

Proposal Application

Attachment A Cover Sheet

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

Attachment B Application Form

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

Phase 37 Request	\$ 14,000
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. <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>	\$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. <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 37 funds are requested. At the bottom of the table, indicate the percent of the total program revenues that will be met with FEMA assistance.	
Service Category:	
Funding Sources	Amount
Federal Funds	\$
State Funds	\$
City of Tucson Funds	\$
Pima County Funds	\$
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$
Foundation Grants	\$ 3,000
Fundraising/Donations	\$ 157,000
Other/In-Kind	\$ 56,000
FEMA EFSP Request	\$ 14,000
Total Service Funding	\$ 230,000
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	6%
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	0.6%

B. Program/Service Expenditures	
Indicate budgeted expenditures for this program year for each service for which FEMA EFSP Phase 37 funds are requested. TOTAL AGENCY BUDGETS ARE NOT ACCEPTABLE.	
Service Category:	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$
Professional/Outside Services	\$
Facilities/Occupancy	\$
Travel	\$
Other (Specify): Annual Food Costs for the Program	\$ 97,584
Other (Specify):	\$
Other (Specify):	\$
Total Service Expenditures	\$ 97,584