment C LRO Certification

## Local Recipient Organization (LRO) Certification Form

As a recipient of Emergency Food and Shelter National Board Program funds made available for FEMA EFSP Phase 39 and as the duly authorized representative of [REDACTED] I certify that my organization:

1. Is not debarred or suspended from receiving Federal funds;
2. Will not and will ensure employees, volunteers and other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect;
3. Will not and will ensure employees, volunteers and other individuals associated with the program will not use EFSP funds to support access to classified national security information;
4. Has the capability to provide emergency food and/or shelter services;
5. Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs or services;
6. Is a nonprofit corporation or an agency of government;
7. Will not use EFSP funds as a cost-match for other Federal funds or programs;
8. Has an accounting system, and will pay all vendors by an approved method of payment;
9. Conducts an independent annual review if receiving \$25,000-\$49,999/ an independent annual audit if receiving \$50,000 or more in EFSP funds, and an OMB Circular A-133 if receiving \$500,000 or more in Federal funding;
10. Has not received an adverse or no opinion audit;
11. Understands that cash payments (including petty cash) are not eligible under EFSP;
12. Has provided a Federal Employer Identification Number (FEIN) to EFSP;
13. Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP;
14. Practices nondiscrimination and will not refuse service to an applicant based on race, color, national origin, religion, sex, age, or disability;
15. Will not engage in religious proselytizing or religious counseling in any program receiving Federal funds;
16. Will not charge a fee to clients for EFSP funded services;
17. Will comply with the EFSP Responsibilities & Requirements Manual, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements;
18. Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports);
19. Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks—front and back, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved;
20. Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds to the National Board (\$5.00 or more; checks made payable to United Way Worldwide/Emergency Food and Shelter National Board Program, 701 North Fairfax Street, Suite 310, Alexandria, VA 22314);
21. Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date;
22. Will comply with the Office of Management and Budget Circular A-133 if expending \$500,000 or more in Federal funds;
23. Will comply with lobbying prohibition certification and disclosure of lobbying activities if receiving \$100,000 or more in EFSP funds, as applicable; and,
24. Has no known ESFP compliance exceptions in this or any other jurisdiction.

[Handwritten Signature]

Signature

Name and title: Tom Litwicki

Date: 2/23/2022

Agency address: 4501 E. 5th. St., Tucson, AZ 85711

Phone #: 520-437-3601

Fax #: 520-777-4512

Email: tlitwicki@helptucson.org

LRO ID Number: 027200\*51

FEIN: 86-0836556

DUNS #: 002623366