

Proposal Application

Attachment A Cover Sheet

Legal name of the organization (or individual) submitting this application: The Haven	
Legal Status of applicant (e.g., non-profit corporation, government entity): Non-profit corporation	
Address of Organization: 1107 E Adelaide Dr, Tucson, AZ 85719	
Name and Title of contact person for this application: Cynthia Duncan, Finance Manager	
Telephone number: 520-623-4590 xt 108	Fax number: 520-623-2065
E-mail address: SuziArmenta@thehaventucson.org	
Indicate the amount of FEMA EFSP Phase 37 funds you are requesting for each service category. Phase 37 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	\$19,764
Other Food	\$
Mass Shelter	\$
Other Shelter	\$
Rent/Mortgage Assistance*	\$
Utility Assistance*	\$
Total Requested	\$19,764
* 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 OCCURS.	
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:	
Margaret Higgins, PhD Executive Director	
Authorized Signature:	Date signed:
	June 2 2020

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

Our target population is women. We provide substance use treatment for women, pregnant women, and women with children. The majority of our clients are under 30 years of age, often homeless, and many have one or more child.

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.

Pima County, the City of Tucson, and the Tucson Planning Council for the Homeless have goals of reducing homelessness and crime. Treating addiction will help reduce or remove homelessness and crime. The Haven offers classes to clients designed to help them find employment, manage their money, and live a safer life.

V. BUDGET AND FINANCIAL/SERVICE INFORMATION

Unit of Service/Request

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

Error! Bookmark not defined.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 - <i>Direct Cost</i>	\$	Not applicable			
Mass Shelter - <i>Per Diem</i>	\$	\$12.50			
Other Shelter	\$	Not applicable			

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 EFSP 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 Meals	FEMA-Funded Number of Rural Clients	FEMA-Funded Number of Clients Served
Served Meals - <i>Direct Cost</i>	\$				
Served Meals - <i>Per Diem</i>	\$19,764	\$2.00 per meal	9,882		54 clients/2 months/3 meals per day

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 \$2.00/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.

Other Food Category	
FEMA funds requested:	\$
Indicate the number of rural clients to be served with FEMA request.	
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).	

Financial Assistance Category				
*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.				
	A	B	C	D
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.

A. Program/Service Revenue	
Provide budgeted revenues for this program year for each service for which FEMA EFSP Phase 37 funds are requested. At the bottom of the table, indicate the percent of the total program revenues that will be met with FEMA assistance.	
Service Category:	
Funding Sources	Amount
Federal Funds	\$
State Funds	\$
City of Tucson Funds	\$
Pima County Funds	\$
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$104,463
Foundation Grants	\$
Fundraising/Donations	\$43,703
Other/In-Kind	\$
FEMA EFSP Request	\$19,764
Total Service Funding	\$167,930
What percentage of your Program budget is the FEMA funding request? <i>Example: Motel Voucher Program:</i> <u>\$8,000 FEMA FUNDING REQUEST</u> <u>\$2,000 PRIVATE FUNDS</u> \$10,000 = 80% of Program Budget	12%
What percentage of your overall Agency Budget is the FEMA funding request? <i>Example:</i> <u>\$250,000 AGENCY BUDGET</u> <u>\$8,000 FEMA FUNDING REQUEST</u> = 3% of Overall Agency Budget	.004%

B. Program/Service Expenditures	
Indicate budgeted expenditures for this program year for each service for which FEMA EFSP Phase 37 funds are requested. TOTAL AGENCY BUDGETS ARE NOT ACCEPTABLE.	
Service Category:	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$43,264
Professional/Outside Services	\$
Facilities/Occupancy	\$5,800
Travel	\$
Other – disposable utensils:	\$18,756
Other (Specify):	\$
Other (Specify):	\$
Total Service Expenditures	\$67,820

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 37 and as the duly authorized representative of The Haven (Organization Name), 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 and 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.

Signature: _____

Name:

Title: Executive Director		Date:
LRO ID Number: 027200031	FEIN: 23-7112026	DUNS Number: 068778165
Address: 1107 E Adelaide Dr		
City, State, Zip Code: Tucson, AZ 85719		
Phone Number: 520-623-4590	Fax Number: 520-623-2065	Email Address: margarethiggins@thehaventucson.org