

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 th 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) 882-5479
E-mail address: cdirrim@primavera.org	
Indicate the amount of FEMA EFSP Phase CARES funds you are requesting for each service category. Phase CARES 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	\$ 20,000
Rent/Mortgage Assistance*	\$
Utility Assistance*	\$
Total Requested	\$ 20,000
* 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, CEO	
Authorized Signature: 	Date signed: 6/4/2020

Attachment B Application Form

I. FEMA EFSP FUNDING HISTORY

Phase CARES Request	\$ 20,000.00
Phase 36 Received	\$ 71,362.00
Phase 35 Received	\$ 70,940.00

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.

Primavera will utilize funds to provide food and emergency shelter using Motel Vouchers during the COVID-19 crisis. Shelter services will be prioritized for families, couples, and individuals who are not eligible for the community hotel shelters for high-risk and symptomatic persons and who cannot access other emergency shelters operated by community providers.

Motels vouchers will be available for families with minor children, single unaccompanied women, couples without children, and single men, including those with physical and/or mental health disabilities. Emergency shelter will be provided without requiring preconditions and barriers to entry such as income, sobriety, or treatment, and will include wrap around support services to connect participants with mainstream resources including housing, according to their needs and goals. Shelter through motel vouchers will be provided in one-week increments which may be renewed.

Primavera's Emergency Motel Program has been funded by FEMA in the past, however, not for this specific purpose or population.

II. ORGANIZATION ELIGIBILITY CRITERIA

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

- | | |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Government Agency (public entity) |
| <input checked="" type="checkbox"/> | Private Nonprofit (501(c)(3) or 501(c)(4)) <ul style="list-style-type: none"> • 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 made regarding 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)

- | | |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | 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?

Primavera will contract with motel providers who offer accessible rooms to accommodate 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
	Elderly		Racial/Ethnic Minorities		NT (no target population)
1	Families with children		Single men	3	Other targeted populations (specify below):
	Mentally disabled	2	Single women		Mentally and physically disabled adults and elderly men experiencing homelessness

IV. NARRATIVE

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

- 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, 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 service demand experienced since January 27, 2020 as a result of the COVID-19 pandemic and subsequent closures, (for example, number of requests or types of clients).

As a result of the COVID-19 pandemic, Primavera's Men's Emergency Shelter had to reduce capacity from 80 to 40 to provide safe distancing and meet other recommendations from local and CDC guidance. In addition, all of Primavera's other housing options are at maximum capacity.

Primavera has continued to provide direct services to people experiencing homelessness during the pandemic through our two drop-in centers and our shelter services. The facilities and services have been adapted to follow CDC guidelines for programs serving people experiencing homelessness.

Primavera's Homelessness Intervention and Prevention (HIP) drop-in center also serves as a community access point for the coordinated entry system, including the community shelter hub. We know through that source of the need for additional shelter in the community to provide safe space to families, individuals, and couples, and respite from the summer heat.

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

COVID-19 has presented a major health risk for Primavera's participants and all those experiencing homelessness in the community. Those living in congregate shelter settings are particularly at risk due to the proximity of sleeping and dining arrangements. Those experiencing poverty and homelessness may also have limited access to preventive resources, and lack of access to health care. Those who are unsheltered (often times having other serious, chronic conditions) are especially at risk. In response to this need, Primavera continues to offer the emergency Motel Voucher program. The Motel Voucher Program addresses a gap in the community by:

- Offering emergency shelter in the form of motel 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.

The Motel Voucher Program through CARES funding is in addition to funding for services provided through Primavera's current continuum of services.

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

Motel voucher services are available for those residing within Tucson and Pima County.

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

The target population is vulnerable adult individuals and families experiencing homelessness who are especially vulnerable to COVID-19 and/or who do not meet the criteria for mass shelter or are on waiting lists for shelter or Rapid Rehousing, and/or who are being sheltered for quarantine or isolation during the COVID-19 outbreak in Pima County.

7. Please discuss how your program collaborates with other local pandemic response efforts.

Primavera has participated in the community coordinated Shelter Providers zoom meetings since their inception on March 17, and works closely with the efforts coordinated through that group. Currently, Primavera has contracted with the City of Tucson to provide case management and supportive services to a portion of the participants residing in one of the community hotels for people who are at high risk of contracting COVID-19. At this time, the City and County are considering how much longer that hotel shelter option will be provided. Primavera received crisis funding through the Arizona Dept. of Housing to provide hotel/motel vouchers during the COVID-19 crisis. However, these vouchers are nearly utilized and will expire on June 30, 2020.

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	\$ 20,000.00	Not applicable	300	5	25

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. <i>This amount may change when the award is finalized.</i>
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. <i>This amount may change when the award is finalized</i>
Column C	State the total number of meals served with FEMA funds (Columns A ÷ B = C).
Column D	Indicate the number of rural clients to be served with FEMA request.
Column E	State the total number of clients to be served (include rural clients reported in Column D) with FEMA request.

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

Financial Assistance Category				
*Note: All local providers for emergency rent/mortgage and utility assistance must utilize Pima County's Emergency Services Network (ESN) to ensure no duplication of assistance occurs.				
	A	B	C	D
Financial Assistance Category	FEMA Funds Requested	Number of Households Served	Average Bill	Number of Rural Households Served
Rent/Mortgage	\$		\$	
Utility	\$		\$	

GUIDANCE: Financial Assistance Category

Column A: Indicate the amount of FEMA funds you are requesting.

Column B: Indicate how many households (including rural households) are projected to be served with FEMA EFSP funds.

Column C: State the amount of the average bill expected to be paid (Columns A ÷ B = C).

Column D: Indicate how many rural households are projected to be served with this FEMA request.

Program/Service Revenue & Expenditures

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

A. Program/Service Revenue	
Provide budgeted revenues for this program year for each service for which FEMA EFSP Phase CARES funds are requested. At the bottom of the table, indicate the percent of the total program revenues that will be met with FEMA assistance.	
Service Category: Other Shelter	
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	\$20,000.00
Total Service Funding	\$419,354.25
What percentage of your Program budget is the FEMA funding request? <i>Example: Motel Voucher Program:</i> \$8,000 FEMA FUNDING REQUEST <u>\$2,000 PRIVATE FUNDS</u> \$10,000 = 80% of Program Budget	5%
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	.3%

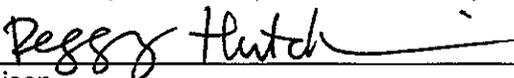
B. Program/Service Expenditures	
Indicate budgeted expenditures for this program year for each service for which FEMA EFSP Phase CARES funds are requested. TOTAL AGENCY BUDGETS ARE NOT ACCEPTABLE.	
Service Category: Other Shelter	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$180,970.34
Professional/Outside Services	\$0
Facilities/Occupancy	\$10,286.48
Travel	\$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): Office supplies	\$500
Other (Specify):Participant cleaning supplies	\$1,700.00
Kitchen Supplies	\$2,100.00
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
Total Service Expenditures	\$419,354.25

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 CARES and as the duly authorized representative of _____ (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 FEMA Phase CARES 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, 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: Peggy Hutchison

Title: Chief Executive Officer Date: 6-3-20

LRO ID Number: 027200008 FEIN: 86-0733182 DUNS Number: 48847700

Address: 151 W. 40th Street

City, State, Zip Code: Tucson, AZ 85713

Phone Number: <u>520-8825383</u>	Fax Number: <u>520-882-5479</u>	Email Address: <u>phutchison@primavera.org</u>
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