

**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 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	\$30,000
Mass Shelter	\$
Other Shelter	\$
Rent/Mortgage Assistance*	\$61,200
Utility Assistance*	\$21,600
<b>Total Requested</b>	<b>\$112,800</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 CARES Request</b>	<b>\$ 112,800</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. We are also requesting funds to supplement our grocery delivery program, which assists those who are particularly vulnerable to COVID-19.

### 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"> <li>• If your agency has not previously received FEMA funds, <b>attach</b> the Federal tax exempt letter to your submission.</li> </ul> |

#### 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)

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <b>Yes.</b> Indicate below the CPA firm that conducted the organization's most recent financial audit and the time period covered by the audit. <ul style="list-style-type: none"> <li>• If the agency has not received FEMA funding in the last 5 years, <b>attach</b> a copy of the organization's most recent audit to your submission.</li> </ul> |
|-------------------------------------|---|

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

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>No.</b> The organization does not conduct an independent annual audit. <ul style="list-style-type: none"> <li>• Please <b>attach</b> FY2019-20 internal agency budget and year-to-date financial statements to your submission.</li> </ul> |
|--------------------------|---|

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

### 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 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).

In response to the COVID-19 pandemic, we saw increased need for emergency financial assistance among the entire Tucson community. We applied for and received support from the Tucson Foundations to expand our program to be able to assist those in the general population who have been impacted by COVID-19, but this funding is limited.

In addition, we observed a need for grocery delivery among our clients, particularly those who are older adults or who have health conditions that make them particularly vulnerable to the virus. We have succeeded in delivering groceries, and will be able to deliver more food if we secure more funding.

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.

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.

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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.

JFCS has been fortunate in avoiding funding cuts during the pandemic. When our funding from the Tucson Foundations runs out, however, we will be unable to continue providing financial assistance to the general community.

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

JFCS serves the entire Pima County, Arizona community.

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

Rent/mortgage and utility assistance will be available to any low-income individual or family affected by COVID-19 who cannot afford these expenses.

Other Food will provide grocery delivery service to those who are particularly vulnerable to the virus, such as older adults or those with health conditions.

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

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. ***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:	\$30,000
Indicate the number of rural clients to be served with FEMA request.	0
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 style="color: blue;">\$30,000 will serve approximately 200 clients at \$150 per shopping trip.</p>	

<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 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.	
<b>Service Category: Other Food</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	\$30,000
Fundraising/Donations	\$
Other/In-Kind	\$
FEMA EFSP Request	\$30,000
<b>Total Service Funding</b>	<b>\$60,000</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>50%</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>1.14%</b>

<b>B. Program/Service Expenditures</b>	
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.	
<b>Service Category: Other Food</b>	
<b>Line Item Budget Categories</b>	<b>Total Service Budget</b>
Personnel/Employee Related Expenses	\$4,500
Professional/Outside Services	\$1,200
Facilities/Occupancy	\$200
Travel	\$500
Other (Specify):	\$
Other (Specify):	\$
Other (Specify):	\$
<b>Total Service Expenditures</b>	<b>\$6,400</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 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.	
<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 CARES 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 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.	
<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 CARES funds are requested. TOTAL AGENCY BUDGETS ARE NOT ACCEPTABLE.	
<b>Service Category: Utilities</b>	
Line Item Budget Categories	Total Service Budget
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>