

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 102	Fax number: 520-623-2065
E-mail address: cynthiaduncan@thehaventucson.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	\$59,292
Other Food	\$
Mass Shelter	\$
Other Shelter	\$
Rent/Mortgage Assistance*	\$
Utility Assistance*	\$
Total Requested	\$59,292
* 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 4 2020

Attachment B Application Form

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

Phase CARES Request	\$59,292
Phase 36 Received	\$ 14,500
Phase 35 Received	\$ 10,000

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.

Some of our clients have young children who live with their mothers during their treatment. Other children visit at the weekends. Children are often unexpected, and the Haven receives no funding for them. The Haven will use this funding to purchase food and prepare it in our facility kitchen or food will be distributed to clients to prepare in independent housing. Since AHCCCS recently removed room and board from the Residential formulary, except for priority population, The Haven receives no support for food for non-priority clients.

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.

The Haven practices non-profit Fund Accounting using the accrual basis of accounting. Quickbooks is used for tracking and The Haven has a financial audit, annually.

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.
<ul style="list-style-type: none"> • 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. |
|-------------------------------------|--|

Roberts/Alexonis Group

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

4. Federal Employer Identification Number (FEIN)

23-7112026

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

The Haven meets all ADA building requirements. Additionally, we have a Quality Management/Performance improvement Committee that evaluates the Accessibility Plan annually.

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	3	Native Americans		Unaccompanied minors
	Domestic violence victims		People with AIDS/HIV		Veterans
	Elderly		Racial/Ethnic Minorities		NT (no target population)
	Families with children		Single men	2	Other targeted populations (specify below):
	Mentally disabled		Single women		Pregnant 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 Haven contracts with AHCCCS providers (AZCH, Banner University Family Care, Optum/UHC), Pima County Adult Probation, U.S. Federal Pretrial Services, Indian Health Services, Tohono O’odham Nation, Pascua Yaqui Tribe, and DTAP. The Haven also has relationships with the Community Food Bank, United Way of Southern Arizona, Pima County, and Tucson as well as other charitable non-profit organizations.

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 the occurrence of mental health problems, domestic violence, and substance misuse are on the rise. The numbers will include both pre-and post pandemic: pre pandemic, 44% (of 6.5m psychologically distressed adults) sought mental health counselling. With post-pandemic–related increased unemployment, with decreased medical insurance coverage, and with decreased ability to cope with life’s necessities like rent and food, this 44% may increase exponentially, possibly doubling to 88%. Already, we have seen an increase in the number of women seeking our services due to developing a substance misuse order, relapsing, or a current problem worsening due to the stress and uncertainty caused by the pandemic.

An increase in the number of women seeking our services also means an increase in the number of children on property. Double the number of women seeking services could as much as triple the number of children.

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.

The Haven serves women only and their children (up to the age of 12) can live on property during their mother's treatment. Children of all ages visit on the weekend. The Haven receives no additional funding or compensation for housing for feeding children and infants

We have seen an increase of women and their children needing our services as the rate of mental health and substance misuse issues rise due to the mental trauma caused by the pandemic. National, state, and local predictions are for a massive increase: quite simply, more women receiving residential services at The Haven means more children for which we receive no funding.

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 insurances (AZCH, United, Banner) are the main payers for AHCCCS/Medicaid clients. Two of these insurers have already removed the bed and board component of the payment. Further, we expect that the State's revenues will decline such that there may be further cuts to reimbursement for services to Medicaid clients (i.e., our population). The Haven accesses all other opportunities for funding, such as the Community Foundation of Southern Arizona, Southern Arizona Women's Foundation and, historically, The Haven has taken part in the 'Harvest' program to access unused/surplus restaurant foods

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

Almost all of The Haven's clients come from Pima County, which includes the Tohono O'odham and Pascua Yaqui nations. We occasionally get clients from the surrounding counties in AZ as well as from out of state

6. Briefly describe the target population for each service for which you are requesting FEMA EFSP CARES 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 local pandemic response efforts.

Due to the mental and financial stresses induced by the pandemic, crime (car break ins for example) has already increased. Homelessness, hopelessness, and substance use are correlated with crime. Pima County, the City of Tucson, and the Tucson Planning Council for the Homeless have goals of reducing homelessness and crime – and the Haven addresses the third leg of the stool: substance use. Treating addiction will help reduce or remove homelessness and crime. We also work closely with other local behavioral health agencies to coordinate mental health and substance misuse services. 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.

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>	\$59,764	\$2.00 per meal	29,646		162 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. <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:	
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	\$59,292
Total Service Funding	\$207,458
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	28.6%
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	1.2%

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:	
Line Item Budget Categories	Total Service Budget
Personnel/Employee Related Expenses	\$43,264
Professional/Outside Services	\$
Facilities/Occupancy	\$5,800
Travel	\$
Other (Specify): disposable utensils	\$18,756
Other (Specify):	\$
Other (Specify):	\$
Total Service Expenditures	\$67,820