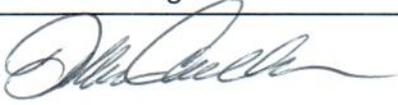


**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: <a href="#">Administration of Resources and Choice</a>	
Legal Status of applicant (e.g., non-profit corporation, government entity): <a href="#">Nonprofit 501 ( C ) ( 3 )</a>	
Address of Organization: <a href="#">1625 N. Alvernon, Suite 101</a>	
Name and Title of contact person for this application: <a href="#">Debbie Chandler, Executive Director</a>	
Telephone number: <a href="#">520-623-9383</a>	Fax number: <a href="#">520-623 9577</a>
E-mail address: <a href="mailto:Dchandler@arc-az.org">Dchandler@arc-az.org</a>	
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	\$
Other Food	\$
Mass Shelter	\$
Other Shelter	<a href="#">\$7,500</a>
Rent/Mortgage Assistance*	<a href="#">\$15,000</a>
Utility Assistance*	<a href="#">\$2000</a>
<b>Total Requested</b>	<b><a href="#">\$24,500</a></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 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: <a href="#">Debbie Chandler, Executive Director</a>	
Authorized Signature: 	Date signed: <a href="#">6/5/2020</a>

## Attachment B Application Form

### I. **Error! Bookmark not defined.**FEMA EFSP FUNDING HISTORY

Phase 37 Request	\$ 34,263
Phase 36 Received	\$ 13,478
Phase 35 Received	\$ 12,957

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.

ARC was awarded FEMA funds in Phase 35 and 36 to fill the gap of transitional housing needs from our Elder Crime Victims' Program, Elder Shelter Program, and our foreclosure prevention program. These programs are fully funded by US Department of Justice through the Arizona Department of Public Safety, Pima County, and the Arizona Department of Housing. The Elder Crime Victims' Program provides advocacy and assistance to the elderly and disabled individuals of any age who have been neglected, financially exploited, or had some crime committed against them. ARC provides safety plans and housing stabilization for these individuals and families who are at risk of becoming homeless due to the crime or financial hardship. A secondary program, Elder Shelter, provides the needed funds for transitional housing for elders in need of care or who cannot live alone, providing temporary placement in a care home while a permanent housing solution is determined. Lastly our Housing Counseling Program, funded by Arizona Department of Housing, provides principal reductions and modifications on mortgages to assist individuals and families who may be at risk of losing their homes. These programs often uncover urgent needs for emergency funding to prevent homelessness and revictimization, beyond what the restricted program budgets can support. The FEMA funds requested in this grant fill a gap in all these comprehensive programs by providing badly needed funding for rent/mortgage and utility assistance when clients are in transition from emergency shelter to a stabilized housing situation, or at risk of becoming homeless due to a financial hardship. This is a significant need and sizable gap in all our programs, and frankly we could effectively employ triple the amount we have been receiving each year to make a dent in the gap. assistance to the elderly and disabled individuals of any age who have been neglected, financially exploited, or had some crime committed against them. ARC provides safety plans and housing stabilization for these individuals and families who are at risk of becoming homeless due to the crime or financial hardship. A secondary program, Elder Shelter, provides the needed funds for transitional housing for elders in need of care or who cannot live alone, providing temporary placement in a care home while a permanent housing solution is determined. Lastly our Housing Counseling Program, funded by Arizona Department of Housing, provides principal reductions and modifications on mortgages to assist individuals and families who may be at risk of losing their homes. These programs often uncover urgent needs for emergency funding to prevent homelessness and revictimization, beyond what the restricted program budgets can support. The FEMA funds requested in this grant fill a gap in all these comprehensive programs by providing badly needed funding for rent/mortgage and utility assistance when clients are in transition from emergency shelter to a stabilized housing situation, or at risk of becoming homeless due to a financial hardship. This is a significant need and sizable gap in all our programs, and frankly we could effectively employ triple the amount we have been receiving each year to make a dent in the gap.

### 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
X	

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

The organization has an established accounting system using QuickBooks and grant allocation accounting. Grant funds are never co-mingled, and costs are accounted for separately. Paul Addington and Associates conducted a financial compilation that we have provided for this request. Our funding level does not require that we conduct an independent audit, so we are also providing our internal agency financials.

**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.

- No.** The organization does not conduct an independent annual audit.
- Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

86-0735999

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

Office Building is one story with accessible entry and bathrooms for clients, and open seating areas

**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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
2	Domestic violence victims		People with AIDS/HIV		Veterans
1	Elderly		Racial/Ethnic Minorities		NT (no target population)
3	Families with children		Single men		Other targeted populations (specify below):
3	Mentally disabled		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.

Administration of Resources and Choices (ARC) is a member of the Arizona Housing Coalition, the Arizona Coalition to End Sexual and Domestic Violence, The United Way Elder Alliance, the Task Force Against Senior Abuse, and Stop Abuse and Financial Exploitation of the Elderly (SAFE). As an active member in these groups, ARC has established multidisciplinary teams with Pima Council on Aging, DIRECT Center for Independence, Salvation Army, Kino Center, Primavera, Gospel Rescue Mission, Cenpatico, Emerge Center, Pima County Housing Center, Catholic Community Services, and the Arizona Department of Housing. We further have a formal affiliation with Unidos US (previously National Council of La Raza). ARC's long-standing collaborations allow us to provide a full continuum of care for the Latino community, as nearly 40% of Pima County residents, people over 50, people with disabilities, and individuals and families with children experiencing financial hardship. Our experience has further helped us to streamline our response to the COVID19 pandemic, through the provision of our 24-7 Elder Crisis Line for emergency shelter or care placement, and intensive emergency case management. ARC can provide personal and legal advocacy, and referral, and connection to wraparound services for permanent supportive housing, foreclosure intervention, and comprehensive housing and financial counseling. To provide a full continuum of care, ARC's 7 FTE professional staff include 2 HUD certified housing counselors that provide comprehensive housing counseling, including foreclosure mitigation assistance in collaboration with Arizona Department of Housing Save our Home Program, financial education, reverse mortgage counseling, budgeting, rental counseling, home buyer education, transitional housing assistance, refinance and modification assistance, and a trauma-informed, professionally trained housing and legal advocacy team. All services are offered in both English and Spanish.

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).

According to published statistics and ARC's needs assessment for the 2019-2020 fiscal years, people between the ages of 45-60, the elderly, families with children, and victims of abuse, neglect, and exploitation represent a growing majority of those at risk of or experiencing homelessness in Pima County, Arizona. The Arizona Department of Economic Security (Esperanza & Bleyle, 2015) report, entitled Arizona and the Aging Homeless Population, demonstrated that the homeless population in Arizona has increased by 51% over the past five years. Over 50% of women further report domestic violence as the cause of homelessness (Source: "Pressing Issues Facing Families Who Are Homeless." The National Center on Family Homelessness, 2013). Due to COVID19, 4.75 million people have requested forbearance on the mortgage payment, representing 1.4 trillion of unpaid mortgage balances- all of which need assistance to get back on track, and the assistance of a housing counseling agency for access to help. These numbers are increasing at an exponential rate, and emergency assistance will be paramount as people face the requirement to on time payments as they return to work. Given that more than 17% of national COVID19 cases, and more than 53% of Pima County deaths occur in

nursing homes, ARC is struggling to assist those in need of care with the nursing home placement that we have provided for 20 years. Such individuals require emergency shelter, followed by rental or mortgage assistance, to afford in-home care, while they await openings. We are also struggling to assist those who are now forced to remain in an abusive household in quarantine, escalating the violence in their home by reinforcing their isolation. For them, rent and mortgage assistance may be lifesaving, helping them to secure a safe home, while we assist them in applying for assistance, generating income, and helping them to organize and stabilize their finances. ARC has been funded by the Department of Justice and Pima County since 1996, and our housing counseling services funded through HUD and the Arizona Department of Housing, but we clearly cannot depend upon these resources alone during the COVID19 crisis. We are therefore seeking funding from foundations, city, county, and state COVID19 sources to provide for rental and mortgage assistance, shelter, rapid rehousing, transitional housing assistance, and permanent housing placement.

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

To meet the unprecedented need for financial assistance, due to COVID19, the lack of income opportunities, increased crime, and ongoing requests for assistance related to care needs, victimization, or other financial hardship, ARC will continue to provide rent or mortgage and utility assistance, safe transitional housing, and pro bono nursing home shelter. ARC's long-standing agreement with our collaborative partners is to focus primarily on the low-income populations most severely affected by the pandemic. Nearly 40% of Pima County residents, people over 50, people with disabilities, and individuals and families with children are experiencing financial hardship, as the largest growing populations of those at risk for or experiencing homelessness. FEMA funds will allow us to address these underserved populations and support the outcome goals of all ARC programs for housing, economic, and financial stabilization, and confidence in the ability to be self-sufficient. After exhausting all local and state resources for housing and emergency rental and utilities assistance in the community, clients may receive 30 days of emergency shelter if needed, and or assistance with one month's rent for their primary residence, or one-month payment of principal and interest on a mortgage. Participants may further receive one month of metered electric, gas, or water utility payments, or non-metered utilities that fit within FEMA guidelines. Because ARC will be providing this financial assistance to existing clients from our internal funded programs, participants will be supported in all other areas of case management, victim services, financial counseling, and self-advocacy. Because ARC's focus is upon the most vulnerable and underserved members of our community, at a higher risk of homelessness, hospitalization, or victimization, FEMA funding is critical toward protecting our clients' health and safety. Often, just one month of assistance can make all the difference in the lives of those in crisis, offering them the time to make a safety, housing, and financial plan to sustain their overall wellbeing. FEMA funding further allows us to utilize our program funding for housing and financial counseling, care home placement, and elder victims' services more effectively, giving us the time to provide the necessary case management and assistance in completing applications and establishing eligibility for benefits, coordinating the myriad of services already available in the community through functional collaboration. In the past three years, we have found that more than 98% of the people we helped with FEMA were

able to launch and maintain their safe recovery with the rest of the supportive services provided by ARC's programs.

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.

ARC relies upon diverse funding sources to support a continuum of care for those served, including county, state, federal, grant programs, and has further developed relationships with partner organizations and volunteers to fill gaps in services as needed. Our Elder Services funding has been in place for over 20 years, and our housing services since 2008. Some cut-back in foreclosure funding have been experienced but are being overcome by shifts in fee for service income in new lines of business. ARC has not suffered any significant cutbacks fortunately and is using existing funding to attempt to meet the exploded demand from the effects of the COVID pandemic. Our Elder Crime Victims program will be cut 10 % for the next year, and foreclosure funding is less than it used to be, but we have continued to operate at full staff. The larger problem is the unprecedented increased demand and our inability to meet the demand with the current funding that we have. There simply is not adequate funding to assist with payment of utilities, transition housing, and mortgage rental assistance. Additional funds are needed in order to help the multitudes of people affected by COVID who are at risk and vulnerable and help to close the gap in the provision of our services.

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

ARC recognizes that funding is to serve Pima County and focus on assistance for homeless or potentially homeless individuals or families to transition from temporary to permanent housing solutions. Our programs extend to some rural areas of Pima County as well such as South Tucson, Marana, Sahuarita, and Oro Valley. All our work and programs for whom we serve are within Pima County, as will be the focus of our FEMA funding. The target populations will be sought from these areas, through community outreach and education.

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

The ARC COVID19 Homelessness Prevention Fund and the ARC Supplemental Housing and Utility Fund will be available to people over 50, people over 18 with disabilities, people with limited English proficiency whose primary language is Spanish, and those facing financial hardship due to abuse, neglect, exploitation, illness, COVID19, or job loss, living within Pima County. In order to foster economic and housing re(stabilization), participants are eligible to receive ongoing case management services through ARC's Housing and Financial Counseling, Elder Crime Victims' Services, or Elder Shelter program to develop a plan to sustain their primary residence. Our other programs require counseling and case management which will help to ensure that those who use FEMA funds from ARC for housing stabilization will be more likely to sustain economic and housing independence.

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.

ARC participates in continuum of care planning with the Salvation Army, the United Way, Catholic Community Services, The Jewish Federation's senior housing grant recipients, and Gospel Rescue Mission. These collaborations provide support for those in need of assistance with activities of daily living, self-advocacy, and life and care planning toward the goals of acquiring permanent, accessible, peer supported housing, income or benefit, and care. As part of this endeavor, ARC has successfully executed a pilot program funded by Pima County CDGB in 2017 to empower those caring for a loved one in their home to provide permanent housing within their home for other seniors in need of independent living support. A second program of support for the same activity has been awarded in 2019. These homes serve the gap population discussed in this proposal and ARC will be able to utilize them as homes with rental assistance for our clients for permanent boarding homes. ARC collaborates with other homeless providers by conducting staff training and workshops for residents on domestic violence for seniors and economic empowerment. Leveraging existing housing and financial counseling, elder crime victims' legal and systems advocacy services, and crisis line and emergency shelter placement services, ARC provides our partners with coordinated care and planning, training, independent living skills, and self-advocacy toward engaging in community for safe independent living.

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	\$ 7,500	Not applicable	300	5	10

**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>	\$	\$2.00 per meal			

**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.

<b>Other Food Category</b>	
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).	

<b>Financial Assistance Category</b>				
*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	\$15,000	18.75	\$800	5
Utility	\$2000	16	\$125	5

**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 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.	
<b>Service Category:</b>	
Funding Sources	Amount
Federal Funds	\$450,000
State Funds	\$190,000
City of Tucson Funds	\$
Pima County Funds	\$49,000
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$135,800
Foundation Grants	\$35,000
Fundraising/Donations	\$15,000
Other/In-Kind	\$70,000
FEMA EFSP Request	\$34,263
<b>Total Service Funding</b>	<b>\$984,063</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	<b>3%</b>
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	<b>3%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b>	
<b>Line Item Budget Categories</b>	<b>Total Service Budget</b>
Personnel/Employee Related Expenses	\$8755
Professional/Outside Services	\$
Facilities/Occupancy	\$504
Travel	\$
Other (Specify):	\$
Other (Specify):	\$
Other (Specify):	\$
<b>Total Service Expenditures</b>	<b>\$9259</b>



Proposal Application

Attachment A Cover Sheet

Legal name of the organization (or individual) submitting this application: Catholic Community Services of Southern Arizona	
Legal Status of applicant (e.g., non-profit corporation, government entity): Non-Profit Corporation	
Address of Organization: 140 W. Speedway Ste. 130 Tucson, AZ 85705	
Name and Title of contact person for this application: Kara Melton Program Director Nutrition Services	
Telephone number: (520)624-1562	Fax number: (520) 519-1303
E-mail address: karam@ccs-soaz.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	\$ 10,000
Other Food	\$
Mass Shelter	\$
Other Shelter	\$
Rent/Mortgage Assistance*	\$
Utility Assistance*	\$
<b>Total Requested</b>	<b>\$ 10,000</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 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: Marguerite Harmon	
Authorized Signature: 	Date signed: 6/1/2000

## Attachment B Application Form

### I. Error! Bookmark not defined.FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 10,000</b>
Phase 36 Received	\$ 4,750
Phase 35 Received	\$ 5,000

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.

**The money requested would be used to support a Home-Delivered Meal program that has received FEMA funds in the past. Services will be expanded to included individuals who are between the ages of 18-59 who do not qualify for other like services. In addition, it will supplement the existing program, allowing emergency service to hospital releases.**

### 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.

The organization has an established accounting system and conducts an independent annual audit

#### 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.

**Keegon, Linscott & Kenon, PC. October 30, 2019. Year ending June 2019**

- No.** The organization does not conduct an independent annual audit.
- Please attach FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

86-0100880

#### 5. How does your facility assure accessibility for people 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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV		Veterans
1	Elderly		Racial/Ethnic Minorities		NT (no target population)
	Families with children		Single men		Other targeted populations (specify below):
	Mentally disabled		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.

**Our program maintains a collaborative arrangement with the City of Tucson, Lutheran Social Services. We cater meals to their nutrition sites. We collaborate with Lutheran Social Services on the delivery of FEMA funded meals to clients under 60 that are in their service delivery area. This has allowed FEMA funds to be utilized over the entire city and not just in our zip code areas**

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).

**We have experienced a dramatic increase in requests for meals from persons 18 – 59 this past fiscal year. The current economic situation has resulted in caregivers stating that they can no longer help their loved ones. The Arizona Long Term Care System has tightened up their spending and they are determining fewer clients eligible for this funding. In addition, The Community Services System, funded through Block Grant dollars, has suffered funding cuts resulting in fewer dollars to serve the under 60 population.**

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

**We would have the ability to serve individuals in immediate need of home delivered meals. In addition, we would have the ability to serve individuals 18-59 who do not qualify or are on a waiting list for Community Based Services**

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.

**It is expected that the State of Arizona's budget deficit will result in reduced funding to the Community Services System in the future. This will increase the requests that come directly to our agency for home-delivered meals.**

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

**We are currently serving the Southwest side of Tucson, Ajo, Marana, Rillito, Green Valley and Sahuarita. FEMA funds reach clients in the Lutheran Social Service's service area that includes mid-town, east and southeast including Vail.**

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

**Elderly (60+) and disabled persons 18-59. We are committed to target services to those individuals who are in greatest economic and social need, with particular attention to low-income minority, rural, and severely disabled elderly individuals.**

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.

**Not Applicable.**

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 - Direct Cost	\$	Not applicable			
Mass Shelter - Per Diem	\$	\$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 - Direct Cost	\$				
Served Meals - Per Diem	\$10,000	\$2.00 per meal	5,000	20	54

**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.

<b>Other Food Category</b>	
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).	

<b>Financial Assistance Category</b>				
*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.

<b>A. Program/Service Revenue</b>	
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.	
<b>Service Category:</b>	
Funding Sources	Amount
Federal Funds	\$
State Funds	\$ 69,000
City of Tucson Funds	\$
Pima County Funds	\$
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$ 906,325
Title XX	\$ 42,480
United Way	\$
Program Revenues/Client Fees	\$ 38,000
Foundation Grants	\$
Fundraising/Donations	\$
Other/In-Kind	\$ 7,304
FEMA EFSP Request	\$ 10,000
<b>Total Service Funding</b>	<b>\$ 1,063,429</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	<b>1 %</b>
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	<b>.09 %</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b>	
<b>Line Item Budget Categories</b>	<b>Total Service Budget</b>
Personnel/Employee Related Expenses	\$ 278,467
Professional/Outside Services	\$ 6,100
Facilities/Occupancy	\$ 7,784
Travel	\$26,969
Other (Specify):Materials/supplies	\$551,976
Other (Specify): operating	\$ 75,300
Other (Specify): expenses	\$116,833
<b>Total Service Expenditures</b>	<b>\$ 1,063,429</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 37 and as the duly authorized representative of Catholic Community Services of Southern Arizona, Inc (Organization Name), I certify that my organization Catholic Community Services of Southern Arizona, Inc

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: Marguerite D. Harmon

Name: Marguerite D. Harmon		Date:
Title: CEO		
LRO ID Number: 027200	FEIN: 86-0100	DUNS Number: 114439730
Address: 140 W Speedway Blvd Ste 130		
City, State, Zip Code: Tucson, AZ, 85705		
Phone Number: 520-623-0344	Fax Number: 520-770-8514	Email Address: karam@ccs-soaz.org

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: International Rescue Committee, Inc.	
Legal Status of applicant (e.g., non-profit corporation, government entity): Non-profit	
Address of Organization: 1011 N. Craycroft Rd. Suite 404, Tucson, AZ 85716	
Name and Title of contact person for this application: Micaela Angle, Grants Manager	
Telephone number: 520-319-2128	Fax number:
E-mail address: Micaela.Angle@rescue.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. <b>ROUND REQUESTS TO THE NEAREST DOLLAR; REQUEST ONLY WHOLE DOLLAR AMOUNTS.</b>	
Served Meals/Mass Feeding	\$
Other Food	\$
Mass Shelter	\$
Other Shelter	\$
Rent/Mortgage Assistance*	\$ 50,000
Utility Assistance*	\$
<b>Total Requested</b>	<b>\$ 50,000</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 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: Aaron Rippenkroger, Executive Director IRC Arizona	
Authorized Signature: 	Date signed: 06/05/2020

## Attachment B Application Form

### I. **Error! Bookmark not defined.**FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 0</b>
Phase 36 Received	\$ 0
Phase 35 Received	\$ 0

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.

The IRC in Tucson intends to use EFSP funds to supplement the existing housing support program and related services. Funds will be used for rent and utility payments for identified high priority clients. Prioritization is determined based on intake and current safety and planning assessment for all IRC clients. The IRC housing program has not been supported in the past by FEMA funds.

### 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
X	

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

When a grant or funding is received, IRC issues a unique source code (T1) to ensure that costs incurred directly for activities for that project and funding are charged appropriately. Shared program costs (or costs that cannot be directly attributed to the project or grant as they support the whole operations) are allocated based on an allocation methodology using FTE (full time equivalent).

#### 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.

KPMG, October 1, 2018 – September 30, 2019

- No.** The organization does not conduct an independent annual audit.
- Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

13-5660870

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

IRC staff are required to follow the IRC accommodation policy outlining the protocols for providing reasonable accommodation to a qualified individual with a disability, or based on pregnancy or religion, in accordance with certain conditions.

**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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
X	Domestic violence victims	X	People with AIDS/HIV		Veterans
X	Elderly	X	Racial/Ethnic Minorities		NT (no target population)
X	Families with children	X	Single men	X	Other targeted populations (specify below):
X	Mentally disabled	X	Single women		Refugees and Asylees

**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.

International Rescue Committee (IRC) in Tucson partners and collaborates with several community agencies to address client needs related to housing insecurity, food insecurity, financial insecurity, and medical needs. Program areas also support refugee education, mental health, and immigration. IRC collaborates with Department of Economic Security Family Assistance Administration, Division of Child Support, Department of Child Safety, Vocation Rehabilitation Services, Banner University Medical Center, Social Security Administration, Pima County Health Department, Behavioral Health Agencies, local employers, and a number of other social services. IRC also participates in the Refugee Services Providers Network (RISPnet), Refugee Resettlement Program quarterly meetings, Refugee Health quarterly meeting, and other community organized events to address the needs of refugee clients. IRC in collaboration with other Refugee Service providers, provides Refugee 101 sessions to the community to educate and engage the community on refugees and their needs.

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).

IRC in Tucson works with newly resettled refugees and Asylees. The active caseload of clients being served across all programs averages between 250-300 individuals per quarter. However, due to the current COVID-19 Pandemic, IRC has seen a significant increase in the number of clients returning and needing services. Since March of 2020, IRC has served over 700 individuals, primarily due to the economic impacts of COVID-19. 102 employable adults lost employment due to the COVID-19 economic shutdown in the past three months, significantly affecting financial stability and ability to meet basic needs. As most IRC clients live below or at poverty line and do not have savings, their financial instability has made it challenging for them to pay their basic expenses including rent. Because of the ongoing COVID-19 pandemic, exhaustion of unemployment benefits, and the lifting of eviction safeguards, IRC foresees an increase housing assistance needs.

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

IRC clients face barriers in accessing existing Tucson housing assistance programs due to language and cultural barriers. For example, 10 households were recently referred to AZ Housing assistance but 0% of those families were approved or received assistance with their applications. This in part is due to the limited provision of interpretation provided to clients by assistance agencies. The IRC fills this need by providing interpretation for clients to improve the likelihood of securing support services. Upon enrollment to IRC services, Direct Services Staff create an individualized self-sufficiency plan for clients to address urgent and other needs, establish short-term and long-term goals, address barriers, and identify needed services. IRC also helps clients create a family budget to understand income and expenses and provide budget counseling. Self-sufficiency plans and family budgets inform the actions steps needed to address client barriers to self-sufficiency. IRC also provides clients culturally and linguistically appropriate services to address needs, filling a critical gap in service provision.

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.

Due to the halt in refugee admissions as a result of the COVID-19 pandemic, federal funding to the IRC in Tucson has decreased. IRC anticipates regular stream funding will not return to normal levels until fiscal year 2021. Decreased funding, coupled with increased need at this critical time, has necessitated the need to secure alternative funding to support housing needs for vulnerable refugee communities. IRC in Tucson development staff are pursuing new fundraising avenues, increasing the volume of applications to private foundations and conducting increased outreach to private donors to maximize financial resources available to assist clients in need.

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

The IRC in Tucson serves clients in Tucson and Pima County.

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

The IRC in Tucson will serve refugee and asylee clients in Tucson with housing support including rental assistance. IRC will identify high priority individuals and families in need of rental support due to loss of income, medical emergencies, unemployment related to the COVID-19 pandemic and other needs as assessed by case management staff.

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.

IRC refers clients if needed to homeless shelters including Primavera foundation, Gospel Rescue Mission, Emerge! Domestic violence shelter, and Our Family Services. IRC provides guidance and assistance with shelter applications and bridges communication between service providers and clients, ensuring the acute needs of clients are adequately met.

V. BUDGET AND FINANCIAL/SERVICE INFORMATION

**Unit of Service/Request**

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

<b>Error! Bookmark not defined.Shelter Category</b>					
	<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>
<b>Shelter Category</b>	<b>FEMA Funds Requested</b>	<b>Per Diem</b>	<b>FEMA-Funded Total Nights</b>	<b>FEMA-Funded Number of Rural Clients</b>	<b>FEMA-Funded Number of Clients Served</b>
Mass Shelter - <i>Direct Cost</i>	\$	Not applicable			
Mass Shelter - <i>Per Diem</i>	\$	\$12.50			
Other Shelter	\$	Not applicable			

<b>GUIDANCE: Shelter Category</b>	
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. <b><i>This amount may change when the award is finalized.</i></b>
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.

<b>Food (Served Meals/Mass Feeding) Category</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Food Category</b>	<b>FEMA Funds Requested</b>	<b>Meal Per Diem</b>	<b>FEMA-Funded Total Meals</b>	<b>FEMA-Funded Number of Rural Clients</b>	<b>FEMA-Funded Number of Clients Served</b>
Served Meals - <i>Direct Cost</i>	\$				
Served Meals - <i>Per Diem</i>	\$	\$2.00 per meal			

<b>GUIDANCE: Food Category</b>	
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. <b><i>This amount may change when the award is finalized</i></b>
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.	
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).	

<b>Financial Assistance Category</b>				
*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.				
	<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	\$50,000	100	\$500	
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 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.	
<b>Service Category:</b>	
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	\$17,500
Program Revenues/Client Fees	\$
Foundation Grants	\$
Fundraising/Donations	\$20,000
Other/In-Kind	\$51,737
FEMA EFSP Request	\$50,000
<b>Total Service Funding</b>	<b>\$139,237</b>
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	<b>36%</b>
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	<b>2.7%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b>	
<b>Line Item Budget Categories</b>	<b>Total Service Budget</b>
Personnel/Employee Related Expenses	\$43,110
Professional/Outside Services	\$
Facilities/Occupancy	\$3,000
Travel	\$500
Rent Assistance	\$84,190
Interpretation	\$3,000
ICR	\$5,437
<b>Total Service Expenditures</b>	<b>\$139,237</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 37 and as the duly authorized representative of International Rescue Committee, Inc. (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: Aaron Rippenkroger		Date: 6-4-2020
Title: Executive Director, IRC Arizona		
LRO ID Number:	FEIN: 13-5660870	DUNS Number: 04-718-2918
Address: 1011 N Craycroft Rd, Suite 404		
City, State, Zip Code: Tucson, AZ 85716		
Phone Number: 520-319-2128	Fax Number:	Email Address:

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: <a href="#">Jewish Family and Children's Services of Southern Arizona (JFCS)</a>	
Legal Status of applicant (e.g., non-profit corporation, government entity): <a href="#">non-profit corporation</a>	
Address of Organization: <a href="#">4301 E 5th Street, Tucson, AZ 85711</a>	
Name and Title of contact person for this application: <a href="#">Samuel Kirschbaum, Grant Writer</a>	
Telephone number: <a href="#">520-795-0300</a>	Fax number: <a href="#">520-795-8206</a>
E-mail address: <a href="mailto:skirschbaum@jfcstucson.org">skirschbaum@jfcstucson.org</a>	
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. <b>ROUND REQUESTS TO THE NEAREST DOLLAR; REQUEST ONLY WHOLE DOLLAR AMOUNTS.</b>	
Served Meals/Mass Feeding	\$
Other Food	\$
Mass Shelter	\$
Other Shelter	\$
Rent/Mortgage Assistance*	\$61,200
Utility Assistance*	\$21,600
<b>Total Requested</b>	<b>\$82,800</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 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: <a href="#">Carlos Hernández</a>	
Authorized Signature: 	Date signed: 

## Attachment B Application Form

### I. FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 82,800</b>
Phase 36 Received	\$ 0
Phase 35 Received	\$ 0

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.

These funds will be used to expand our emergency financial assistance program for the purpose of assisting families and individuals in the general community with meeting rent/mortgage and utility payments. This program is well established, in the Pima County, Arizona community, but is normally restricted by grant guidelines from the Jewish Federation of Southern Arizona and the Jewish Community Foundation of Southern Arizona. With support from FEMA, we can provide assistance to the entire community.

### 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
X	

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

**MIP Fund Accounting System (vs. 2020)**

#### 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.

**BeachFleischman**  
**Years Ended September 30, 2019 and 2018**

- No.** The organization does not conduct an independent annual audit.
- Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

<b>4. Federal Employer Identification Number (FEIN)</b>	<b>86-0623896</b>
<b>5. How does your facility assure accessibility for people with physical disabilities?</b>	<b>We adhere to ADA requirements, including passageway and elevator accessibility.</b>

### 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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
3	Domestic violence victims		People with AIDS/HIV		Veterans
1	Elderly		Racial/Ethnic Minorities		NT (no target population)
2	Families with children		Single men		Other targeted populations (specify below):
	Mentally disabled		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.

JFCS's Community Services department collaborates with the ELDER Alliance, the Tucson Fire Department's Tucson Collaborative Community Care (TC-3), the Behavioral Health and Aging Coalition, and the City of Tucson COVID-19 Task Force for Older Adults. We provide resources and referrals to other agencies, and in turn receive referrals from these other agencies. In addition, our Clinical department, which provides mental health services, collaborates with all AHCCCS health plans: Arizona Complete Health, Banner, and United. We also provide services to domestic violence survivors at Emerge Center Against Domestic Violence. Additionally, we provide mental health services to families at shelters, such as Sister Jose Women's Shelter.

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).

Over the last several years, there has been a trend in individuals and families requiring more assistance with rent/mortgage and utilities. There is a growing population of people with mental health problems and with disabilities, as well as those who are unemployed or underemployed. These individuals are particularly vulnerable to emergency situations, and will need assistance should such emergencies arise.

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

available to the community.

Our Jewish Emergency Financial Assistance program has been available to the Jewish population for many years, but there has been a gap in this service available to the general community. We are only able to fill this gap with additional support from FEMA. We are known and trusted in the Tucson community thanks to our focus on trauma-informed care, and we are eager to provide financial assistance to any individual or family in need without needing to refer them elsewhere.

- 
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.

Funding for our Jewish Emergency Financial Assistance program has remained stable, but there has not been any funding for the general community. On a daily basis, we receive calls from the general community for assistance, but due to lack of funding we have needed to turn them away. We would like to start serving the general population with the help of FEMA funds.

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

JFCS serves the entire Pima County, Arizona community.

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

Rent/mortgage and utility assistance will be available to any low-income individual or family in need of support who cannot afford these expenses.

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.

We are part of a network as described in Question 1. We frequently provide referrals to other agencies when we are unable to provide a direct service, and are always happy to receive referrals from other agencies. We collaborate with agencies throughout southern Arizona to provide services to as many people as possible.

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 - <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. <b><i>This amount may change when the award is finalized.</i></b>
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>	\$	\$2.00 per meal			

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. <b><i>This amount may change when the award is finalized</i></b>
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.	
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).	

<b>Financial Assistance Category</b>				
*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.				
	<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	\$61,200	72	\$850	0
Utility	\$21,600	72	\$300	0

- 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 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.	
<b>Service Category: Rent/Mortgage</b>	
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	\$
Foundation Grants	\$37,500
Fundraising/Donations	\$
Other/In-Kind	\$
FEMA EFSP Request	\$61,200
<b>Total Service Funding</b>	<b>\$98,700</b>
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	<b>62%</b>
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	<b>1.16%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category: Rent/Mortgage</b>	
<b>Line Item Budget Categories</b>	<b>Total Service Budget</b>
Personnel/Employee Related Expenses	\$11,681
Professional/Outside Services	\$485
Facilities/Occupancy	\$417
Travel	\$
Other (Specify):	\$
Other (Specify):	\$
Other (Specify):	\$
<b>Total Service Expenditures</b>	<b>\$12,583</b>

### 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 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.	
<b>Service Category: Utilities</b>	
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	\$
Foundation Grants	\$10,000
Fundraising/Donations	\$
Other/In-Kind	\$
FEMA EFSP Request	\$21,600
<b>Total Service Funding</b>	<b>\$31,600</b>
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	<b>68%</b>
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	<b>0.41%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category: Utilities</b>	
<b>Line Item Budget Categories</b>	<b>Total Service Budget</b>
Personnel/Employee Related Expenses	\$8,933
Professional/Outside Services	\$371
Facilities/Occupancy	\$325
Travel	\$
Other (Specify):	\$
Other (Specify):	\$
Other (Specify):	\$
<b>Total Service Expenditures</b>	<b>\$9,629</b>



## Notice of Request for Proposals (RFP)



Title	FEMA EFSP Phase 37
RFP Number	CDNC-FEMA-EFSP-Phase 37
Program Year	2019/2020
Issue Date	May 20, 2020
Review Meeting	May 29, 2020, 9am
Due Date	June 3, 2020 by 5:00 PM, MST

Submit proposals by email to:

marcos.ysmael@pima.gov

Specify the RFP Number: **"CDNC-FEMA-EFSP-Phase 37"**  
in the Subject line.

### LATE PROPOSALS WILL NOT BE ACCEPTED

Pima County is soliciting proposals from Respondents who are qualified, responsible and willing to provide services to the community in compliance with all solicitation specifications and requirements contained or referenced herein. Emergency Food and Shelter Program (EFSP) funds are Federal funds made available through the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA).

Download a full copy of this solicitation at

<http://webcms.pima.gov/cms/one.aspx?portalId=169&pageId=24903> by selecting the title **"FEMA Phase 37."** Respondents are required to check this website for addenda and answers to questions posed prior to the due date to assure that the proposal incorporates all required information.

Proposals must be submitted as defined in this RFP. **Failure to respond completely to the RFP may be cause for rejection of a proposal as *non-responsive*.** Complete and return all required documents. Respondents are required to read the entire solicitation including all referenced documents; assure that they can and will comply with all requirements associated with this opportunity; and incorporate all costs in the proposals submitted.

Direct questions regarding this opportunity to:

Marcos Ysmael  
801 W. Congress  
Tucson, AZ 85701  
(520) 724-2460  
marcos.ysmael@pima.gov

**Pre-submittal Review Meeting: May 29, 2020, 9am**, Pima County Housing Center, 801 W. Congress St. (space is limited), or [Join Microsoft Teams Meeting, +1 213-279-1657](#), Conference ID: 710 127 282#

**Announcement Published:** *The Daily Territorial*, May 26, 27, 28 and 29, 2020

## Introduction

Pima County was selected as a qualifying jurisdiction to receive funding from the Emergency Food and Shelter Program's National Board, which is chaired by the Federal Emergency Management Agency (FEMA). The Emergency Food and Shelter Program (EFSP), created in 1983, supplements and expands the work of local social service agencies which help people with economic emergencies. The original authorizing legislation (Pub. L. 100-77) specifically calls for:

*Sensitivity to the transition from temporary shelter to permanent homes and attention to the specialized needs of homeless individuals with mental and physical disabilities and illness and to facilitate access for homeless individuals to other sources of services and benefits.*

Special emphasis shall be on the identification of and assistance to the elderly, families with children, Native Americans, veterans, and mentally and physically disabled persons. EFSP funds must be used only to supplement existing rent/mortgage, utility assistance and feeding and sheltering efforts.

Pima County's Community Development and Neighborhood Conservation Department (CDNC) has been charged with coordination of the process for distribution of funds to service providers in Pima County.

The FEMA National Board has announced an allocation of \$473,765 for this jurisdiction under the 2019-20 Program Year, known as Phase 37.

Following the due date the Local Board will convene, review the proposals, determine the allocations to be distributed, and submit its local plan to the EFSP National Board.

## Eligible Program Activities

The intent of this program is to support the purchase of food and shelter and assistance in the payment of rent/mortgage and utilities, to supplement and expand current available resources. Eligible cost categories are limited to served meals, other foods, mass shelter, other shelter, rent/mortgage assistance, and utility assistance. FEMA EFSP funds are intended to be used to supplement or expand existing programs and services. Funds may not be used as a substitute for other program funds, nor to start a new program. Funds may not be used for emergency assistance for victims of natural disasters.

## Who Can Apply

A local organization that meets the following qualifiers is eligible to apply for FEMA EFSP funding.

- Is a nonprofit or an agency of government
- Has a checking account (Cash payments are not allowed.)
- Has an accounting system or fiscal agent approved by the Local Board
- Is not debarred or suspended from receiving Federal funds
- Has a Federal Employer Identification Number (FEIN)
- Has a Data Universal Number System (DUNS) number
- Conducts an independent annual review if receiving \$50,000 to \$99,999 in funding; an independent audit if receiving \$100,000 or more in EFSP funds; and meets single audit requirements at 2 CFR 200 if receiving \$750,000 or more in Federal funding
- Has not received an adverse or no-opinion audit
- Provides services and uses other organization/agency resources in the area in which they are seeking funding
- Practices nondiscrimination
- Has a voluntary board if private not-for-profit
- Involves homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services

### **Proposal Application**

Submit a complete application for each program for which your organization seeks FEMA EFSP funding. Include the organization's name, address, and each program name for which funding is sought.

Phase 37 funding is limited to the categories provided above in **Eligible Program Activities**. A complete proposal will consist of the following items.

- Attachment A. Proposal Cover Sheet
- Attachment B. Proposal Application Form with Narrative and Budget
- Attachment C. Local Recipient Organization (LRO) Certification Form
- Additional documentation as required by application instructions

Each document should be saved as a PDF file, clearly named and attached to the submission email.

### **Proposal Formatting**

Type responses in 12-point font. Avoid expanding space sizes provided. If the proposal is written by hand, print legibly and use blue ink. Proposals must be signed and dated by the Respondent's authorized agent (the person who has the authority to bind the organization; for example, President, Chief Executive Officer).

**FAILURE TO COMPLY WITH SOLICITATION REQUIREMENTS MAY CAUSE A PROPOSAL TO BE REJECTED AS NON-RESPONSIVE.**

### **Selection Process**

CDNC will convene an EFSP Local Board as required by the National Board. The Local Board is to include members of the following groups: Catholic Charities, United Jewish Communities, National Council of the Churches of Christ, The Salvation Army, American Red Cross, and United Way.

The Local Board will convene after the due date for a review session which will be open to respondents and the public. The review session details (date/time/location) will be provided to all applicants via email and will also be posted on County websites and social media pages.

The Local Board will select organizations for funding that:

- Demonstrate the ability to provide food and/or shelter assistance
- Consider needs, resources and gaps in services
- Have the staff and capacity to take on responsibility of the program
- Include homeless individuals and families in providing services
- Have the capacity to maintain records and submit records by their due dates required by the National Board
- Have a financial system appropriate to carry out duties.

Local funding award decisions are expected to be announced within 20 business days of the award notification.

### **Compliance**

Award notification will be announced to the grant recipients and placed on the website listed above. The Respondents agree to establish, monitor, and manage an effective grant award administration process that assures compliance with all requirements of the Emergency Food and Shelter Program National Board and Local Board.

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the entity (or individual) submitting this application: Mobile Meals of Southern Arizona	
Legal Status of applicant (e.g. non-profit corporation, Government entity): Non-Profit Corporation	
Address of Organization: 4803 E. 5 <sup>th</sup> Street, Suite 209 Tucson, AZ 85711	
Name and Title of contact person for this application: Jennifer Tersigni, MA, CFRE	
Telephone number: 520-622-1600	Telephone number: 520-622-1600
E-mail address: jennifer@mobilemealssoaz.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	\$25,000
Other Food	\$
Mass Shelter	\$
Other Shelter	\$
Rent/Mortgage Assistance*	\$
Utility Assistance*	\$
<b>Total Requested</b>	<b>\$25,000</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 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: Jennifer Tersigni, MA, CFRE	
Authorized Signature: 	Date signed: June 5, 2020

## Attachment B Application Form

### I. FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 25,000</b>
Phase 36 Received	\$ 6,000
Phase 35 Received	\$ 6,000

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.

Mobile Meals of Southern Arizona will provide 12,500 home-delivered meals to 80 unduplicated adults with disabilities in need of emergency food support. We will use the requested funds to supplement our existing meal delivery program by offering emergency relief to current or incoming clients experiencing acute financial hardship. This relief will be temporary, with a term of 3 months (but can be extended if warranted). Potential causes for emergency relief include loss/reduction of monthly pension/Social Security payment, death of a spouse/partner, or unexpected hospitalization. These clients are at high risk of losing their homes and should not have to choose between eating and making rent/mortgage payments.

### 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
X	

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

Accrual basis accounting, annual audits performed by Addington & Associates PLLC.

#### 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.

- No.** The organization does not conduct an independent annual audit.
- Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

23-7157579

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

Specially designated parking spaces, ramps, guard rails, and grab bars.

### 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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV		Veterans
1	Elderly		Racial/Ethnic Minorities		NT (no target population)
	Families with children		Single men	2	Other targeted populations (specify below):
3	Mentally disabled		Single women		Adults w/physical disabilities

### 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.

Mobile Meals of Southern Arizona works closely with our 9 local food preparation facility partners to prepare meals and delivers more than 100,000 meals every year to the doorsteps of our neighbors who are homebound, isolated, indigent and/or unable to shop and prepare meals for themselves. In addition, we partner with the Diaper Bank of Southern Arizona and Cody's Friends to provide incontinence supplies and pet food that our clients also need. Interfaith Community Services, Pima Council on Aging, Catholic Community Services, Dependable Health, the Community Food Bank, and Lutheran Social Services, as well as social workers, physicians, case managers, dialysis centers, and other social service agencies serve as a part of our client referral network for transportation, caregiving, food security, housing and home care services. Meals are currently delivered along 33 routes in 22 zip codes every Monday through Friday by 300 community volunteers who are trained to check in on clients, providing a general "wellness check" during each delivery. Mobile Meals also partners with local churches, United Way, the media, and other civic organizations to recruit volunteers and promote the availability of client services. Services are provided in English or Spanish, and we are doubling down our efforts to expand to serve diverse communities throughout our service area. After expansion, we will serve 39 zip codes on 42 routes.

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).

Demand in rural areas of Pima County has increased significantly this year, and we are expanding our services to meet the need. Phase 37 funding would help MMSA onboard and serve more clients in our current delivery areas and also expand into areas of Pima County where clients are requesting our services but where we have previously lacked capacity to provide them. Since March 2020, we have increased the number of clients we serve by 30%, as low- and extremely low-income seniors have found their normal financial and food resources disrupted. We have wait-lists both in our normal delivery routes and outside of them: we believe it's possible that the number of clients we serve will double from approximately 500 in 2019 to around 1,000 by the end of 2020. We believe many new clients will remain indefinitely as a result of the pandemic: even as businesses reopen, our clients (elderly with underlying health conditions) have expressed reluctance to return to business as usual until a COVID-19 vaccine is available. Continuing to serve these new clients, in both existing and new delivery areas, is critical to the continuing health and well-being of these most vulnerable clients. This funding would significantly aid that service provision.

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

Mobile Meals has often received referrals for potential new clients in the rural areas of Pima County to the south and west of Tucson and in the southwestern parts of the city, in zip codes 85706, 85713, 85735, 85736, 85743, 85745, 85746, 85756, 85757, and 85629. Requests for services in this area have increased dramatically during the pandemic. This request for Phase 37 funding will help us address a gap in community services: potential new clients in this area don't have the physical ability or financial resources to pick up food themselves from the Community Food Bank, and for-profit delivery companies and restaurants that deliver food are generally beyond our clients' budgets and don't provide the other community services that Mobile Meals does (consultation with doctors to provide medically tailored meals, community service referrals to partner agencies, daily check-ins by trained volunteers). In addition to medically tailored meals, we also prepare food in textures that some clients need, like soft, pureed, and fine-chopped, which differentiates us from similar for-profit and nonprofit services, and Meals on Wheels and similar services do not deliver hot meals, which we do five days a week. When food-insecure older adults and adults with disabilities have been relying on family members or neighbors to provide occasional meals and those family members or neighbors suddenly don't have the resources to help, new need for meal deliveries arises. Since so many people in the identified areas have lost jobs because of the pandemic, this new need has presented itself acutely. No other organization is currently meeting it.

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.

2020 is Mobile Meals of Southern Arizona's 50<sup>th</sup> anniversary, which we had planned to celebrate with a Golden Anniversary Gala fundraising event. This event has now been postponed until 2021 because of COVID-19, and we anticipate significant losses in sponsorships, corporate gifts, and individual donations as a result. To make up for this loss, we have applied for emergency funding opportunities from the Community Foundation for Southern Arizona, the Arizona Community Foundation, the Greater Green Valley Community Foundation, AZ Complete Health, Meals on Wheels America, and others. But we have also incurred significant additional unbudgeted expenses from our response to the pandemic. Equipping all of our volunteers with Personal Protective Equipment and hand sanitizer (before the Pima County Health Department began its supply program) and new plastic delivery bags cost more than \$20,000, and it cost almost \$10,000 to recruit, perform background checks on, and train the nearly 100 new volunteers required since the pandemic. Finally, the sudden spike in new clients has resulted in unbudgeted expenses for food, food preparation, and meal provision, and we expect these unbudgeted expenses to continue for the foreseeable future and grow as we add even more clients who need our services.

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

Geographical boundaries for Mobile Meals of Southern Arizona extend north to Roger/River Roads (past Swan service extends to Sunrise), south to Valencia Rd., west to Mission Rd., and east to Houghton Road. Clients are served within the northeast area of Kolb and Sunrise Roads as well as along Catalina Highway. We also provide meal delivery in Green Valley and Sahuarita. The expansion described in this proposal will allow us to serve Vail, far Southeast Tucson, far West Tucson, Littleton, and the I-19 corridor between our current service area and Sahuarita, in zip codes 85706, 85713, 85735, 85736, 85743, 85745, 85746, 85756, 85757, and 85629.

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

Mobile Meals delivers freshly-prepared, medically-tailored meals to seniors (80% are age 60+, and 10% are in their 90s) and adults with disabilities, who are unable to shop or cook meals for themselves. Over 90% of our clients are low- to extremely-low income adults, and over 95% of our clients live with diagnosed physical and mental health conditions such as diabetes, stroke, amputation, cardiac and respiratory distress, renal failure, cancer, blindness, and dementia. Most of the adults we serve who are not yet 60 years old live with multiple sclerosis, cerebral palsy, schizophrenia, severe depression, and/or PTSD (especially veterans), among other physical and mental health conditions that make it impossible for them to shop or cook. In addition to family members, we receive referrals for new clientele from medical professionals, the Pima Council on Aging, and other local social service agencies.

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.

The low and extremely-low income clients served by Mobile Meals are at high risk of losing their housing. The heavily subsidized or totally free special-diet meals that our volunteers deliver help clients maintain their health and independence by providing food that supports their specific medical conditions at a fraction of the cost they would pay elsewhere, and the savings in food costs and medical care help them continue to afford rent or mortgage payments. Mobile Meals collaborates with other homeless assistance and prevention agencies, including Interfaith Community Services, Our Family Services, and La Frontera, to provide at-risk individuals with vital support and connections to the community resources for financial assistance, healthcare, and social services they need to continue to live with dignity in their own homes and not to become homeless. We are also working with local senior care facilities and assisted living homes and targeting areas of town where lower income seniors live, to get the word out about our services and onboard new clients, in order to reduce the chances that people in serious financial difficulties will losing their housing. Defraying costs associated with food—especially needed special-diet meals—makes a significant impact on our clients' ability to stay in their homes.

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 - <i>Direct Cost</i>	\$ 0	Not applicable			
Mass Shelter - <i>Per Diem</i>	\$ 0	\$12.50			
Other Shelter	\$ 0	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. <b><i>This amount may change when the award is finalized.</i></b>
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>	\$25,000	\$2.00 per meal	12,500	35	65

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. <b><i>This amount may change when the award is finalized</i></b>
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:	\$0
Indicate the number of rural clients to be served with FEMA request.	N/A
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).	

<b>Financial Assistance Category</b>				
*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.				
	<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	\$0	N/A	\$0	N/A
Utility	\$0	N/A	\$0	N/A

- 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 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.	
<b>Service Category:</b>	
Funding Sources	Amount
Federal Funds (CARES Act)	\$25,000
State Funds	\$0
City of Tucson Funds	\$53,269
Pima County Funds	\$24,000
Arizona Health Care Cost Containment System	\$0
Pima Council on Aging	\$0
Title XX	\$0
United Way	\$6,500
Program Revenues/Client Fees	\$195,000
Foundation Grants	\$175,000
Fundraising/Donations	\$283,000
Other/In-Kind	\$75,000
FEMA EFSP Request	\$25,000
<b>Total Service Funding</b>	<b>\$861,769</b>
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	<b>2.9%</b>
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	<b>2.7%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b>	
<b>Line Item Budget Categories</b>	<b>Total Service Budget</b>
Personnel/Employee Related Expenses	\$326,743
Professional/Outside Services	\$64,086
Facilities/Occupancy	\$22,553
Travel	\$6,020
Meals Purchased for Clients	\$286,833
Printing, Copying, Mailing	\$19,085
Volunteer Expenses, Insurance, Program Supplies	\$33,365
Personal Protective Equipment, including masks, gloves, hand sanitizer, and alcohol-based sanitizing fluid & wipes	\$64,280
Plastic delivery bags needed to deliver food according to CDC guidelines	\$23,804
Plastic, reusable food delivery trays needed to accommodate new clients/service expansion	\$15,000
<b>Total Service Expenditures</b>	<b>\$861,769</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 37 and as the duly authorized representative of Mobile Meals of Southern Arizona (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: Jennifer Tersigni

Title: Interim Executive Director

Date: June 5, 2020

LRO ID Number: 027200-045

FEIN: 23-7157579

DUNS Number: 06-064-1289

Address: 4803 E. Fifth Street # 209

City, State, Zip Code: Tucson AZ 85711

Phone Number: 520-622-1600

Fax Number: 520-620-1607

Email Address:

jennifer@mobilemealssoaz.org

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: OPCS	
Legal Status of applicant (e.g., non-profit corporation, government entity): Non-Profit Corporation	
Address of Organization: 4501 E. 5 <sup>th</sup> Street, Tucson AZ 85711	
Name and Title of contact person for this application: Lindsay Eulberg, Director of Quality Management	
Telephone number: 520.546.0122	Fax number: 520.777.4512
E-mail address: leulberg@helptucson.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	\$
Other Food	\$
Mass Shelter	\$27,375
Other Shelter	\$
Rent/Mortgage Assistance*	\$
Utility Assistance*	\$
<b>Total Requested</b>	<b>\$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 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: Thomas M. Litwicki	
Authorized Signature: 	Date signed: 6/3/2020

## Attachment B Application Form

### I. Error! Bookmark not defined.FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 27,375</b>
Phase 36 Received	\$ 23,500
Phase 35 Received	\$ 22,108

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. A total of 6 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
X	

#### 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 2019 – December 31, 2019

- No.** The organization does not conduct an independent annual audit.
- Please **attach** FY2019-20 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 the "NT" code.

1	People with substance use disorder		Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV	2	Veterans
	Elderly		Racial/Ethnic Minorities		NT (no target population)
3	Families with children		Single men		Other targeted populations (specify below):
	Mentally disabled		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 TPCCH, 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. This 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.

As of this writing, 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 and 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 these 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 and 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 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 LBGTQ.

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 current 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.

We have 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.

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 - Direct Cost	\$	Not applicable			
Mass Shelter - Per Diem	\$ 27,375	\$12.50	2,190	3	21
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. <b><i>This amount may change when the award is finalized.</i></b>
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 - Direct Cost	\$				
Served Meals - Per Diem	\$	\$2.00 per meal			

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. <b><i>This amount may change when the award is finalized</i></b>
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.	
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).	

<b>Financial Assistance Category</b>				
*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.

<b>A. Program/Service Revenue</b>	
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.	
<b>Service Category:</b>	
Funding Sources	Amount
Federal Funds	\$
State Funds	\$
City of Tucson Funds	\$100,000
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	\$
<b>Total Service Funding</b>	<b>\$</b>
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	<b>27.375%</b>
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	<b>.00342%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b>	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$50,025
Professional/Outside Services	\$19,707
Facilities/Occupancy	\$30,896
Travel	\$0
Other (Specify): Computer Maintenance/EHR	\$3,840
Other (Specify): Packaged Foods	\$6,240
Other (Specify): Administrative Costs	\$16,667
<b>Total Service Expenditures</b>	<b>\$ 127,375</b>

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: <a href="#">Community Bridges, Inc. (CBI)</a>	
Legal Status of applicant (e.g., non-profit corporation, government entity): <a href="#">Non-Profit</a>	
Address of Organization: <a href="#">1885 W. Baseline Rd, Mesa, Az 85202</a>	
Name and Title of contact person for this application: <a href="#">Megan Lee, Director of Housing and Community Integration</a>	
Telephone number: <a href="#">520-404-6017</a>	Fax number:
E-mail address: <a href="mailto:mlee@cbridges.com">mlee@cbridges.com</a>	
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	<a href="#">\$119,866</a>
Other Food	<a href="#">\$0</a>
Mass Shelter	<a href="#">\$0</a>
Other Shelter	<a href="#">\$0</a>
Rent/Mortgage Assistance*	<a href="#">\$0</a>
Utility Assistance*	<a href="#">\$0</a>
<b>Total Requested</b>	<b><a href="#">\$119,866</a></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 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: <a href="#">John F. Hogeboom</a>	
Authorized Signature: 	Date signed: <a href="#">6/1/2020</a>

## Attachment B Application Form

### I. FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 119,866</b>
Phase 36 Received	\$ 0
Phase 35 Received	\$ 0

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.

CBI is in the process of planning to open a shelter that is located near our detox, inpatient, outpatient, housing and outreach programs allowing for CBI to provide a continuum of care. The population served are identified as homeless single male adults that are “high acuity,” meaning participants are either homeless or chronically homeless and have a disabling condition or multiple disabling conditions. The CBI shelter can serve up to 40 beds per day and planning an average stay of 30-60 days until health and housing stabilization has been achieved. A minimum number served per year 240 and maximum of 480 members. CBI provides participants stability through three meals a day, connection to our continuum of services and support services, and housing navigation services. CBI will assist member with obtaining income and permanent housing. Heavy case management focus from CBI Navigators to improve exit outcomes and have low return to recidivism rates. Navigators have vehicles to assist members in transport needs including housing search and obtaining documents. CBI would utilize the shelter to address the needs in the community during the COVID-19 pandemic response, but CBI is in the process of securing long-term funding to keep the shelter open long-term to focus on members that are high needs in the shelters. The model implemented in Pima County will mirror the bridge shelter model that has been successful in Maricopa because of intensive case management and focus on permanent housing as the outcome. CBI’s Bridge Shelter in Maricopa County has served 351 homeless males since inception on July 1, 2018 (n=69 for 2018 and n=223 for 2019 (as of 12/31/19)). For 2020, CBI has served 81 members. This project had an exit rate into permanent housing of 66% in 2019. For 2020, CBI is averaging a 70% exit rate into permanent housing.

As of 6/2/2020 CBI has secured 75% of the funding needed to open and operate the CBI shelter. The FEMA support would make the project viable to open and maintain the first year. CBI is actively seeking long-term funding to supplement the short-term COVID-19 response funding received.

### 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
X	

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

CBI's General Ledger Accountant reconciles the bank statement with the general ledger (Abila Accounting Software) each month. The General Ledger Accountant verifies that loans, leases, employee related expenses, automobile and other reoccurring expenses have been paid. Accounts Payable and Payroll enter transactions into the accounting software. The General Ledger Accountant reviews all transactions for accuracy. The Regional Accountant verifies receivables and the General Ledger Accountant records revenue. The Financial Reporting Accountant monitors the balance sheets to ensure accuracy. The Financial Reporting Accountant and Regional Accountants compile monthly reports. Monthly Reports are provided to the management staff, Board of Directors and funding agencies. CBI is audited annually.

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

X

**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.

HeinfeldMeech  
2019 Single Audit (attached)

**No.** The organization does not conduct an independent annual audit.

- Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

94-2880847

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

The shelter facility has ADA bathrooms and ADA egresses.

**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 the "NT" code.

2	People with substance use disorder		Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV		Veterans
	Elderly		Racial/Ethnic Minorities		NT (no target population)
	Families with children	1	Single men		Other targeted populations (specify below):
	Mentally disabled		Single women	3	Serious Mental Illness or Mental Illness

**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.

CBI is an integrated behavioral healthcare agency with a focus on homelessness, mental health and substance use disorders. CBI is in contract with the three Medicaid (AHCCCS) funded health plans an CBI has an internal continuum of services including detoxification services, inpatient stabilization services, residential treatment, outpatient services, crisis mobile team, housing and outreach. CBI is currently working in collaboration with the City of Tucson, Pima County and El Rio managing the isolation hotel in Pima County serving members that are experiencing homelessness and have tested COVID-19 positive or symptomatic. In Pima County, CBI has formal partnerships with AHCCCS funded health plans, Banner Health, United Health Care and Arizona Complete Healthcare; Arizona Department of Housing, Pima County Sullivan Jackson, DES, Pima County Attorney's Office and a collaboration with City of Tucson/Tucson Fire Department (TC3 collaboration). CBI has informal relationships with our diverse community partners including COPE, CODAC, La Frontera, Community Partners Integrated Healthcare, Marana Health Care, Community Health Associates, Tucson Medical Center, CRC, Sonora, Primavera, local shelters, food banks, animal services and McKinney Vento. Having successful relationships in the community are required to provide the best coordination of wrap around services for the members we serve.

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).

The need for additional shelter space in Pima County has increased as our numbers of homeless and chronic homeless are not seeing rapid decreases in the Point in Time county. In response to COVID-19 the City of Tucson has funded three hotels with two hotels to serve those that are high risk vulnerable, the Viscount that is run by OPCS with 200 full units and the Hyatt run by CBI that has 25 full units. One hotel serves COVID-19 positives and patients under investigation that is run by CBI and has 115 units with current occupancy of 90. The Pima County Sullivan Jackson waitlist for the high-risk hotels has reached over 60 people. In addition, for the increased need of shelter beds, our community has had to decrease the number of intakes and people served at our existing shelters in response to social distancing.

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

There are multiple needs around these hotels with first need being the closure of the hotels in an unknown but assumed soon date. The second need is the ability to medically clear a member from the isolation hotel setting, quickly exit the member and enter them into a hotel/shelter setting until permanent housing is secured. CBI is preparing for the closures of the hotel plus the demand in the community for more high risk vulnerable adult shelter beds. After COVID-19 response the long-term gap that the CBI shelter will provide is our ability to efficiently and effectively provide the integrated behavioral healthcare continuum of services while stabilizing at the high risk vulnerable CBI shelter. Members that require more extensive medical, mental health and substance use stabilization along with shelter will be an appropriate referral for the CBI shelter.

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.

CBI is not responding to the CARES funding due to funding cutbacks. Our response is to the increased need of service providers to address high risk vulnerable and COVID-19 positive or patients under investigation. In order to open the CBI shelter the FEMA support is necessary to begin the first year of operation. CBI is in process of seeking additional supplemental funding to sustain our shelter long-term after the COVID-19 response period ends.

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

The shelter is located in City of Tucson and serve all Tucson wards throughout Pima County.

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

The CBI Shelter target population is single males experiencing homelessness, serious mental illness, mental illness and/or substance use.

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.

CBI is involved with the Tucson/Pima Coalition to End Homelessness (TPCH) and utilizes the Homeless Management Information System (HMIS) and participates in both the TPCH Coordinated Entry System and AzCH CES system.

V. BUDGET AND FINANCIAL/SERVICE INFORMATION

**Unit of Service/Request**

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

<b>Shelter Category</b>					
	<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>
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>	\$ 0	Not applicable	0	0	0
Mass Shelter - <i>Per Diem</i>	\$ 0	\$12.50	0	0	0
Other Shelter	\$ 0	Not applicable	0	0	0

**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.

<b>Food (Served Meals/Mass Feeding) Category</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
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>	\$119,866	\$2.43	49,328	0	365
Served Meals - <i>Per Diem</i>	\$0	\$2.00 per meal	0	0	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 \$2.00/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.

<b>Other Food Category</b>	
FEMA funds requested:	\$0
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).	

<b>Financial Assistance Category</b>				
*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.				
	<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	\$0	0	\$0	0
Utility	\$0	0	\$0	0

- 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 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.	
<b>Service Category:</b>	
Funding Sources	Amount
Federal Funds	\$
State Funds	\$
City of Tucson Funds	\$
Pima County Funds	\$
Arizona Health Care Cost Containment System	\$900,000
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$
Foundation Grants	\$
Fundraising/Donations	\$
Other/In-Kind	\$185,969
FEMA EFSP Request	\$119,866
<b>Total Service Funding</b>	<b>\$1,205,835</b>
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	<b>9.94%</b>
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	<b>.09%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b>	
<b>Line Item Budget Categories</b>	<b>Total Service Budget</b>
Personnel/Employee Related Expenses	\$0
Professional/Outside Services	\$0
Facilities/Occupancy	\$0
Travel	\$0
Other (Specify): Mass Meals	\$119,866
Other (Specify):	\$0
Other (Specify):	\$0
<b>Total Service Expenditures</b>	<b>\$119,866</b>

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: Chicanos Por La Causa, Inc.	
Legal Status of applicant (e.g., non-profit corporation, government entity): nonprofit corporation	
Address of Organization: 1525 N. Oracle Rd. Tucson, AZ 85705	
Name and Title of contact person for this application: Terry Driscoll, Resource Development Specialist	
Telephone number: 480 755 3061	Fax number: N/A
E-mail address: terry.driscoll@cplc.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	\$
Other Food	\$
Mass Shelter	\$
Other Shelter	\$
Rent/Mortgage Assistance*	\$ 40,264
Utility Assistance*	\$ 22,763
<b>Total Requested</b>	<b>\$ 63,027</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 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:	
Andres Contreras	
Authorized Signature:	Date signed:
<i>Andres Contreras</i>	06/04/2020

## Attachment B Application Form

### I. **Error! Bookmark not defined.**FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 63,027</b>
Phase 36 Received	\$ n/a
Phase 35 Received	\$ n/a

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.

Our services have not received FEMA funding for utility and rent/mortgage assistance. FEMA funds from this application will, however, go towards our existing utility and rent/mortgage assistance program. While we could always use more funding as there is always a need for this help in the community and we have had to turn down qualified clients due to limited funds, we anticipate an additional strain on resources arising from the economic impacts of the COVID-19 crisis.

### 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
X	

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

CPLC uses computerized accounting software for all of our financial tracking and reporting. The software is a Windows-based, SQL product called Blackbaud, Accounting for Nonprofits.

#### 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.

Clifton Larson Allen, LLP performed our last audit covering 07/01/2018 to 06/30/2019. Financials are attached.

- No.** The organization does not conduct an independent annual audit.
- Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

86-0227210

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

Accessible entry, restrooms, parking, etc.  
Full checklist available upon request.

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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV		Veterans
2	Elderly		Racial/Ethnic Minorities		NT (no target population)
1	Families with children		Single men		Other targeted populations (specify below):
	Mentally disabled	3	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.

CPLC has been delivering services in the Tucson community since 1980, has provided emergency assistance to the Tucson area since 1983. CPLC was one of the original social service agencies in Pima County that helped design the Emergency Services Network known as ESN. The ESN system was developed for local agencies to monitor FEMA mortgage/rental payments for clients and avoid misuse of the funds through applying for assistance at more than one agency. The system, which still exists today, has been modified and has integrated the use of modern technology. This provides agencies an efficient system of sharing client resources at a time when resources are becoming increasingly scarce.

CPLC also has received ESG funding, which has a separate network called HMIS that is utilized for the same above reasons.

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).

Requests for rental/mortgage and utility assistance have increased by over 50% during the COVID-19 crisis, and will increase more as moratoriums end. Clients have already been and will continue to be taken by surprise, that their rent/mortgage payments and utility bills were not cancelled altogether, so lump sum payments comprised of several months will be a shock to many who will be expected to make up 3 months at once.

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

Common reasons clients requested rent/mortgage and utility assistance prior to the COVID-19 crisis were unemployment, underemployment, or an unexpected large bill that caused a short-term inability to pay these expenses. These instances will continue, likely exasperated by the negative economic impacts related to COVID-19. And, like discussed above, we anticipate and have already encountered clients experiencing sticker shock from accumulated bills due to unclear communication on how these rent/mortgage moratoriums actually work.

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.

No funding cuts are anticipated – in fact, we have seen increases in available funding for these services. However, should cutbacks occur, CPLC provides a high level of financial stewardship and has a strong history of utilizing public funds as an anchor around which other resources can be leveraged. In addition, CPLC utilizes revenue from its for-profit ventures to support sustainability of its programs. Our highly experienced, 6-person dedicated Resource Development (grant writing) team will identify and apply to private and public funding sources to meet sustainability needs of the project.

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

CPLC serves all of Pima County. The majority of clients, though, reside in the City of Tucson, the inner-city municipality of South Tucson, towns, and unincorporated Pima County. Most clients reside in Wards 3 and 5, which have lower incomes than the other Wards. The low number of rural clients served is generally because incomes are too high to qualify, and the rural Native populations seek assistance from their own tribes, first.

Our offices are located at the corner of Oracle and Drachman, with a bus stop located outside our building.

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

CPLC's Emergency Services programs target populations who are at-risk, low-income residents in the vicinity of Tucson and Pima County. These residents are predominately Hispanic/Latino and at 80% or below the median household income as determined by HUD. Many of CPLC's current clients are concentrated in areas that correspond to identified "high stress areas," indicated by Census data mapping. Such stress factors include high poverty rates, high unemployment rates, concentrations of unsafe housing, and low rates of educational attainment and homeownership. Our 255 2018-2019 rental assistance applicants AMI breakdown: 136/255 = <30%; 37/255 = 30-49% AMI; 52/255 = 50-79% AMI; 29/255 = 80-100% AMI.

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.

CPLC has several collaborations around homelessness or homelessness prevention in Pima County, which include but aren't limited to the following: CPLC refers out to attorneys when needed, such as to So AZ Legal Aid. We will also specifically refer rental clients who faced potentially unlawful evictions to Step up 2 Justice; We refer clients to TPCH for services CPLC cannot provide in-house, such as veteran-specific services, emergency shelter, safe haven, and transitional housing; and, Emergency Solutions Network, who is our funding source for rental and utility assistance, which FEMA funds would complement.

V. BUDGET AND FINANCIAL/SERVICE INFORMATION

**Unit of Service/Request**

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

<b>Error! Bookmark not defined.Shelter Category</b>					
	<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>
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			

<b>GUIDANCE: Shelter Category</b>	
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. <b><i>This amount may change when the award is finalized.</i></b>
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.

<b>Food (Served Meals/Mass Feeding) Category</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
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>	\$	\$2.00 per meal			

<b>GUIDANCE: Food Category</b>	
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. <b><i>This amount may change when the award is finalized</i></b>
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.	
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).	

<b>Financial Assistance Category</b>				
*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.				
	<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	\$ 38,750		\$ 775	
Utility	\$ 21,250		\$ 425	

- 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 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.	
<b>Service Category:</b>	
Funding Sources	Amount
Federal Funds	\$ 111,350
State Funds	\$
City of Tucson Funds	\$
Pima County Funds	\$ 180,503
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$ 7,496
Foundation Grants	\$
Fundraising/Donations	\$
Other/In-Kind	\$ 56,044
FEMA EFSP Request	\$ 63,027
<b>Total Service Funding</b>	<b>\$ 418,380</b>
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	<b>15.06%</b>
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	<b>0.06%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b>	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$ 2,545
Professional/Outside Services	\$
Facilities/Occupancy	\$ 482
Travel	\$
Other (Specify):	\$ 38,750
Other (Specify):	\$ 21,250
Other (Specify):	\$
<b>Total Service Expenditures</b>	<b>\$ 63,027</b>

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: <a href="#">Tucson Center for Women and Children dba Emerge Center Against Domestic Abuse</a>	
Legal Status of applicant (e.g., non-profit corporation, government entity): <a href="#">501(c)(3) non-profit corporation</a>	
Address of Organization: <a href="#">2545 E. Adams Street, Tucson, AZ 85716</a>	
Name and Title of contact person for this application: <a href="#">Ed Mercurio-Sakwa, CEO</a>	
Telephone number: <a href="#">(520)795-8001</a>	Fax number: <a href="#">(520)795-1559</a>
E-mail address: <a href="mailto:grants@emergecenter.org">grants@emergecenter.org</a>	
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	\$
Other Food	\$
Mass Shelter	<a href="#">\$30,000</a>
Other Shelter	\$
Rent/Mortgage Assistance*	\$
Utility Assistance*	\$
<b>Total Requested</b>	<b>\$</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 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: <a href="#">Ed Mercurio-Sakwa</a>	
Authorized Signature: 	Date signed: June 2, 2020

## Attachment B Application Form

### I. FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 30,000</b>
Phase 36 Received	\$ 23,500
Phase 35 Received	\$ 18,591

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.

Emerge Center Against Domestic Abuse (Emerge) will use FEMA funds to support emergency shelter services for survivors of domestic violence (DV) and their children. We have been fortunate to receive FEMA funds for our emergency shelter in past years. In combination with other funding sources, FEMA funds will enable Emmerge to cover the operating costs associated with running our 51-bed facility and hotel program, providing shelter for more than 600 people annually.

### 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
X	

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

Emerge's accounting system, FundEZ, allows us to separately track expenditures and outlays with budgeted amounts for each grant.

#### 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.

**HBL Certified Public Accountants, P.C.**  
The most recent audit covers July 1, 2018 – June 30, 2019

- No.** The organization does not conduct an independent annual audit.
- Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

86-0312162

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

Emerge's shelter is ADA compliant.

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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
1	Domestic violence victims		People with AIDS/HIV		Veterans
	Elderly		Racial/Ethnic Minorities		NT (no target population)
2	Families with children		Single men		Other targeted populations (specify below):
	Mentally disabled	3	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.

Emerge takes a holistic approach to serving DV survivors and connects our shelter residents to community partners and resources. We work closely with other agencies to allow for "warm handoffs" and co-case management. Emerge also maintains grant partnerships with or without MOUs with several service providers. Our partners include the YWCA, Southern Arizona Legal Aid, Step Up to Justice, Community Food Bank, Southern Arizona Center Against Sexual Assault, Our Family Services, Primavera, Gabriel's Angels, Assistance League, criminal justice/law enforcement agencies, behavioral health service providers, and more. Emerge is also an active member of the Arizona Coalition to End Sexual & Domestic Violence, Tucson Pima Collaboration to End Homelessness (TPCH) and various domestic violence task forces.

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).

Emerge is the only provider of comprehensive DV support services in Pima County and the largest emergency shelter dedicated to serving DV survivors in Southern Arizona. In the past year, we have seen an increase in need for services from high-acuity survivors and those at high risk of being seriously injured or killed by an intimate partner, in part through referrals from law enforcement using the Arizona intimate Partner Risk Assessment Instrument System (APRAIS tool) while on-site for DV-related 911 calls. Additionally, our community is reeling from the impact of COVID-19 and among those most severely impacted are people experiencing domestic abuse. For that reason, we have taken every precaution to protect the health and safety of those who are still able to reach out to us for help. All Emerge services are open and available to survivors, including emergency shelter. We have made changes to shelter intake and daily operations to support social distancing and protect the health of residents.

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

Domestic violence (DV) is at epidemic proportions in Tucson and Pima County. Together, the Tucson Police Department (TPD) and Pima County Sheriff's Department (PCSD) report responding to 15,000 DV calls to 911 last year (TPD, PCSD 2019). The combined cost to the community of responding to those calls was \$5.3 million, according to figures reported by the law enforcement agencies (TPD, PCSD 2019). According to the TPCH 2019 Pima County Point-in-Time Count Data Report, 130 of the 1164, or 11%, of homeless adults surveyed were survivors of domestic violence. Emerge provides emergency shelter with specialized, trauma-informed support for DV survivors. As the only comprehensive DV service provider in our community, Emerge is a vital resource for DV survivors facing homelessness. Our shelter services are designed to help DV survivors overcome the trauma caused by DV and exit to safe, stable housing.

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.

Emerge anticipates significant funding cuts in the coming year. The Arizona Criminal Justice Commission has informed grantees to expect a 60% cut due to issues related to their state funding sources. Emerge expects a \$38,000 loss in funding for shelter services as a result. We also anticipate potential losses stemming from the Victim of Crimes Act due to reductions in federal funding sources. Moreover, the COVID-19 pandemic has taken a financial toll on Emerge, like it has on so many other organizations and businesses. At Emerge, cost increases related to COVID-19 and loss of funding in the next fiscal year due to funders and individual donors diverting money to COVID-19 response.

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

Our emergency shelter is located in Tucson, Arizona and we serve all of Pima County.

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

The target population served by our emergency shelter is made up of victims of domestic violence who are at high risk of serious injury or death from an intimate partner. We provide 24-hour access to safe shelter and a continuum of services to help this population heal from their trauma. The vast majority of people we serve in shelter are women and their children. A small number of male victims receive shelter services annually via our hotel program. While we serve people of all income levels, nearly all of our emergency shelter program participants have no income or income below the federal poverty level.

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.

Emerge is an active, voting member of Tucson Pima Collaboration to End Homelessness (TPCH). Because DV is a leading cause of homelessness for women and their children, we work closely with local organizations that focus solely on addressing homelessness. For instance, homelessness service providers often have clients who need some level of services from Emerge because of coexisting experiences with domestic abuse. We also frequently work with our homeless assistance partners to meet the housing needs of the DV victims we serve.

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 - <i>Direct Cost</i>	\$ 0	Not applicable	N/A	N/A	N/A
Mass Shelter - <i>Per Diem</i>	\$ 30,000.00	\$12.50	2,400	4	69
Other Shelter	\$ 0	Not applicable	N/A	N/A	N/A

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. <b><i>This amount may change when the award is finalized.</i></b>
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>	\$0		N/A	N/A	N/A
Served Meals - <i>Per Diem</i>	\$0	\$2.00 per meal	N/A	N/A	N/A

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. <b><i>This amount may change when the award is finalized</i></b>
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:	\$0
Indicate the number of rural clients to be served with FEMA request.	N/A
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).	
N/A	

<b>Financial Assistance Category</b>				
*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.				
	<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	\$0	N/A	N/A	N/A
Utility	\$0	N/A	N/A	N/A

- 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 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.	
<b>Service Category:</b>	
Funding Sources	Amount
Federal Funds	\$ 1,040,591
State Funds	\$ 509,733
City of Tucson Funds	\$ 186,000
Pima County Funds	\$ 111,900
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$
Foundation Grants	\$ 200,000
Fundraising/Donations	\$ 70,932
Other/In-Kind	\$
FEMA EFSP Request	\$ 30,000
<b>Total Service Funding</b>	<b>\$ 2,149,156</b>
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	<b>1.4%</b>
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	<b>.47%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category: Mass Shelter</b>	
<b>Line Item Budget Categories</b>	<b>Total Service Budget</b>
Personnel/Employee Related Expenses	\$1,527,763
Professional/Outside Services	\$12,326
Facilities/Occupancy	\$271,510
Travel	\$12,644
Other (Specify): Shelter and Client Supplies	\$91,535
Other (Specify): Client Assistance and Vouchers	\$28,000
Other (Specify): Admin	\$195,378
<b>Total Service Expenditures</b>	<b>\$2,149,156</b>

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: <a href="#">IMPACT of Southern Arizona</a>	
Legal Status of applicant (e.g., non-profit corporation, government entity): <a href="#">Non-profit Organization</a>	
Address of Organization: <a href="#">3535 E Hawser Street Tucson (Catalina) AZ 85739</a>	
Name and Title of contact person for this application: <a href="#">Barbara McClure, Executive Director</a>	
Telephone number: <a href="#">520-825-0009</a>	Fax number: <a href="#">520-825-6899</a>
E-mail address: <a href="mailto:barbara@impactsoaz.org">barbara@impactsoaz.org</a>	
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	<a href="#">\$14,000</a>
Other Food	<a href="#">\$</a>
Mass Shelter	<a href="#">\$</a>
Other Shelter	<a href="#">\$</a>
Rent/Mortgage Assistance*	<a href="#">\$</a>
Utility Assistance*	<a href="#">\$</a>
<b>Total Requested</b>	<b><a href="#">\$14,000</a></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 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: <a href="#">Barbara McClure</a>	
Authorized Signature: 	Date signed: <a href="#">6/1/2020</a>

## Attachment B Application Form

### I. Error! Bookmark not defined.FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 14,000</b>
Phase 36 Received	\$ 9,000
Phase 35 Received	\$ 0

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.

As in the past, these funds will be used to purchase food for our senior meals program. We deliver meals to low income, rural, homebound seniors who cannot cook for themselves on a regular basis, and offer a regularly scheduled congregate meal program for individual seniors who have little to no other form of socialization. This past year we served more than 24,000 meals, up from less than 20,000 the year before, and recently, food costs have risen more than usual.

### 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
X	

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

QuickBooks with senior meals classifications helps us code all meal expenses and reimbursements, and we log a custom database into which we log distributions of meals. Tracking and reporting are very easy.

#### 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.

Jennifer Phillips of jenniferphillipscpa.com We contract for an annual external audit. The most recent one was the previous fiscal year, FY2019

- No.** The organization does not conduct an independent annual audit.
- Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

86-0968242

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

ADA compliance: ADA parking and ramps from the parking lot, and volunteers to help inside.

### 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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV	3	Veterans
1	Elderly		Racial/Ethnic Minorities		NT (no target population)
	Families with children		Single men		Other targeted populations (specify below):
	Mentally disabled	2	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.

IMPACT is a long time agency of the PCOA, and partners with a variety of senior care providers, health workers, and specialists around Tucson who refer senior clients to us who cannot cook for themselves, or need socialization opportunities. Local doctor offices and two area hospitals' social worker staff connect patients with IMPACT. We collaborate with Marana Health Care to offer a disability bus that can pick up clients for the congregate meals. We supplement our luncheons with speakers from many different organizations such as the Alzheimer's group, and provide workshops about health and wellness presented by the Pima County Health Department and other area resource providers. One of our most popular workshops is 'A Matter of Balance'. We recently added monthly tip and information newsletters to our homebound senior meal routes. We provide essential food and nutrition to these seniors, but also much more. Having a meal delivered to a homebound senior's home three days a week also provides an, in person, check-in, so we know they are okay and are alerted to changes in health and wellbeing.

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).

Need in our area for the homebound delivery program is growing, as more and more social workers and other agencies contact us to enroll their clients in need who live in our service area. We are finding the age of people who require this service is increasing and older residents are joining at a rapid rate. Newer clients are in their 80s and 90s, which is a very vulnerable population. This age group is stuck at home, often forced to give up driving. Many do not have family nearby to pitch in and help, and we want to keep them safe, nourished, and off the streets as much as possible. This senior meals program is the most expensive for IMPACT in terms of materials purchased. Demand is up 25% and food costs are climbing due to COVID effects. We expect to see a continued rise in enrollment in our delivery service and a temporary decrease in funding due to COVID this coming year, but know we can meet it with FEMA's help.

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

IMPACT is the only meal delivery service available in the far northwest region of Pima County for this target population. For these seniors on homebound delivery, the service also provides an opportunity for three visits a week from volunteers, keeping the resident connected to community. Volunteers are trained to notice and report changes in the clients' circumstances and well-being. The Senior Program Coordinator follows up on volunteer reports and brings the Program Director into the loop if additional resources are needed, especially as the client ages and may need assistance in the home. These services would not be available without IMPACT.

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.

Currently, with the COVID pandemic situation, we are experiencing a significant drop in revenue, and are expecting to see that continue at some level in the coming fiscal year. This decrease in funding is due to the temporary closure of a thrift shop we share with another nonprofit. IMPACT's cash revenue comes primarily from the shop's monthly distributions of net profit, which have traditionally accounted for roughly sixty percent of our cash budget. The shop closed in mid-March and plans to reopen in June. For three months, we had deep cuts in revenue as the store lived on its reserves, and extended its mortgage to maintain its staff and cover its fixed costs. The expectation is that the dependable steady income from this source will be replaced by an unpredictable stream that rises and falls due to what happens with the pandemic. The store estimates an added expense line of \$6000-\$8000 per month of cleaning and PPE supplies needed to keep the store open. They are also unsure as to how many days a week they will be able to safely remain open as they might be open one day and cleaning the 17,000 sq. ft. space the next day. IMPACT will put a hold on non-essential programs if needed, to continue all feeding programs.

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

Our general service area is vast and encompasses people in all Pima County districts, but our primary geographical target for this program is the far north unincorporated area of Tucson. The delivery needs to be within a particular radius of our commercial kitchen in order to ensure proper food handling protocols to provide quality healthy meals at a proper temperature. No delivery route can be longer than 45 minutes out the kitchen door to the last recipient. Routes are designed using Euler path software and changes regularly as participants move in and out of the program based on health conditions. This creates a flexible geographical region for the meals program, but essentially most residents live north of Tangerine Road.

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

Elderly residents of low to moderate income mostly women, some Veterans, primarily living in far northwest, rural, unincorporated, Tucson, with a few in Oro Valley retirement communities. All are at least 60 years of age, but several participants are in their 90s, and the average age is 82. We serve an average of 100 clients at a time, providing six meals per week to the homebound. Throughout the year there are typically 115-120 unduplicated seniors benefitting from these services.

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.

Meals and other provisions are provided to local homeless people of all ages, through our food bank. Homeless individuals of any age can come to IMPACT daily, Monday through Friday, for food. Our Program Director does coordinate and collaborate with many organizations and agencies working with homeless populations. We are a one-stop resource for food, clothing, job assistance and other resources and referrals.

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>	\$14,000	\$2.00 per meal	7,000	100	115

**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.

<b>Other Food Category</b>	
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).	

<b>Financial Assistance Category</b>				
*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.				
	<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

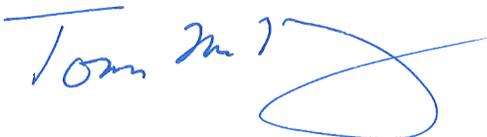
Complete tables A and B for each category in which FEMA EFSP funds are requested. Please reproduce this page if you are requesting funding in more than one service category.

<b>A. Program/Service Revenue</b>	
Provide budgeted revenues for this program year for each service for which FEMA EFSP Phase 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.	
<b>Service Category:</b>	
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	\$
Foundation Grants	\$ 3,000
Fundraising/Donations	\$ 157,000
Other/In-Kind	\$ 56,000
FEMA EFSP Request	\$ 14,000
<b>Total Service Funding</b>	<b>\$ 230,000</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	<b>6%</b>
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	<b>0.6%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b>	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$
Professional/Outside Services	\$
Facilities/Occupancy	\$
Travel	\$
Other (Specify): <b>Annual Food Costs for the Program</b>	\$ 97,584
Other (Specify):	\$
Other (Specify):	\$
<b>Total Service Expenditures</b>	<b>\$ 97,584</b>

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: <b>Interfaith Community Services</b>	
Legal Status of applicant (e.g., non-profit corporation, government entity): Nonprofit corporation	
Address of Organization: 2820 W. Ina Road, Tucson, AZ 85741	
Name and Title of contact person for this application: Tom McKinney, Chief Executive Officer	
Telephone number: 520-526-9292	Fax number: 520-797-3029
E-mail address: tmckinney@icstucson.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	\$15,000
Other Food	\$
Mass Shelter	\$
Other Shelter	\$
Rent/Mortgage Assistance*	\$
Utility Assistance*	\$
<b>Total Requested</b>	<b>\$15,000</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 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: Tom McKinney	
Authorized Signature:	Date signed:
	June 1, 2020

## Attachment B Application Form

### I. FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 15,000</b>
Phase 36 Received	\$ 11,500
Phase 35 Received	\$ 10,065

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.

This award will support ICS's Mobile Meals program, which has provided nutritious, special-diet meals for low-income seniors since 1986. Clients may choose to receive one or two meals a day, Monday through Friday, 52 weeks a year with a sliding fee scale. Meals are prepared at local hospitals and trained volunteers deliver the meals and visit with clients to assess their needs and reduce isolation. As in previous years, FEMA EFSP support supplements the program and will allow ICS to provide meals to very low-income seniors in Pima County **at no cost to them.**

### 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
X	

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

ICS utilizes a Quick Books accounting system to track grant funded expenditures and revenues, and conducts an annual audit.

#### 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.

HBL CPAs, P.C., July 1, 2018 to June 30, 2019

- No.** The organization does not conduct an independent annual audit.
- Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

86-0520997

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

Use of ramps, automatic doors, and other accommodations as needed

### 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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV		Veterans
1	Elderly		Racial/Ethnic Minorities		NT (no target population)
	Families with children		Single men	2	Other targeted populations (specify below):
	Mentally disabled	3	Single women		People with disabilities and/or chronic illness

### 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.

ICS collaborates extensively to deliver all of our programs, including Mobile Meals. We work with 118 faith partners to identify those who need help and recruit volunteers, and Pima Council on Aging to recruit volunteers and receive referrals for Mobile Meals. ICS collaborates with five local hospitals and assisted living facilities to obtain meals that are appropriate for the dietary needs of the seniors we serve, including low-salt meals, or meals for diabetics.

ICS is fortunate to have a well-organized and effective volunteer program. ICS provides specialized training for volunteers that deliver Mobile Meals so they are able to watch for indicators of changing needs, health issues, and other concerns.

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).

The US Census 2018 American Community Survey shows the over 65 population in Pima County is 19.8%, or approximately 207,361 seniors. The poverty rate in Pima County is 16%, meaning we can estimate there are over 30,000 seniors who struggle with food insecurity, or lack of sufficient food for a healthy life.

The ICS Mobile Meals program uses a sliding scale fee based on federal poverty guidelines for most recipients. **FEMA EFSP funds allows clients who are very low-income to pay nothing.** The clients who financially qualify cannot afford even the lower end of the sliding scale fee for meals. Without subsidized Mobile Meals provided by ICS, many of the clients who benefit from this award would experience food insecurity or hunger.

Additionally, program costs have risen due to the increase in the cost of meals. Also in 2020 a facility that was providing meals in-kind is no longer able to do that, meaning ICS will have to purchase the meals from now on, a \$12,000 additional expense.

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

ICS primarily serves northwest Tucson and areas in Pima County including Catalina and Oro Valley, areas not included in Mobile Meals of southern Arizona's service area. We collaborate with Pima Council on Aging, Impact of Southern Arizona, and Mobile Meals of Southern Arizona to ensure there is not an overlap of services. Because of the high percentage of low-income seniors in our region, demand for mobile meals exceeds capacity of agencies that provide this service.

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.

ICS is fortunate to have diverse sources of revenue for all our programs, including individual donations, government contracts, and program fees. This has allowed us to maintain and expand the Mobile Meals program over the 34 years we have provided it. No funding cuts are anticipated at this time.

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

The ICS delivery service area for Mobile Meals includes Campbell Avenue on the east, Interstate 10 on the west, Roger Road to the south, and Tangerine Road to the north. The majority of our FEMA mobile meals recipients live south of Orange Grove Road in the Flowing Wells area, which has a large concentration of low-income households. In the past year through deepening our partnership with GAP Ministries for the mobile meals program, ICS is now better equipped to serve high demand areas.

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

Mobile Meals provides home delivered meals to seniors and/or people with disabilities who have difficulty getting to a grocery store or a community center for meals. Many of these recipients struggle to prepare meals on their own. The majority are low-income and all those served with FEMA EFSP funds will be very low-income.

During the 2019-2020 fiscal year, 71 participated in the ICS Mobile Meals program. The majority of those served were in the 85704 and 85742 zip codes, which includes rural areas. Demographics are 92% were 60 years of age or older, 60% were female head of household, and 73% White.

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.

ICS has an emergency financial assistance program, and as part of the case management for financial assistance, we refer clients to many homeless shelters and agencies that offer low-income housing throughout Pima County. These agencies also refer clients to ICS.

ICS is a current active member of the local HUD Continuum of Care, the Tucson Pima Collaboration to End Homelessness, and utilizes the Homeless Management Information System (HMIS). This allows ICS to collaborate effectively with other homeless assistance providers and refer to shelter and housing in a coordinated manner.

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 - <i>Direct Cost</i>	\$				
Mass Shelter - <i>Per Diem</i>	\$				
Other Shelter	\$				

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. <b><i>This amount may change when the award is finalized.</i></b>
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>	\$15,000	\$2.00 per meal	7,500	0	15

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. <b><i>This amount may change when the award is finalized</i></b>
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.	
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).	

<b>Financial Assistance Category</b>				
*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.				
	<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**

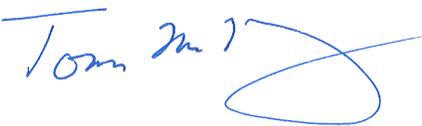
Complete tables A and B for each category in which FEMA EFSP funds are requested. Please reproduce this page if you are requesting funding in more than one service category.

<b>A. Program/Service Revenue</b>	
Provide budgeted revenues for this program year for each service for which FEMA EFSP Phase 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.	
<b>Service Category:</b>	
Funding Sources	Amount
Federal Funds	\$
State Funds	\$
City of Tucson Funds	\$
Pima County Funds	\$ 22,100
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$
Foundation Grants	\$ 5,000
Fundraising/Donations	\$ 15,914
Other/In-Kind	\$ 80,080
FEMA EFSP Request	\$ 15,000
<b>Total Service Funding</b>	<b>\$ 138,094</b>
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	<b>10.9%</b>
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	<b>.4%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b>	
<b>Line Item Budget Categories</b>	<b>Total Service Budget</b>
Personnel/Employee Related Expenses	\$ 55,353
Professional/Outside Services	\$4,009
Facilities/Occupancy	\$ 1,132
Travel	\$ 828
Other (Specify): Program Supplies	\$ 2,018
Other (Specify): Other Operating Expenses	\$ 6,114
Other (Specify): Cost of Meals	\$ 68,640
<b>Total Service Expenditures</b>	<b>\$ 138,094</b>

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: <b>Interfaith Community Services</b>	
Legal Status of applicant (e.g., non-profit corporation, government entity): Nonprofit corporation	
Address of Organization: 2820 W. Ina Road, Tucson, AZ 85741	
Name and Title of contact person for this application: Tom McKinney, Chief Executive Officer	
Telephone number: 520-526-9292	Fax number: 520-797-3029
E-mail address: tmckinney@icstucson.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	\$
Other Food	\$
Mass Shelter	\$
Other Shelter	\$
Rent/Mortgage Assistance*	\$50,000
Utility Assistance*	\$
<b>Total Requested</b>	<b>\$50,000</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 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: Tom McKinney	
Authorized Signature: 	Date signed: June 1, 2020

## Attachment B Application Form

### I. FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 50,000</b>
Phase 36 Received	\$ 27,500
Phase 35 Received	\$ 26,535

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.

This award will allow ICS to help an estimated **65 households** in Pima County with one-time rent or mortgage assistance, supplementing the existing Emergency Financial Assistance program. These funds help clients avoid homelessness and are offered with case management and referrals to help clients stabilize and avoid future financial issues. ICS offers financial skill workshops and employment services to those we serve, including clients in this program. ICS has received FEMA funds for this program since 2008, thank you!

### 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
X	

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

ICS utilizes Quickbooks accounting system to track grant funded expenditures and revenues, and conducts an annual audit.

#### 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.

HBL CPAs, P.C., July 1, 2018 to June 30, 2019

- No.** The organization does not conduct an independent annual audit.
- Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

86-0520997

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

Use of ramps, automatic doors, and other accommodations as needed

### 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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV		Veterans
	Elderly		Racial/Ethnic Minorities		NT (no target population)
2	Families with children		Single men	1, 3	Other targeted populations (specify below):
	Mentally disabled		Single women		1) Single mother head of household and 3) adults with disabilities

### 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.

ICS collaborates extensively to deliver all of our programs, including the Emergency Financial Assistance program. We work with 118 faith partners to identify those who need help and recruit volunteers, and are an active member of the local HUD Continuum of Care, the Tucson Pima Collaboration to End Homelessness.

ICS receives referrals for the program from our many nonprofit, government, and faith partners. ICS in turn refers our clients to services as needed to help them stabilize including SNAP and/or WIC application assistance, substance abuse or behavioral health treatment, GED attainment, secondary education and other skill development, employment assistance, and other services that help clients meet their self-identified goals.

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).

A March 21, 2019 report in KOLD stated, "In Pima County Over the last four years, 50,000 people have been kicked out of their homes and those are just the ones that made it to court. Last year alone, more than 13,000 evictions were filed and according to local leaders a lack of affordable housing is making the problem worse. It was a phrase heard over and over while discussing evictions and the ripple effect it has on person's life - without a home a person is far more likely to lose their job."

ICS received an average of 1,500 calls a week requesting financial assistance, before the COVID-19 pandemic. Demand exceeds current capacity by far and due to widespread unemployment, ICS is overwhelmed with requests for help. During March, April and May 2020, ICS has provided \$80,000 in rent assistance, up from the average of \$20,000 a month.

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

ICS primarily serves the northwest and Flowing Wells areas of Tucson and areas in Pima County including Catalina and Oro Valley. Because of the extremely high need for financial assistance in Tucson and Pima County, it is difficult for any agency to completely fill the need. ICS has increased the number served every year, thanks to our many funding partners, and strive to help as many as we are able. Those about to be evicted are prioritized when possible.

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.

ICS is fortunate to have diverse sources of revenue for all our programs, including individual donations, government contracts, and program fees. This has allowed us to maintain and expand the Emergency Financial Assistance program. No funding cuts are anticipated at this time.

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

Referrals are received from throughout Pima County.

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

Any resident of Pima County facing financial crisis and eviction is eligible.  
During the 2019-2020 fiscal year, ICS helped 37 households with the prior FEMA EFSP award. Of the 37 households, 27 were female head of household and 12 were an adult with a disability (two were in both category). The primary age range served was 40 to 49, with 54% White, 31% Hispanic, 13% African American, 1% Asian and 1% Native American.

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.

ICS refers clients to many agencies that offer low-income housing throughout Pima County, when applicable for the client. These agencies also refer clients to ICS.  
As part of the Pima County Emergency Services Network (ESN), ICS is connected to a county-wide database that ensures fair distribution of services. ICS is a current active member of the local HUD Continuum of Care, the Tucson Pima Collaboration to End Homelessness, and utilizes the Homeless Management Information System (HMIS). This allows ICS to collaborate effectively with other homeless assistance providers and refer to housing in a coordinated manner.

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 - <i>Direct Cost</i>	\$				
Mass Shelter - <i>Per Diem</i>	\$				
Other Shelter	\$				

**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>	\$				

**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.

<b>Other Food Category</b>	
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).	

<b>Financial Assistance Category</b>				
*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.				
	<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	\$ 50,000	65	\$750	20
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

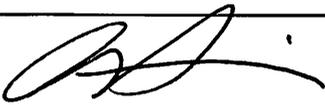
Complete tables A and B for each category in which FEMA EFSP funds are requested. Please reproduce this page if you are requesting funding in more than one service category.

<b>A. Program/Service Revenue</b>	
Provide budgeted revenues for this program year for each service for which FEMA EFSP Phase 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.	
<b>Service Category:</b>	
Funding Sources	Amount
Federal Funds	\$ 373,700
State Funds	\$ 261,402
City of Tucson Funds	\$ 50,000
Pima County Funds	\$ 17,300
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$
Foundation Grants	\$75,000
Fundraising/Donations	\$164,715
Other/In-Kind	\$
FEMA EFSP Request	\$50,000
<b>Total Service Funding</b>	<b>\$992,117</b>
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	<b>5.0%</b>
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	<b>1.2%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b>	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$ 343,507
Professional/Outside Services	\$ 14,208
Facilities/Occupancy	\$ 17,870
Travel	\$ 1,785
Other (Specify): Program Supplies (including printing & Postage)	\$ 4,835
Other (Specify): Other Operating Expenses including telephone, internet, insurance	\$ 38,269
Other (Specify): Direct Financial Assistance	\$ 571,643
<b>Total Service Expenditures</b>	<b>\$992,117</b>

**Proposal Application**

**Attachment A Cover Sheet**

<b>Legal name of the organization (or individual) submitting this application:</b> Pima County, Community Services, Employment and Training Department	
<b>Legal Status of applicant (e.g., non-profit corporation, government entity):</b> Government Entity	
<b>Address of Organization:</b> 2797 East Ajo Way, Tucson, Arizona, 85713	
<b>Name and Title of contact person for this application:</b> Manira Cervantes, Community Services Manager	
<b>Telephone number:</b> 520-724-5710	<b>Fax number:</b> 520-791-6600
<b>E-mail address:</b> Manira.Cervantes@pima.gov	
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. <b>ROUND REQUESTS TO THE NEAREST DOLLAR; REQUEST ONLY WHOLE DOLLAR AMOUNTS.</b>	
<b>Served Meals/Mass Feeding</b>	\$
<b>Other Food</b>	\$
<b>Mass Shelter</b>	\$
<b>Other Shelter</b>	\$
<b>Rent/Mortgage Assistance*</b>	\$150,000
<b>Utility Assistance*</b>	\$
<b>Total Requested</b>	<b>\$150,000</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 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.	
<b>Typed name of Authorized Signature:</b> Arnold Palacios	
<b>Authorized Signature:</b> 	<b>Date signed:</b> 6-4-20

## Attachment B Application Form

### I. Error! Bookmark not defined.FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 150,000</b>
Phase 36 Received	\$ 102,352.00
Phase 35 Received	\$ 150,000.00

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.

Community Services, Employment and Training (CSET) staff will use the requested FEMA funds to boost the impact of the Community Action Agency (CAA) program by providing rental/mortgage assistance supportive services to the target population. Supplementing existing CAA resources during the current pandemic/economic crisis is the highest priority for these funds. CSET has won past phases of EFSP funding and used those funds for rental/mortgage and other shelter assistance to supplement CAA services funded by Community Services Block Grant, Low Income Home Energy Assistance Program and AZ Wildfire grants.

### 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
X	

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

Pima County uses the CGI Financial System to manage financial transactions, procurement, budgeting, and reporting. GMI fiscal and program workflows assure checks, approvals, expense eligibility reviews, and internal controls. The contracting process provides fiscal and programmatic oversight through risk assessment, reporting and monitoring.

#### 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.

Pima County is audited by the Arizona Auditor General's Office. Pima County's most recent Single Audit covered 7/1/19-6/30/20 and had no findings or questioned costs.

- No.** The organization does not conduct an independent annual audit.
- Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

86-6000543

CAA facilities have wheelchair ramps, door openers, handicap-accessible restrooms, assistive technology, and annual, external inspection of accessibility factors. During non-pandemic times we offer home-visits; currently instead we encourage phone interviews along with mail in applications. CAA recently received approval for electronic signatures on intake paperwork.

**5. How does your facility assure accessibility for people 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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
3	Domestic violence victims		People with AIDS/HIV	3	Veterans
	Elderly		Racial/Ethnic Minorities		NT (no target population)
1	Families with children	2	Single men		Other targeted populations (specify below):
	Mentally disabled	2	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.

CSET has administered the Community Action Agency (CAA) and Emergency Services Network (ESN) for 30 years. The focus of this network is to provide a safety net of basic services for low-income individuals and families. The ESN database tracks to: 1) assure continuity of service and 2) eliminate service duplication. CSET administers ESN and the ESN database, which is composed of seven community-based organizations plus the CAA direct-access point, that provide case management services to households needing rental/mortgage and utility assistance.

Community Action Agency, the administering agency, also administers the Community Services Block Grant (CSBG) program via contracts with twelve organizations throughout Pima County. The CSBG network provides opportunities for assistance referrals.

CSET assumed responsibility for the Tucson/Pima Homeless Management Information System (HMIS) in 2015. It has a leading role in the implementation of a Coordinated Entry protocol for homeless individuals and households through a No-Wrong-Door approach utilizing a standard, evidence-based assessment. Today, Pima County's HMIS and Coordinated Entry systems encompass Continuum of Care, Emergency Solutions Grant, Community Development Block Grant, and homeless youth projects, among others.

CSET also collaborates with human service providers because CAA staff within CSET coordinate with the Pima County One-Stop workforce system, also within CSET. This collaboration joins the full force of WIOA resources to CAA housing and utility services.

- 
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).

CAA has seen a steady increase in requests for assistance over the past three years. In 2018-2019 fiscal year, which ended in June, the Emergency Services Network provided rent/mortgage assistance to 1,280 households. The average monthly payment was \$678. In 2019-2020 those numbers increased to X households served, with an average monthly payment of \$850. CSET expects those assistance amounts to increase significantly due to the effects of the COVID-19 pandemic and resulting economic crisis. Thus, CSET forecasts \$1,000 per household requiring housing assistance for FEMA EFSP Phase 37. Since the onset of the COVID-19 pandemic the CAA hotline traffic has increased to 6,000 per month, approximately double the number of calls logged in the months before April 2020. The overwhelming increase in need and requests for assistance in Pima County due to the COVID-19 pandemic, and associated shutdowns and closures, is well documented.

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

Over the past 10 years, Tucson has remained one of the nation's 10 poorest large metropolitan areas of over one million people, with median household income currently running 15% below the US average, and a poverty rate that is 26% above the nation-wide rate, according to 2018 American Community Survey 5-year estimates. The clear trend was that rents in southern Arizona were rising, and affordable housing becoming less available. A 2020 analysis of 2018 census data by UA's MAP AZ dashboard found that 54.6% of renters, and 30.2% of homeowners with a mortgage, in the City of Tucson are housing cost-burdened (i.e. paying more than 30% of income on housing costs). FEMA EFSP Phase 37 funds will be used to address these significant gaps. With tourism and hospitality a major economic driver, the regional economy is now in free-fall due to the impact of non-essential business closures in response to the COVID-19 pandemic. Even in normal times, the emergency assistance CSET operates is usually over capacity and case managers run out of financial assistance and supportive services leaving families in need. The Community Action Agency (CAA) serves as the central hub and backstop for other assistance providers and experiences constant shortfalls. In order to maintain year-round operation, CAA has to ration program resources by month, with each month's funds exhausted by about the 10<sup>th</sup> day of the month.

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.
-

While case-manager creativity increases when existing program resources dwindle, even no-wrong-door programs like the Pima County Community Services, Employment and Training cannot fulfill all of their clients' needs. In FY 18-19, CSET Continuum of Care and Emergency Service Network programs experienced an unprecedented surge in need. Rental assistance, mortgage assistance, and shelter funds ran dry before the end of the program year. That surge pales in comparison to the current wave of new clients needing assistance. With the Arizona State Legislature's emergency allocation of eviction prevention assistance came a massive publicity effort that resulted in over 5,000 assistance requests through the state webpage. Pima County expects a significant drop in its general fund due to the shrunken tax base coming from mass unemployment. In addition to the expected massive revenue shortfall, expenditures have risen significantly due to pandemic leave, pandemic related supplies, and additional work to respond to the pandemic on multiple levels. This will limit availability of general fund or CARES Act funding to make up for anticipated cutbacks.

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

CSET will use FEMA funds to serve all of Pima County, including rural areas. Pima County's request for proposal process makes special provisions to target and serve the greater metropolitan and rural areas.

Pima County, Arizona has 27 census tracts which have been approved as Opportunity Zones. The 5-year poverty rate in Pima County is 17.8%, compared to a 14.1% poverty rate for all of the US. U.S. Census Bureau estimates indicate that median household income and per capita income in Pima County over the past 12 months are less, and the percentage of people in poverty is greater, than Arizona or the country as a whole.

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

CSET serves: low-income, near homeless or homeless, unemployed and underemployed, families and single parents, individuals, and the elderly. In 2018 the agency served approximately 8,652 households; 55% of those households had income below 75% of poverty according to the Federal Poverty Income Guidelines for 2018-2019. 55% of households were families and single parents. In 2018, the Sullivan Jackson Employment Center helped 620 households find emergency shelter, employment, and permanent housing.

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 CSET plays an active role in the Tucson Pima Collaboration to End Homelessness (TPCH). Pima County operates four Continuum of Care grants dedicated for people experiencing homelessness in collaboration with the Salvation Army, Compass Affordable Housing, and CODAC. CSET also serves as the HMIS lead agency for the Pima County Continuum of Care. These partnerships help to ensure that households identified through CAA and EFSP can access emergency shelter, rapid rehousing and homeless assistance services if needed. Collaboration with community partner organizations is a feature of CSET's operational model.

V. BUDGET AND FINANCIAL/SERVICE INFORMATION

**Unit of Service/Request**

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

<b>Error! Bookmark not defined.Shelter Category</b>					
	<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>
<b>Shelter Category</b>	<b>FEMA Funds Requested</b>	<b>Per Diem</b>	<b>FEMA-Funded Total Nights</b>	<b>FEMA-Funded Number of Rural Clients</b>	<b>FEMA-Funded Number of Clients Served</b>
Mass Shelter - <i>Direct Cost</i>	\$	Not applicable			
Mass Shelter - <i>Per Diem</i>	\$	\$12.50			
Other Shelter	\$	Not applicable			

<b>GUIDANCE: Shelter Category</b>	
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. <b><i>This amount may change when the award is finalized.</i></b>
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.

<b>Food (Served Meals/Mass Feeding) Category</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Food Category</b>	<b>FEMA Funds Requested</b>	<b>Meal Per Diem</b>	<b>FEMA-Funded Total Meals</b>	<b>FEMA-Funded Number of Rural Clients</b>	<b>FEMA-Funded Number of Clients Served</b>
Served Meals - <i>Direct Cost</i>	\$				
Served Meals - <i>Per Diem</i>	\$	\$2.00 per meal			

<b>GUIDANCE: Food Category</b>	
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. <b><i>This amount may change when the award is finalized</i></b>
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.	
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).	

<b>Financial Assistance Category</b>				
*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	\$150,000	150	\$1,000	25
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

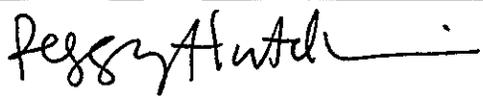
Complete tables A and B for each category in which FEMA EFSP funds are requested. Please reproduce this page if you are requesting funding in more than one service category.

<b>A. Program/Service Revenue</b>	
Provide budgeted revenues for this program year for each service for which FEMA EFSP Phase 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.	
<b>Service Category:</b>	
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	\$
Foundation Grants	\$
Fundraising/Donations	\$
Other/In-Kind	\$
FEMA EFSP Request	\$
<b>Total Service Funding</b>	<b>\$</b>
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	%
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	%

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b>	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$
Professional/Outside Services	\$
Facilities/Occupancy	\$
Travel	\$
Other (Specify):	\$
Other (Specify):	\$
Other (Specify):	\$
<b>Total Service Expenditures</b>	<b>\$</b>

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: The Primavera Foundation, Inc.	
Legal Status of applicant (e.g., non-profit corporation, government entity): Non-profit corporation	
Address of Organization: 151 W. 40 <sup>th</sup> Street, Tucson, AZ 85713	
Name and Title of contact person for this application: Cammie Dirrim, Chief Compliance & IT Officer	
Telephone number: (520) 882-5383	Fax number: (520) 308-5054
E-mail address: <a href="mailto:cdirrim@primavera.org">cdirrim@primavera.org</a>	
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. <b>ROUND REQUESTS TO THE NEAREST DOLLAR; REQUEST ONLY WHOLE DOLLAR AMOUNTS.</b>	
Served Meals/Mass Feeding	\$
Other Food	\$
Mass Shelter	\$75,000.00
Other Shelter	\$10,000.00
Rent/Mortgage Assistance*	\$
Utility Assistance*	\$
<b>Total Requested</b>	<b>\$85,000.00</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 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: Peggy Hutchison	
Authorized Signature: 	Date signed: 6/4/2020

## Attachment B Application Form

### I. FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 85,000</b>
Phase 36 Received	\$ 71,362
Phase 35 Received	\$ 70,940

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.

FEMA funds will directly support Primavera’s Emergency Services, specifically the Men’s Emergency Shelter and the Emergency Hotel Voucher Program. These programs have been supported by FEMA funds previously. The Men’s Emergency Shelter program serves adult men experiencing homelessness in Pima County by providing shelter, basic needs, a 24-hour respite program for those with serious health issues, wrap-around case management and direct linkage to other services (including housing and workforce development) within Primavera and with partner organizations. The Hotel Voucher program serves vulnerable populations experiencing homelessness that do not meet the criteria for mass shelter, are on a waiting list for emergency shelter, or are awaiting Rapid Rehousing.

### 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
X	

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

Primavera utilizes an accrual basis of accounting in accordance with accounting policies generally accepted in the United States that reflect all significant receivables, payables, and other liabilities. Reporting is conducted on the financial position and activities in two classes of net assets (net assets with donor restrictions and net assets without donor restrictions).

#### 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 & Kenon, PC, for July 2018-June 2019

**No.** The organization does not conduct an independent annual audit.  
 • Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

**4. Federal Employer Identification Number (FEIN)** 86-0733182

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

The Men’s Shelter provides options for people with disabilities to be placed on bottom bunks. All other areas of the facility are accessible. Motel vouchers are arranged with rooms that are accessible when necessary.

**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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV		Veterans
	Elderly		Racial/Ethnic Minorities		NT (no target population)
2	Families with children	1	Single men	3	Other targeted populations (specify below):
	Mentally disabled		Single women		Mentally and physically disabled adult and elderly men experiencing homelessness

**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.

Primavera’s ability to provide impactful services is a direct result of the many partnerships with local providers, networks and assistance systems. Some of these collaborators include: the Tucson Pima Collaboration to End Homelessness, El Rio Health Center providing on site services, Arizona Department of Economic Security, Our Family Services, CODAC, SAAF, COPE, Emerge, Casa Maria, Interfaith Community Services, St. Vincent de Paul, Community Food Bank, La Frontera, Southern Arizona VA Medical Center, Arizona Department of Housing, McKinney-Vento liaisons, Pima County One Stop, Sullivan-Jackson Employment Center, Salvation Army, Tucson City Court, Community Food Bank of Southern Arizona, Diaper Bank, and many others. Primavera also works with faith based groups, law enforcement, civic organizations, families, neighborhood and school groups, and community volunteers who provide meals for the shelter in rotation. To meet the needs of pet owners, Primavera has a partnership with Pima Animal Care Center to offer services for pet care.

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).

Aside from the dynamics caused by COVID-19, the current need for services has remained level; however, that need is both complex and significant. Primavera continues to be one of the largest and most heavily used low-barrier shelters. Primavera does continue to see a steady increase in the number of both elderly men and men with significant mental health and/or physical disabilities. As expected, these participants necessitate longer stays in order to get stabilized and connected to appropriate resources.

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

The Men's Emergency Shelter addresses a gap in existing services by:

- Offering emergency shelter to meet the sheer need in Pima County
- Offering a comprehensive low-barrier shelter utilizing a Housing First model that does not require preconditions or create barriers to entry, such as sobriety, treatment, or service participation requirements.
- Offering a 24-hour respite program for those with serious mental and/or physical health needs
- Providing wrap-around case management without mandated participation in other services
- Providing direct linkage to housing, workforce development, and other Primavera and community services.

The Hotel Voucher Program addresses a gap in the community by:

- Offering emergency shelter in the form of hotel rooms to meet the need in Pima County by adult individuals or families who do not meet the criteria for mass shelter
- Enabling vulnerable populations to have a safe place to sleep while on waiting lists for suitable housing.

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.

FEMA funding is key to supporting the basic operating costs of the Men's Emergency Shelter and Motel Voucher programs. The Men's Emergency Shelter program is also funded by the Arizona Department of Economic Security and both programs are supported through philanthropic support in the form of individual donations, volunteer time and meal donations.

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

Primavera's Emergency Men's Shelter is located at 200 E. Benson Highway in the City of Tucson. All services are available for those residing within Tucson and Pima County. Motel vouchers can be utilized at any motel/hotel within Pima County.

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

Single, adult men experiencing homelessness are the target population. Targeted sub-populations for the shelter program include men who are chronically homeless, elderly, veterans, those who have been recently incarcerated, and those living with mental health and/or physical disabilities. Primavera serves a significant amount of elderly men and men with mental health and/or physical disabilities. This has resulted in longer shelter stays while men become stabilized and linked to health and housing resources, and has decreased the number of men who are able to access income through employment while at the shelter. This has also necessitated more intensive case management services to meet the needs of this particular population to help them remove barriers to housing stability.

Vulnerable adult men, women and families experiencing homelessness are the target population for the Motel Voucher Program. This includes medically fragile adults, women fleeing domestic violence, families with minor children, and those that may not meet the criteria for mass shelter or are on waiting lists for shelter or Rapid Rehousing.

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.

Primavera participates in/collaborates with all facets of the Tucson Pima Collaboration to End Homelessness and the Continuum of Care. Primavera's Homeless Intervention Program is a designated community access point for entry into the coordinated entry system, and Primavera provides full SPDAT housing assessments. Primavera staff has in the past, or currently occupies many COC positions including Board membership and membership in all committees. All collaborations are with the same intent, to provide seamless entry into needed services, to support clients in their service plans, to provide basic needs, and to connect clients to supportive services that facilitate eventual housing stability and economic sustainability.

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 - <i>Direct Cost</i>	\$	Not applicable			
Mass Shelter - <i>Per Diem</i>	\$ 75,000	\$12.50	6,000	26	200
Other Shelter	\$ 10,000	Not applicable	134	4	19

**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>	\$	\$2.00 per meal			

**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.

<b>Other Food Category</b>	
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).	

<b>Financial Assistance Category</b>				
*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.

<b>A. Program/Service Revenue</b>	
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.	
<b>Service Category: Mass Shelter</b>	
Funding Sources	Amount
Federal Funds	\$56,550.27
State Funds	\$530,408.93
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	\$
Foundation Grants	\$50,000.00
Fundraising/Donations	\$24,013.46
Other/In-Kind	\$238,348.00
FEMA EFSP Request	\$75,000.00
<b>Total Service Funding</b>	<b>\$974,320.66</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	<b>7%</b>
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	<b>1%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category: Mass Shelter</b>	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$270,373.10
Professional/Outside Services(Sub-Recipient Exp)	\$266,988.00
Facilities/Occupancy	\$84,193.91
Travel- Local	\$3,292.16
Other (Specify):Client Expense Bus Fares, Food, Hygiene	\$19,853.63
Other (Specify): Program Equipment and Supplies	\$12,408.48
Other (Specify): Copier Lease	\$5,000.00
Office Supplies	\$1,700.00
Participant Cleaning Supplies	\$9,286.80
Kitchen Supplies	\$4,644.10
Phone and Internet	\$2,100.00
Donated Meals	\$238,348.00
Allocated Costs Finance, Computer support, Philanthropy support, Operations support and Executive Services support	\$49,856.59
Insurance General Liability and Professional Liability	\$6,275.89
<b>Total Service Expenditures</b>	<b>\$974,320.66</b>

<b>A. Program/Service Revenue</b>	
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.	
<b>Service Category: Other Shelter</b>	
Funding Sources	Amount
Federal Funds	\$0
State Funds	\$35,000.00
City of Tucson Funds	\$50,000.00
Pima County Funds	\$160,354.25
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$
Foundation Grants	\$79,000.00
Fundraising/Donations	\$75,000.00
Other/In-Kind	\$
FEMA EFSP Request	\$10,000.00
<b>Total Service Funding</b>	<b>\$409,354.25</b>
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	<b>2%</b>
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	<b>0.1%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category: Other Shelter</b>	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$170,970.34
Professional/Outside Services(Sub-Recipient Exp)	\$0
Facilities/Occupancy	\$10,286.48
Travel- Local	\$3,374.96
Other (Specify):Client Expense Bus Fares, Food, Hygiene, Motel vouchers, Rent Assist, Utility Assist, Security Deposits and utility deposits	\$180,146.32
Other (Specify): Program Equipment and Supplies	\$0
Other (Specify): Copier Lease	\$0
Office Supplies	\$500.00
Participant Cleaning Supplies	\$1,300.00
Kitchen Supplies	\$400.00
Phone and Internet	\$2,100.00
Donated Meals	\$0
Allocated Costs Finance, Computer support, Philanthropy support, Operations support and Executive Services support	\$36,817.59
Insurance General Liability and Professional Liability	\$3,458.56
<b>Total Service Expenditures</b>	<b>\$409,354.25</b>

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: <a href="#">The Salvation Army, A California Corporation</a>	
Legal Status of applicant (e.g., non-profit corporation, government entity): <a href="#">Non-Profit Corporation</a>	
Address of Organization: <a href="#">1002 N Main Ave, Tucson, AZ 85705</a>	
Name and Title of contact person for this application: <a href="#">Bill Davidson, Outreach manager</a>	
Telephone number: <a href="#">520-448-5512</a>	Fax number: <a href="#">520-881-7546</a>
E-mail address: <a href="mailto:Bill.davidson@usw.salvationarmy.org">Bill.davidson@usw.salvationarmy.org</a>	
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. <b>ROUND REQUESTS TO THE NEAREST DOLLAR; REQUEST ONLY WHOLE DOLLAR AMOUNTS.</b>	
Served Meals/Mass Feeding	<a href="#">\$20,000</a>
Other Food	<a href="#">\$</a>
Mass Shelter	<a href="#">\$50,000</a>
Other Shelter	<a href="#">\$20,000</a>
Rent/Mortgage Assistance*	<a href="#">\$</a>
Utility Assistance*	<a href="#">\$</a>
<b>Total Requested</b>	<b><a href="#">\$90,000</a></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 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: <a href="#">Bill Davidson</a>	
Authorized Signature: 	Date signed: <a href="#">June 5, 2020</a>

## Attachment B Application Form

### I. FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 90,000</b>
Phase 36 Received	\$ 43,766
Phase 35 Received	\$ 47,832

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.

The Salvation Army Hospitality House continues to provide meals and mass feeding throughout the year and during the winter season when the Winter Shelter Program is in effect – November through March. During this seasonal program, Operation Deep Freeze and the Project Hospitality Program are in effect. Operation Deep Freeze offers additional services when the temperatures are 35 degrees or below. Individuals who would not seek shelter otherwise have come to seek services during these nights. Project Hospitality offers an extended stay during this seasonal program which is in effect from November through February. Individuals may stay up to 90 days and are case managed during their stay.

During Operation Deep Freeze nights, we can assist up to 70 individuals per night – 60 men and 10 women. Families are also assisted as needed during this time.

Project hospitality can assist 30 individuals throughout the season – 10 men and 10 women. We also assist 4 families under this program during the season.

FEMA funding provides hotel vouchers for the increasing number of families experiences homelessness. There are times that the needs of these families cannot be met by shelters, this is due to the family size, the age of the male children, disabilities and/or families that present for services who may have pets. Providing these services to families in need are vital and critical especially during the cold months of the year. Families are sleeping in their vehicles, at the parks and in other areas that are not intended for human habitation. The Salvation Army prioritizes the use of these funds for those we identify as most vulnerable and provides a dedicated case manager to ensure they are quickly transitioned into a stable housing program. This ensures they stay in school and have a nutritious, well-balanced meal daily. Case management helps individuals maximize their opportunities for stability and self-sufficiency. We have 2 Case Mangers who provide case management 7 days a week, nightly outreach at 5:30 p.m., offering resource information and case management appointments to all individuals in the shelter.

We are 1 of 8 organizations listed as an Access Point in providing assistance with VI-SPDATS to individuals and families.

### 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
X	

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

The organization has an established accounting system and conducts an annual audit.

**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.

Deloitte and Touche LLP, October 1, 2018 - September 2019

**No.** The organization does not conduct an independent annual audit.

- Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

94-1156347

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

Facility meets requirements of ADA and audits continuously.

**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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV		Veterans
	Elderly		Racial/Ethnic Minorities		NT (no target population)
1	Families with children	2	Single men		Other targeted populations (specify below):
	Mentally disabled	3	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.

The Salvation Army's Hospitality House has operated a mass shelter for 55 years in Tucson, AZ., providing homeless people with shelter, meals, case management, transitional housing, support services, and other general assistance. The Hospitality House is the intake shelter facility for Project Hospitality and Operation Dee Freeze, The Winter shelter program is in effect from 11,15 to 3,31. The Hospitality House accepts referrals from all other Tucson shelter programs, hospitals, correctional release programs, law enforcement agencies, and behavioral health providers. Salvation Army participates in the Tucson Pima Collaboration to End Homelessness, the Pima County Emergency Services Network, local faith-based partners and the VA to participate in annual community events such as Tucson Homeless Connect and Veterans Stand Down.

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).

The Salvation Army relies heavily on private donations to operate its emergency shelter programs and there has been a significant decline in donations. Hospitality House continues to see an increase in individuals and families needing shelter. The need remains high for hotel vouchers for homeless families with children, many of whom are homeless for the first time, or who are doubled up living with friends or family which causes them to be ineligible for transitional housing programs. Many families are turned away when all other shelters are full. The mass shelter costs increased to accommodate the 32 shelter beds now used for Project Hospitality clients and the additional 70 individuals accommodated during Operation Deep Freeze. Previously, these clients were sheltered and fed at local congregations. During our season program for the months of November 15<sup>th</sup> – March 31<sup>st</sup>, the number of bed nights for stand alone Deep Freeze clients were 1,185 bed nights, meals totaled 2,370. We did not spend any funds for motel vouchers during this time.

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

The Hospitality House serves as the one permanent shelter available to the homeless men, women and children after hours and is used by hospitals, Victim Witness, Pima County Attorney's Office, police and paramedics to find housing for people found on the streets or released from hospitals in the middle of the night.

These walk in/after-hours clients increase significantly during the winter shelter season as medical providers and agencies face pressure to find safe alternatives for homeless individuals and families. Some have special needs that are best served by offering them a few days in a hotel. An example would be victims of domestic violence who need immediate safe housing following an incident and are referred to us for lack of shelter beds in the community. The Hospitality House also addresses a gap in emergency shelter for veterans – men and women, and at times families.

Homeless veterans are often transition by travel, have substance abuse issues, mental illness, or disabilities that cause disruption in their VA services. Tucson Salvation Army offers a dedicated case manager to this population and works directly with the VA to assist them with accessing their benefits and moving into permanent, transitional, or supportive housing. Veterans also receive assistance with accessing needed community resources such as job skills training, job placement programs and medical services. We hold 4 beds for the exclusive use of veterans at all times in the shelter. 3 male beds – 1 female bed.

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.

The Salvation Army continues to experience a significant decrease in the private donations utilized to operate the Hospitality House shelter. To accommodate this deficit, grant applications were submitted to the city, county, and private foundations. We have received a \$15,000 grant from Pima County Outside Agency for hotel vouchers. This helps to fund and support our ongoing need for assisting families in need. The outcome of private foundation applications is pending. The local advisory board has been active in fundraising efforts and utilizes their community contacts to request donations.

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

FEMA funds are used to serve anyone in Pima County.

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

The target population for served meals is for all populations served at our facility. This includes single men, women with children and families. The target population for Project Hospitality and Operation Deep Freeze is chronically homeless men and women. Both programs also provide services to families. The target population for Other Shelter (hotel vouchers) is families with dependent children, the elderly, and individuals with special needs. All clients in all programs are provided with referrals and connections to local employment assistance services, VA services and other supportive housing services.

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.

The Salvation Army is a voting member of TPCH and partners with other agencies including Pima county, shelters, hospitals, churches, veteran support groups, local landlords, behavioral health providers, and local utility companies to increase the efficiency of our emergency assistance to prevent homelessness. The TSA Advisory Board has hosted a variety of events to solicit donations, community involvement and volunteerism from agencies and private individuals who are compassionate to those experiencing homelessness in the community. TSA is represented at the TPCH General Council, Emergency Solutions Services Committee, Coordinated Entry, Governance and Planning, HMIS, Continuum of Service, Continuum of Care, Medical Respite Task Force, Pima County Homeless Coalition, and the Homeless Work Program. We provide emergency services to all law enforcement – TPD, U of A, and Pima County Sheriff's Department.

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 - <i>Direct Cost</i>		Not applicable			
Mass Shelter - <i>Per Diem</i>	\$ 50,000	\$12.50	4000	100	320
Other Shelter	\$ 20,000	Not applicable	2240	40	160

**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>	\$20,000	\$2.00 per meal	10,000	100	4000

**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.

<b>Other Food Category</b>	
FEMA funds requested: NA	\$
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).	

<b>Financial Assistance Category</b>				
*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	\$NA		\$	
Utility	\$NA		\$	

- 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 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.	
<b>Service Category: Mass Shelter</b>	
Funding Sources	Amount
Federal Funds	\$
State Funds	\$
City of Tucson Funds	\$
Pima County Funds	\$15,000.00
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$1800.00
Foundation Grants	\$
Fundraising/Donations	\$684,698.00
Other/In-Kind	\$14,421.00
FEMA EFSP Request	\$50,000.00
<b>Total Service Funding</b>	<b>\$765,911.00</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	<b>6.6%</b>
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	<b>.08%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category: Mass Shelter</b>	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$561,855.00
Professional/Outside Services	\$9963.00
Facilities/Occupancy	\$121,255.00
Travel	\$5461.00
Other (Specify): Assistance to Individuals	\$9112.00
Other (Specify): Supplies	\$28,830.00
Other (Specify): Operating Expense	\$29,443.00
<b>Total Service Expenditures</b>	<b>\$765,919.00</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category: Served Meals</b>	
<b>Line Item Budget Categories</b>	<b>Total Service Budget</b>
Personnel/Employee Related Expenses	\$151736.00
Professional/Outside Services	\$720.00
Facilities/Occupancy	\$
Travel	\$
Other (Specify): Assistance to Individuals	\$135,600.00
Other (Specify): Supplies	\$82000.00
Other (Specify): Operating Expense	\$3455.00
<b>Total Service Expenditures</b>	<b>\$373,511.00</b>

<b>A. Program/Service Revenue</b>	
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.	
<b>Service Category: Served Meals</b>	
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	\$
Foundation Grants	\$
Fundraising/Donations	\$217,911.00
Other/In-Kind	\$135,600.00
FEMA EFSP Request	\$20,000.00
<b>Total Service Funding</b>	<b>\$373511.00</b>
What percentage of your Program budget is the FEMA funding request?  <i>Example: Motel Voucher Program:</i> <b>\$8,000 FEMA FUNDING REQUEST</b> <u>\$2,000 PRIVATE FUNDS</u> <b>\$10,000 = 80% of Program Budget</b>	<b>5.4%</b>
What percentage of your overall Agency Budget is the FEMA funding request?  <i>Example:</i> <b>\$250,000 AGENCY BUDGET</b> <u>\$8,000 FEMA FUNDING REQUEST</u> <b>= 3% of Overall Agency Budget</b>	<b>.03%</b>

<b>A. Program/Service Revenue</b>	
<p>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.</p>	
<b>Service Category: Other Shelter</b>	
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	\$71,220.00
Foundation Grants	\$
Fundraising/Donations	\$
Other/In-Kind	\$
FEMA EFSP Request	\$20,000
<b>Total Service Funding</b>	<b>\$91,220.00</b>
<p>What percentage of your Program budget is the FEMA funding request?</p> <p><i>Example: Motel Voucher Program:</i>  <b>\$8,000 FEMA FUNDING REQUEST</b>  <u>\$2,000 PRIVATE FUNDS</u>  <b>\$10,000 = 80% of Program Budget</b></p>	<b>21.9%</b>
<p>What percentage of your overall Agency Budget is the FEMA funding request?</p> <p><i>Example:</i>  <b>\$250,000 AGENCY BUDGET</b>  <u>\$8,000 FEMA FUNDING REQUEST</u>  <b>= 3% of Overall Agency Budget</b></p>	<b>.03%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category: Other Shelter</b>	
<b>Line Item Budget Categories</b>	<b>Total Service Budget</b>
Personnel/Employee Related Expenses	\$41,700.00
Professional/Outside Services	\$180.00
Facilities/Occupancy	\$
Travel	\$
Other (Specify): Assistance to Individuals	\$47,000.00
Other (Specify): Supplies	\$
Other (Specify): Operating Expense	\$2340.00
<b>Total Service Expenditures</b>	<b>\$91,220.00</b>

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: Catholic Community Services of Southern Arizona, Pio Decimo Center	
Legal Status of applicant (e.g., non-profit corporation, government entity): Non-profit corporation	
Address of Organization: 848 S 7th Avenue, Tucson, AZ 85701	
Name and Title of contact person for this application: Marcia Zerler, Executive Director	
Telephone number: 520-622-2801 x 7102	Fax number: 520-622-4704
E-mail address: marciaz@ccs-pio.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	\$
Other Food	\$ 15,000
Mass Shelter	\$
Other Shelter	\$
Rent/Mortgage Assistance*	\$
Utility Assistance*	\$
<b>Total Requested</b>	<b>\$ 15,000</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 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:	
Marguerite D. Harmon	
Authorized Signature:	Date signed:
	06/05/2020

## Attachment B Application Form

### I. FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	\$ 15,000
Phase 36 Received	\$ 11,600
Phase 35 Received	\$ 16,135

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.

Funds will be used to support our Emergency Food Program which received Phase 36 funding from FEMA. Funds will be used to supplement existing food boxes, increasing healthy options for families as well as homeless individuals. Items purchased will include summer staples needed for families when children are out of school and are at most risk of hunger. It will also help secure items needed most for homeless individuals, including prepackaged meats, protein bars, nuts, and other high-protein items that are difficult for this population to procure.

### 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?

Protection Bureau's Tax Time Savings Pilot, and xxx.

Y	N
X	

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

Catholic Community Services and its agencies use Microsoft Dynamics software to track funds, reconcile accounts and monitor spending. 4-digit accounts are used to differentiate between expense types. 6-digit sub-accounts are used to separate expenditures by programs.

#### 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, and Kenon, PC; fiscal year ending June 30, 2019.

- No.** The organization does not conduct an independent annual audit.
- Please attach FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

86-0100880

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

The facility is wheelchair accessible. Bathrooms are equipped with railings. Large print forms are available for vision-impaired individuals.

### 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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV		Veterans
	Elderly	2	Racial/Ethnic Minorities		NT (no target population)
1	Families with children		Single men		Other targeted populations (specify below):
	Mentally disabled		Single women	3	Homeless Individuals

### 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.

Families are often referred to Pio Decimo for emergency food and clothing, transitional housing, foreclosure prevention, and other services. We partner with the Community Food Bank to provide food boxes to approximately 4,000 households and with United Way to offer free tax preparation to more than 9,000 families in Pima County. Pio Decimo cross-refers clients to several area agencies, including Interfaith Community Services, Pima County One Stop, El Rio Community Health Center, and Cope Behavioral Health Services.

Pio Decimo is involved in Tucson Pima Collaboration to End Homelessness, Pima County's Getting Ahead Initiative, United Way's Financial Capabilities Cohort, AZ Community Action Agency's SNAP partnership, Barrio Santa Rosa Community Action Team, and others. Nationally, we collaborate with Catholic Charities USA, Consumer Financial Protection Bureau's Tax Time Savings Pilot, and others.

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).

Many of our families already struggle to gain access to healthy food options. Covid-19 has already stretched their capabilities. Families have had to spend much more on groceries as they and their children sheltered in place in recent months. Additionally, canned goods, toilet paper, and meat products have been harder to find, with fewer sales, and limited amounts in stock. Many clients are particularly challenged due to limited transportation. Many have few options within walking distance or when depending on buses or rides to get their grocery shopping in.

As the effects of Covid-19 linger, we anticipate that these problems will grow in scope. Recently, we have had an increase in food donations to help cover supply shortages, but these donations are limited. We expect prices on most groceries to continue to rise in the coming months and there is a good chance that less food will be available due to decreases in international trading, reduced meat supplies within the US, and fewer crops grown during this planting season. Additionally, future waves of Covid-19 might cause additional periods of unemployment, more school closures, and fewer employment opportunities for those who have already lost their jobs due to the impacts of Covid-19. It is more important than ever to be prepared to assist participants during these trying times.

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

Funding for emergency food services has been reduced over time, leading to a reduction in the quantity of food available in food boxes distributed by the Community Food Bank. Often Pio Decimo's pantry has had to purchase bread, canned meats, cereals, and other staples that were once readily available. Families are most vulnerable in summer months when children are on summer break. Homeless individuals are also vulnerable as contents of food boxes, such as pastas, rice, and beans require cooking and they have no access to a stove. Many local pantries are unable to assist homeless participants at all because the food boxes don't contain items they can readily use.

These already challenging circumstances have only been exacerbated by the pandemic. Certain food items are becoming scarcer and it is harder for families to access certain products. Food costs are also on the rise and it is possible that future months will bring increased shortages due to limited trade and transportation issues.

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.

The program is not expecting a cut in funding at this time.

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

Funding for emergency food will be used to support individuals and families throughout Pima County.

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

Pio Decimo provides food assistance to anyone in need. The greatest needs for food assistance have come from homeless individuals and single-parent working households. 67% of Pio Decimo families are Hispanic. Approximately 40% of participants are limited-English speakers. 68% of participants have obtained a high school education level or less and have limited employment opportunities. 15% of households have a family member in the home who is disabled.

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.

Pio Decimo Center has participated in the Collaboration to End Homelessness for approximately 17 years. As part of the Collaboration, we use the Coordinated Entry System to receive referrals from various intake sites, identify participants who have received services from other agencies in the past, determine participants' vulnerability levels, and begin the case management process by determining our clients' greatest threats to security.

Through our participation in the Collaboration, we have gained trust from partnering agencies. As a result, we often receive referrals from within the Collaboration, particularly from area shelters. When families are ready to transition from temporary shelters, they are often referred to Pio Decimo for assistance in gaining long-term stability. We help families become placed in long-term transition housing or fair-market rentals, based on the family's needs, while offering stabilizing case management services for up to one year. All Housing Department staff members are trained to input and extract information from the HMIS Database, which is used to track clients, prepare reports, and conduct follow-up activities, as well as provide referrals to other agencies, as needed. Staff members regularly attend partner meetings, sharing best practices, discussing local housing challenges with other professionals, and keeping abreast of changes in rules and regulations affecting homeless populations.

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 - <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>	\$	\$2.00 per meal			

**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.

<b>Other Food Category</b>	
FEMA funds requested:	\$15,000
Indicate the number of rural clients to be served with FEMA request.	115
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>A portion of FEMA funds will be used to purchase items to create protein boxes for homeless individuals. It is estimated that food boxes will cost approximately \$12 each. We anticipate distribution of 1,000 boxes. 1,000 boxes x \$12 = \$12,000.</p> <p>Additional food boxes will be distributed to single-parent households during summer months. 150 boxes will be distributed at a rate of \$20/ box. 150 boxes x \$20/ box = \$3,000.</p>	

<b>Financial Assistance Category</b>				
<b>*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.</b>				
	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.

<b>A. Program/Service Revenue</b>	
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.	
<b>Service Category:</b> Other Food	
Funding Sources	Amount
Federal Funds	\$
State Funds	\$
City of Tucson Funds	\$
Pima County Funds	\$31,485
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$
Foundation Grants	\$
Fundraising/Donations	\$20,262
Other/In-Kind	\$
FEMA EFSP Request	\$ 15,000
<b>Total Service Funding</b>	<b>\$ 66,747</b>
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	22.5%
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	2.54%

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b> Other Food	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$ 43,299
Professional/Outside Services	\$ 100
Facilities/Occupancy	\$ 5,623
Travel	\$ 550
Other (Specify): Food	\$ 15,000
Other (Specify): Equipment and supplies	\$ 2,175
Other (Specify):	\$
<b>Total Service Expenditures</b>	<b>\$ 66,747</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 37 and as the duly authorized representative of Catholic Community Services of Southern Arizona, Inc. (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: Marguerite D Harmon

Name: Marguerite D. Harmon

Title: Chief Executive Officer

Date: 06/05/2020

LRO ID Number: 027200022

FEIN: 86-0100880

DUNS Number: 114439730000

Address: 140 W. Speedway, Ste 230

City, State, Zip Code: Tucson, AZ 85705

Phone Number: 520-623-0344

Fax Number: 520-770-8514

Email Address: peggccs@ccs-soaz.org

## Notice of Request for Proposals (RFP)



**PIMA COUNTY**

COMMUNITY DEVELOPMENT

Title	FEMA EFSP Phase 37
RFP Number	CDNC-FEMA-EFSP-Phase 37
Program Year	2019/2020
Issue Date	May 20, 2020
Review Meeting	May 29, 2020, 9am
Due Date	June 3, 2020 by 5:00 PM, MST

Submit proposals by email to:

marcos.ysmael@pima.gov

Specify the RFP Number: "CDNC-FEMA-EFSP-Phase 37"  
in the Subject line.

### LATE PROPOSALS WILL NOT BE ACCEPTED

Pima County is soliciting proposals from Respondents who are qualified, responsible and willing to provide services to the community in compliance with all solicitation specifications and requirements contained or referenced herein. Emergency Food and Shelter Program (EFSP) funds are Federal funds made available through the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA).

Download a full copy of this solicitation at

<http://webcms.pima.gov/cms/one.aspx?portalId=169&pageId=24903> by selecting the title "FEMA Phase 37." Respondents are required to check this website for addenda and answers to questions posed prior to the due date to assure that the proposal incorporates all required information.

Proposals must be submitted as defined in this RFP. **Failure to respond completely to the RFP may be cause for rejection of a proposal as non-responsive.** Complete and return all required documents. Respondents are required to read the entire solicitation including all referenced documents; assure that they can and will comply with all requirements associated with this opportunity; and incorporate all costs in the proposals submitted.

Direct questions regarding this opportunity to:

Marcos Ysmael  
801 W. Congress  
Tucson, AZ 85701  
(520) 724-2460  
marcos.ysmael@pima.gov

**Pre-submittal Review Meeting: May 29, 2020, 9am**, Pima County Housing Center, 801 W. Congress St. (space is limited), or Join Microsoft Teams Meeting, +1 213-279-1657, Conference ID: 710 127 282#

**Announcement Published:** *The Daily Territorial*, May 26, 27, 28 and 29, 2020

### **Introduction**

Pima County was selected as a qualifying jurisdiction to receive funding from the Emergency Food and Shelter Program's National Board, which is chaired by the Federal Emergency Management Agency (FEMA). The Emergency Food and Shelter Program (EFSP), created in 1983, supplements and expands the work of local social service agencies which help people with economic emergencies. The original authorizing legislation (Pub. L. 100-77) specifically calls for:

*Sensitivity to the transition from temporary shelter to permanent homes and attention to the specialized needs of homeless individuals with mental and physical disabilities and illness and to facilitate access for homeless individuals to other sources of services and benefits.*

Special emphasis shall be on the identification of and assistance to the elderly, families with children, Native Americans, veterans, and mentally and physically disabled persons. EFSP funds must be used only to supplement existing rent/mortgage, utility assistance and feeding and sheltering efforts.

Pima County's Community Development and Neighborhood Conservation Department (CDNC) has been charged with coordination of the process for distribution of funds to service providers in Pima County.

The FEMA National Board has announced an allocation of \$473,765 for this jurisdiction under the 2019-20 Program Year, known as Phase 37.

Following the due date the Local Board will convene, review the proposals, determine the allocations to be distributed, and submit its local plan to the EFSP National Board.

### **Eligible Program Activities**

The intent of this program is to support the purchase of food and shelter and assistance in the payment of rent/mortgage and utilities, to supplement and expand current available resources. Eligible cost categories are limited to served meals, other foods, mass shelter, other shelter, rent/mortgage assistance, and utility assistance. FEMA EFSP funds are intended to be used to supplement or expand existing programs and services. Funds may not be used as a substitute for other program funds, nor to start a new program. Funds may not be used for emergency assistance for victims of natural disasters.

### **Who Can Apply**

A local organization that meets the following qualifiers is eligible to apply for FEMA EFSP funding.

- Is a nonprofit or an agency of government
- Has a checking account (Cash payments are not allowed.)
- Has an accounting system or fiscal agent approved by the Local Board
- Is not debarred or suspended from receiving Federal funds
- Has a Federal Employer Identification Number (FEIN)
- Has a Data Universal Number System (DUNS) number
- Conducts an independent annual review if receiving \$50,000 to \$99,999 in funding; an independent audit if receiving \$100,000 or more in EFSP funds; and meets single audit requirements at 2 CFR 200 if receiving \$750,000 or more in Federal funding
- Has not received an adverse or no-opinion audit
- Provides services and uses other organization/agency resources in the area in which they are seeking funding
- Practices nondiscrimination
- Has a voluntary board if private not-for-profit
- Involves homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services

### **Proposal Application**

Submit a complete application for each program for which your organization seeks FEMA EFSP funding. Include the organization's name, address, and each program name for which funding is sought.

Phase 37 funding is limited to the categories provided above in **Eligible Program Activities**. A complete proposal will consist of the following items.

- Attachment A. Proposal Cover Sheet
- Attachment B. Proposal Application Form with Narrative and Budget
- Attachment C. Local Recipient Organization (LRO) Certification Form
- Additional documentation as required by application instructions

Each document should be saved as a PDF file, clearly named and attached to the submission email.

### **Proposal Formatting**

Type responses in 12-point font. Avoid expanding space sizes provided. If the proposal is written by hand, print legibly and use blue ink. Proposals must be signed and dated by the Respondent's authorized agent (the person who has the authority to bind the organization; for example, President, Chief Executive Officer).

**FAILURE TO COMPLY WITH SOLICITATION REQUIREMENTS MAY CAUSE A PROPOSAL TO BE REJECTED AS NON-RESPONSIVE.**

### **Selection Process**

CDNC will convene an EFSP Local Board as required by the National Board. The Local Board is to include members of the following groups: Catholic Charities, United Jewish Communities, National Council of the Churches of Christ, The Salvation Army, American Red Cross, and United Way.

The Local Board will convene after the due date for a review session which will be open to respondents and the public. The review session details (date/time/location) will be provided to all applicants via email and will also be posted on County websites and social media pages.

The Local Board will select organizations for funding that:

- Demonstrate the ability to provide food and/or shelter assistance
- Consider needs, resources and gaps in services
- Have the staff and capacity to take on responsibility of the program
- Include homeless individuals and families in providing services
- Have the capacity to maintain records and submit records by their due dates required by the National Board
- Have a financial system appropriate to carry out duties.

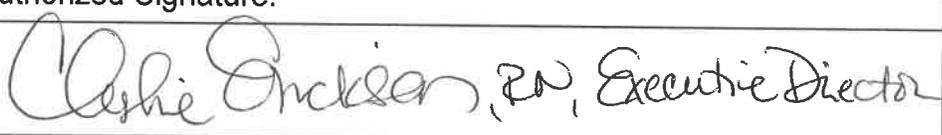
Local funding award decisions are expected to be announced within 20 business days of the award notification.

### **Compliance**

Award notification will be announced to the grant recipients and placed on the website listed above. The Respondents agree to establish, monitor, and manage an effective grant award administration process that assures compliance with all requirements of the Emergency Food and Shelter Program National Board and Local Board.

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: Green Valley Assistance Services, Inc. dba Valley Assistance Services	
Legal Status of applicant (e.g., non-profit corporation, government entity): 501 (C) (3) non-profit	
Address of Organization: 3950 S Camino del Heroe	
Name and Title of contact person for this application: Christine Erickson, Executive Director	
Telephone number: 520-625-5966	Fax number: 520-625-1261
E-mail address: c.erickson@valleyassistanceservices.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	\$
Other Food	\$
Mass Shelter	\$
Other Shelter	\$
Rent/Mortgage Assistance*	\$23,450.00
Utility Assistance*	\$11,550.00
<b>Total Requested</b>	<b>\$35,000.00</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 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: Christine Erickson, BA, RN, Executive Director	
Authorized Signature: 	Date signed: 06/05/2020

## Attachment B Application Form

### I. **Error! Bookmark not defined.**FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$ 35,000.00</b>
Phase 36 Received	\$ 11,500.00
Phase 35 Received	\$ 6,875.00

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.

These funds will be used to provide direct financial assistance to qualifying clients. Two-thirds of the funds will be used to provide direct assistance for rent and mortgage, and one-third for client utility expenses.

Map-a-Plan (MAP) is the only program in the rural area of Southern Pima County to provide homeless prevention & financial assistance to qualified recipients that apply within 3 weeks of being evicted from their housing, and has been providing assistance for over 25 years.

Yes, this program was supported by FEMA funds in the past in phases 35 and 36. The number of clients has grown more than 300% over previous years, up to March of 2020. Since the beginning of the COVID-19 Pandemic, the number of clients has increased over 1200%, compared to the previous year. We supplement FEMA funds with other funds from a local municipal grant, county funds, private foundation funds, and private donations.

### 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
X	

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

Accrual

#### 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.



No. The organization does not conduct an independent annual audit.  
 • Please attach FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

94-2783969

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

Our building is ADA access compliant.

**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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV		Veterans
3	Elderly	2	Racial/Ethnic Minorities		NT (no target population)
	Families with children		Single men		Other targeted populations (specify below):
	Mentally disabled		Single women	1	Single Women with Children

**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.

Valley Assistance and our MAP team continue to maintain strong relationships and collaborations with 14 local non-profits, 11 churches, 8 local government agencies, 4 state government agencies, 2 educational institutions, 3 financial institutions, 4 health service institutions, 3 state associations and community stakeholders. We are particularly proud of the close connections to two Veterans service organizations, the Vietnam Veterans of America and the Military Order of the Purple Heart. Our intake application asks if anyone in the household has served so that we can contact the veteran's group for a quicker turn-around to offer monetary assistance.

We collaborate with the local food banks of Green Valley, Amado, and Sahuarita; St. Vincent DePaul, United Community Health; and the local Salvation Army. The food banks offer referrals for rental/mortgage assistance to the MAP Program.

We participate in monthly meetings of a coalition made up of social service agencies, local businesses, schools, and private foundations, called "Better Together".

Our local salvation army provides assistance for household utilities. We often work together with them to provide wrap-around services for client families.

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).

The MAP program has experienced a 300% increase in clients over the previous year before the COVID-19 Pandemic.

During the COVID-19 Pandemic, the number of clients in the MAP-a-Plan Program has risen by more than 1224% percent from pre-pandemic levels. We expect this number to grow in the coming weeks as people continue to be layed off and furloughed. During the initial weeks of the pandemic, many clients received CARE'S Act Stimulus checks, income tax returns, and lived off savings. Now, going into the third month affected by this situation, and with the federal moratorium on rent and mortgages ending, the number of clients seeking financial assistance will be greatly affected. Because of the uncertainty caused by the COVID-19 Pandemic, we can not predict the level of community need, but based on the census in our program, we predict a substantial rise.

We believe that there will be a second large wave of clients in June and July.

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

MAP-a-Plan is the only homeless-prevention program in rural-southern Pima County, serving the communities of Sahuarita, Green Valley, Arivaca, Amado, and unincorporated areas of Sahuarita, and the rural areas surrounding these communities. Additionally, as part of the the program, VAS offers financial education courses (required for every client in the program), and workforce training (job search assistance, resume/cover letter coaching, etc), and wrap-around resource management, a holistic approach which is unique in our service area. The last year, the MAP Team has seen an over 90% success rate for unemployed clients finding jobs.

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.

Potential Cuts due to COVID-19 Pandemic:

1. Local Benevolent Organization (Country Fair White Elephant), unable to fund because their retail store has been closed. Amount of previous year's award: \$45,000.00.
2. Local Churches: Potential annual loss of \$11,700.00 due to church closure.
3. Limits/Cancellations of fundraising events

Alternative Funding Sources:

1. Extensive grant writing to COVID-19 funds
2. Direct appeals to private foundations/donors
3. New Partnerships/grants with United Way of Tucson and Southern Arizona and Greater Green Valley Community Foundation.

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

Southern-rural portion of Pima County (south of Pima Mine Road to the southern county line, including the town of Sahuarita, unincorporated areas of Sahuarita, Green Valley, Amado, and Arivaca.

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

For rent/mortgage assistance, the number one target population is single women with children, followed by minority families with children. Many of these families have been broken through divorce, one parent leaving, domestic violence, job cuts, health issues, and being caught in a rut in the cycle of poverty. The third largest target population is the elderly. Green Valley is a retirement community, We are seeing more and more single elderly women, who have lost their spouse and the corresponding retirement/social security income. Additionally, people are living longer than their retirement savings.

For utility assistance, the largest groups are female head-of-households, followed married couples. It is now common to see late bills in excess of \$700-900.

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.

We collaborate with all of the HMIS participating agencies and network with them via meetings, workshops, teleconferences, and HMIS meetings. We refer clients to those agencies based on the needs of the client at the time of their homeless situation. We also provide the client with a copy of the "need help" guide to services in Tucson and Pima County and other resources obtained from Arizona Self-Help Website.

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 - Direct Cost	\$	Not applicable			
Mass Shelter - Per Diem	\$	\$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 - Direct Cost	\$				
Served Meals - Per Diem	\$	\$2.00 per meal			

**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.

<b>Other Food Category</b>	
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).	

<b>Financial Assistance Category</b>				
*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	\$23450.00	22	\$1050/month	22
Utility	\$11550.00	16	\$700/month	16

**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 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.	
<b>Service Category: Financial Assistance</b>	
Funding Sources	Amount
Federal Funds	\$
State Funds	\$
City of Tucson Funds	\$
Pima County Funds	\$76950
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$
Foundation Grants	\$25000
Fundraising/Donations	\$73550
Other/In-Kind	\$5000
FEMA EFSP Request	\$35000
<b>Total Service Funding</b>	<b>\$211000</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	<b>16.6</b> %
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	<b>6.9</b> %

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category: Financial Assistance</b>	
<b>Line Item Budget Categories</b>	<b>Total Service Budget</b>
Personnel/Employee Related Expenses	\$54920
Professional/Outside Services	\$2000
Facilities/Occupancy	\$9450
Travel	\$800
Other (Specify):Funds Provided for Clients	\$142000
Other (Specify):Materials/Supplies	\$980
Other (Specify):Staff Development	\$850
<b>Total Service Expenditures</b>	<b>\$211000</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 37 and as the duly authorized representative of Green Valley Assistance Services, Inc. (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 EFSP compliance exceptions in this or any other jurisdiction.

Signature: Christine Erickson, BA, RN, Executive Director

Name: Christine Erickson, BA, RN

Title: Executive Director

Date: 06/05/2020

LRO ID Number: 027200-046

FEIN: 94-2783969

DUNS Number: 149087710

Address: 3950 S Camino del Heroe

City, State, Zip Code: Green Valley, AZ 85614

Phone Number: 520-625-5966

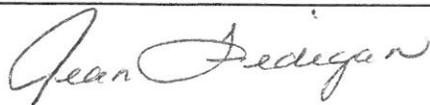
Fax Number: 520-625-1261

Email Address:

c.erickson@valleyassistanceservices.org

**Proposal Application**

**Attachment A Cover Sheet**

Legal name of the organization (or individual) submitting this application: Sister Jose Women's Center	
Legal Status of applicant (e.g., non-profit corporation, government entity): Non-profit 501(c)(3)	
Address of Organization: 1050 S. Park Ave., Tucson, AZ 85719	
Name and Title of contact person for this application: Jean Fedigan, Executive Director	
Telephone number: 520-954-3373	Fax number: NA
E-mail address: execdirector@sisterjose.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	\$18,400
Other Food	\$
Mass Shelter	\$57,025
Other Shelter	\$
Rent/Mortgage Assistance*	\$
Utility Assistance*	\$
<b>Total Requested</b>	<b>\$75,425</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 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: Jean Fedigan	
Authorized Signature: 	Date signed: 6/2/2020

## Attachment B Application Form

### I. Error! Bookmark not defined.FEMA EFSP FUNDING HISTORY

<b>Phase 37 Request</b>	<b>\$75,425</b>
Phase 36 Received	\$15,000
Phase 35 Received	\$ 0

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.

Phase 37 funding will be used to support the meals (breakfast and dinner) and overnight shelter provided to homeless women from Jan 1, 2020 to June 30, 2020. During that time, 9200 meals will be served, and 4562 mass shelter spaces will be filled. In Phase 36, SJWC was funded for meals; this was our first year requesting assistance from FEMA. This year, we are requesting support of mass meals and shelter. Lunch sacks provided by Caridad Community Kitchen are not included in this count or proposal.

### 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
X	

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

Excel Spreadsheet

#### 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.

**Accountant's Compilation Report and Consolidated Financial Statements – Regier Carr & Monroe, LLP, CPAs**

- No.** The organization does not conduct an independent annual audit.
- Please **attach** FY2019-20 internal agency budget and year-to-date financial statements to your submission.

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

46-1290517

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

SJWC follows ADA guidelines for facility access

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 the "NT" code.

	People with substance use disorder		Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV		Veterans
3	Elderly		Racial/Ethnic Minorities		NT (no target population)
	Families with children		Single men		Other targeted populations (specify below):
2	Mentally disabled	1	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.

Sister Jose Women’s Center (SJWC) offers itself as a hub for homeless service providers to reach out to women experiencing homelessness in the Tucson area. It collaborates with complementary agencies that offer core services, including housing, DES, behavioral and medical health assistance, and employment. Free office space is provided to any agency that becomes a scheduled partner in our daytime program. In 2019, agencies included Blake Easterseals, Old Pueblo Community Services (OPCS), PPEP Integrated Care, El Rio Health, Amerigroup, Pima County Library, Pima Animal Care Center (PACC), La Frontera, and Catholic Community Services (CCS). SJWC administrators provide case management to women and guide women seeking employment to an appropriate employment service, such as, DK Associates, Sullivan-Jackson Employment Center, and AZ@Work. Women who are actively engaged with employment services are a priority in the overnight program; SJWC recognizes the absolute necessity of stable and safe overnights for women seeking employment. SJWC enter women into the Homeless Management Information System (HMIS) as part of the TPCH Continuum of Care (CoC). It also participates in the City of Tucson’s Dignity in Work program in collaboration with OPCS, CCS, and PACC. The Southwest Institute for Research on Women (SIROW) has been a longtime collaborative partner. Together we completed an intensive Community Assessment which became a white paper on women and homelessness, developed the CREATE Program which has been a successful empowerment program, and developed instruments for program evaluation. Caridad Community Kitchen, the Food Bank of S. Arizona, the Midwest Food Bank, and the Community Food Bank Food Resource Program have all been vital support of the meal services provided at SJWC by helping reduce the cost of food prepared for the day and overnight programs.

SJWC has a close relationship with Tucson's faith community, civic organizations, and some locally owned businesses. The generosity of the Tucson community has allowed SJWC to own its property and building debt-free.

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).

The demand for services for women experiencing homelessness and extreme poverty in our community continues to rise. SJWC operates at maximum capacity in its daytime and overnight shelter programs. In 2019, there was a 6% increase in daytime visits resulting in 26,572 visits representing 1326 unduplicated women (this is a 10% increase over 2018.) The overnight shelter was filled to capacity at 12,815 overnights (3% increase). Every night women were turned away, there are simply not enough shelter spaces available to women in our community, and especially for those who wish to be separate from the men who so often represent a daily threat to women. As the streets become more dangerous, more women seek gender-specific services where they can let down their guard and recuperate from the stressors of homelessness. Last week, the police dropped off a woman who had been raped by two men and left at a dumpster – this woman is not going to feel safe at a coed facility where she may encounter the perpetrators or be triggered by a predominantly male presence.

THE SJWC administrative team and BOD are planning for the upcoming fiscal year knowing that business as usual is no longer a safe option. SJWC relies on volunteers to operate all aspects of its programs but only 10% are willing to serve during the pandemic, many have resigned permanently. SJWC is not budgeted to replace vital volunteer labor with paid workers. It has applied for funding to re-purpose space for social distancing, medical isolation, and safety and hopes to start on construction July 2020. When the funding for hotel rooms for homeless persons ends, SJWC expects a huge increase in demand for its day and overnight services. Rising unemployment and business closures will increase the number of evictions, especially when the moratorium on evictions is lifted in July. The short- and long-term effects of COVID-19 on the extremely poor in our area will be profound, as the most vulnerable always suffer the greatest harm.

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

SJWC is the gateway from the streets, alleys, and arroyos for Tucson's most vulnerable women, including women of color, LGBTQ, the elderly, mentally ill, medically disabled, and chronically abused. It fills the gap between street survival and housing stability. Unsheltered homeless women can be categorized by needs; some are temporarily homeless and need short-term assistance, some are the "hidden homeless" who find temporary shelter by couch-surfing, motel stays, living in their cars, etc.; and others are the chronically homeless who experience episodic housing or acclimate completely to unsheltered life and expect nothing more for themselves. SJWC has a deep dedication to the last group, those women who have the least, and it anticipates that this group will need its services more than ever. It will provide for women's survival needs, restore basic human dignity with hot showers, clean clothes, healthy meals, and a compassionate community. The hidden homeless will benefit from SJWC's respite services and will be more likely to complete on-site intakes and enrollment in benefits with trusted staff members with whom a relationship has begun. This environment of belonging and personal safety allows women to relax their guard and make progress. The CREATE Program will offer short workshops, computer assistance for benefit enrollment, and assertive case management for setting simple goals and step-by-step progress towards a more sustainable and less vulnerable life.

Another gap is the reluctance of outside service providers to return to the center to meet in-person with women. Some of our collaborating partners have said that they will serve remotely at least until January 2021. For the homeless, remote services are extremely difficult because they have little access to the internet or technology, keeping appointments are challenging for those who do not keep time by the hour or even the day, and the impersonality of remote contact can trigger paranoia and distrust. SJWC has also found that the experience and dedication of outside case managers sent to do outreach is lacking and piecemeal. Many women we serve come daily so keeping in contact is not as problematic as it is for outside agencies and the relationships built here are more stable. To better serve our clients and increase the likelihood that they will enter the Continuum of Care to become stable and housed, SJWC must hire a program dedicated case manager to move women daily survival to housing stable.

Lastly, there is a huge gap regarding our volunteer pool, most of whom are elderly and medically vulnerable to COVID. Less than 10% reported to the center in May, and only a few more have expressed willingness to return before testing and tracing become standard practice in Arizona. To fill this gap, SJWC must hire 4.2 FTE to monitor the overnight program if it is to operate at all. The extreme need of unsheltered visitors requires that it add a full-time case manager to work with SJWC administrators who perform this function presently. The risks and needs of chronically homeless women who have not been able to access the programs offered during this crisis are far greater and more difficult to assist than previously. The added trauma of COVID has made these women more vulnerable and at-risk. The higher the risk, the greater the needs and challenges.

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.

The coronavirus pandemic is expected to have a greater negative impact on nonprofits than the Great Recession in 2008 when charitable giving dropped 7% in 2008 and 6.2% in 2009. According to *Marketwatch*, a 7% drop can be fatal for a nonprofit that runs a tight budget and has little cushion. No one knows the extent of economic damage resulting from COVID-19 but with 40 million unemployed and untold business failures in the future, SJWC anticipates that people who usually donate will take a defensive position and wait to see if donating is prudent. Another huge casualty of the pandemic is volunteering. According to *Fidelity Charitable*, "Nearly half (47 percent) of recent volunteers believe the amount of time they volunteer will decrease or stop entirely because of the pandemic. Older volunteers say that their volunteering will decrease (61 percent of Silent Generation and 57 percent of Baby Boomers)" SJWC relies heavily on volunteer hours for operations and leveraging grants with in-kind donations of hours volunteered. Less than 10% of its volunteers feel able to serve at this point with many saying they will never return. It is critical that SJWC be able to hire employees to serve in the capacities once served by its team of 260 volunteers! Social distancing threatens the fund-raising events that excite donors and bring in a reliable cash flow. SJWC has a fall event that typically raises \$40,000; that event is uncertain due to COVID-19. SJWC has recently applied for COVID funding through Pima County ZOOM Grants for programs and facilities. It recently was awarded a grant from AZ Complete Health, The Community Foundation of S. AZ, and the Community Foundation (Phoenix). The Arizona State Tax credit continues to be a successful source for private donations.

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

SJWC is located south of Tucson's downtown area. Women come to its center from all areas in the city limits and outside unincorporated areas. It sees women from the nearby reservations, and towns in Southern Arizona, like Sierra Vista and Green Valley. SJWC does not limit its services to any geographic region.

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

SJWC is a low barrier center for all women experiencing homelessness or extreme poverty. All programs are available to all women. It serves homeless women between the ages of 18 and end-of-life. In the first quarter of 2020:

- 43% were chronically homeless
- 51% had serious mental illness
- 38% had a medical disability and 23% had a physical disability
- 56% were survivors of domestic violence and 20% were fleeing their abuser
- 23% Hispanic, 59% White (including Hispanic), 13% African American/Black, 10% multi-racial, 7% Native American, 25 each for Asian and Pacific Islander
- 13% ages 62 or over

Data is self-reported and may account for lower actual numbers for issues that might be painful or embarrassing. SJWC has found that overtime more is revealed as women come to feel safe and valued.

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.

SJWC works together with other agencies through the personal relationships that develop between individuals committed to human services and the dignity of all people. Its stable staff allows it to grow and maintain relationships that last for many years and form an informal collaboration between dedicated professionals and their agencies. As shown in answer #1, SJWC does not duplicate services provided by outside agencies, including those who are part of TPCH. Past practice has been to offer gratis office space to any agency seeking to bring their services to where homeless women already congregate. SJWC works together with behavioral health, housing, employment, and specialty services to ease the process of intake, enrollment, and assessment for eligible programs for women who would be otherwise overwhelmed or unable to complete the process on their own. Administrative staff, acting as case managers, advise and encourage guests to actively engage with outside service agencies and organizations offering women safe guaranteed nights as an incentive for engagement whether it is completing a VI-SPDAT with OPCS, meeting El Rio staff in our library, seeking employment assistance with Easterseals, or using a bus pass to go to Trinity Presbyterian Church for help in signing up for DES.

SJWC practices trauma-informed care using a gentle hand-off from its staff to the appropriate agency which recognizes the deep level of over-lapping traumas and fear experienced by homeless women. SJWC works with the TPCH Continuum of Care, submits guest data into the HMIS system and assess guests for the VI-SPDAT.

<b>Other Food Category</b>	
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).	

<b>Financial Assistance Category</b>				
*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.

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	\$ 57,025	\$12.50	4562	0	165
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 - Direct Cost	\$				
Served Meals - Per Diem	\$18,400	\$2.00 per meal	9200	0	600

**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.

**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 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.	
<b>Service Category: Food</b>	
Funding Sources	Amount
Federal Funds - FEMA	\$7,500
State Funds	\$0
City of Tucson Funds	\$0
Pima County Funds - pending	\$5,000
Arizona Health Care Cost Containment System	\$0
Pima Council on Aging	\$0
Title XX	\$0
United Way	\$0
Program Revenues/Client Fees	\$0
Foundation Grants	\$3,000
Fundraising/Donations	\$18,956
Other/In-Kind (Volunteer Kitchen manager)	\$43,056
FEMA EFSP Request	\$18,400
<b>Total Service Funding</b>	<b>\$95,912</b>
What percentage of your Program budget is the FEMA funding request?  <i>Example: Motel Voucher Program:  \$8,000 FEMA FUNDING REQUEST  \$2,000 PRIVATE FUNDS  \$10,000 = 80% of Program Budget</i>	<b>19%</b>
What percentage of your overall Agency Budget is the FEMA funding request?  <i>Example:  \$250,000 AGENCY BUDGET  \$8,000 FEMA FUNDING REQUEST  = 3% of Overall Agency Budget</i>	<b>2%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b>	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$56,929
Professional/Outside Services – pest control	\$360
Facilities/Occupancy	\$5730
Operating Costs: maintenance & repairs, liability insurance, equipment, office supplies, capital equipment replacement fund	\$8000
Other (Specify): 2% Administrative	\$1920
Other (Specify): Food	\$25,000
Other (Specify):	
<b>Total Service Expenditures</b>	<b>\$95,912</b>

**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 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.	
<b>Service Category: Shelter</b>	
Funding Sources	Amount
Federal Funds	\$0
State Funds	\$0
City of Tucson Funds	\$0
Pima County Funds	\$2251
Arizona Health Care Cost Containment System	\$0
Pima Council on Aging	\$0
Title XX	\$0
United Way	\$0
Program Revenues/Client Fees	\$0
Foundation Grants	\$0
Fundraising/Donations	\$0
Other/In-Kind – Volunteer hours	\$85,394
FEMA EFSP Request	\$57,025
<b>Total Service Funding</b>	<b>\$144,670</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	<b>39%</b>
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	<b>7%</b>

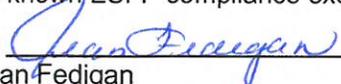
<b>B. Program/Service Expenditures</b>	
Indicate budgeted expenditures for this program year for each service for which FEMA EFSP Phase 37 funds are requested. TOTAL AGENCY BUDGETS ARE NOT ACCEPTABLE.	
<b>Service Category:</b>	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$117,447
Professional/Outside Services	\$360
Facilities/Occupancy	\$10,027
Operating Costs: Liability insurance, capital equipment replacement fund, maintenance/repairs, equipment, office supplies	\$14,000
Other (Specify):2% Administrative costs	\$2837
Other (Specify):	\$0
Other (Specify): Pest Control	\$0
<b>Total Service Expenditures</b>	<b>\$144,670</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 37 and as the duly authorized representative of Sister Jose Women's Center (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: Jean Fedigan

Title: Executive Director

Date: June 3, 2020

LRO ID Number:

FEIN:46-1290517

DUNS Number: 080510029

Address: 1050 S. Park Ave.

City, State, Zip Code: Tucson, AZ 85719

Phone Number: 520-954-3373

Fax Number: NA

Email Address:

execdirector@sisterjose.org

**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*	\$
<b>Total Requested</b>	<b>\$19,764</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 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.

<b>Error! Bookmark not defined.Shelter Category</b>					
	<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>
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.

<b>Food (Served Meals/Mass Feeding) Category</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
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.

<b>Other Food Category</b>	
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).	

<b>Financial Assistance Category</b>				
*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.				
	<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 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.	
<b>Service Category:</b>	
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
<b>Total Service Funding</b>	<b>\$167,930</b>
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	<b>12%</b>
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	<b>.004%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category:</b>	
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):	\$
<b>Total Service Expenditures</b>	<b>\$67,820</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 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),
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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