


Proposal Application

Attachment A Cover Sheet

Legal name of the organization (or individual) submitting this application:	
Legal Status of applicant (e.g., non-profit corporation, government entity):	
Address of Organization:	
Name and Title of contact person for this application:	
Telephone number:	Fax number:
E-mail address:	
Indicate the amount of FEMA EFSP Phase 40 funds you are requesting for each service category. Phase 40 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*	\$
Utility Assistance*	\$
Total Requested	\$
<small>* 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.</small>	
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:	
Authorized Signature:	Date signed:
	

Attachment B Application Form

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

Phase 40 Request	\$
Phase 39 Received	\$
Phase 38 Received	\$

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.

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.

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** FY2020-21 internal agency budget and year-to-date financial statements to your submission.

4. Federal Employer Identification Number (FEIN)

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

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.

1	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)
	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.

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).

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

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.

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

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

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.

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. <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>	\$	\$3.00 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 40 funds are requested. At the bottom of the table, indicate the percent of the total program revenues that will be met with FEMA assistance.	
Service Category:	
Funding Sources	Amount
Federal Funds	\$
State Funds	\$
City of Tucson Funds	\$
Pima County Funds	\$
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$
Foundation Grants	\$
Fundraising/Donations	\$
Other/In-Kind	\$
FEMA EFSP Request	\$
Total Service Funding	\$
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. Program/Service Expenditures	
Indicate budgeted expenditures for this program year for each service for which FEMA EFSP Phase 40 funds are requested. TOTAL AGENCY BUDGETS ARE NOT ACCEPTABLE.	
Service Category:	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$
Professional/Outside Services	\$
Facilities/Occupancy	\$
Travel	\$
Other (Specify):	\$
Other (Specify):	\$
Other (Specify):	\$
Total Service Expenditures	\$

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 40 and as the duly authorized representative _____ (Organization of 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: Ed Sakwa
 Title: _____ Date: _____
 LRO ID Number: _____ FEIN: _____ DUNS Number: _____
 Address: _____
 City, State, Zip Code: Tucson, Arizona, 85716
 Phone Number: _____ Fax Number: _____ Email Address: _____