

Proposal Application

Attachment A Cover Sheet

Legal name of the organization (or individual) submitting this application: Interfaith Community Services	
Legal Status of applicant (e.g., non-profit corporation, government entity): Nonprofit corporation	
Address of Organization: 2820 W. Ina Road, Tucson, AZ 85741	
Name and Title of contact person for this application: Tom McKinney, Chief Executive Officer	
Telephone number: 520-526-9292	Fax number: 529-797-3029
E-mail address: tmckinney@icstucson.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	\$
Rent/Mortgage Assistance*	\$65,000
Utility Assistance*	\$
Total Requested	\$65,000
* 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:	
Tom McKinney	
Authorized Signature:	Date signed:
	June 1, 2020

Attachment B Application Form

I. FEMA EFSP FUNDING HISTORY

Phase CARES Request	\$ 65,000
Phase 36 Received	\$ 27,500
Phase 35 Received	\$ 26,535

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.

This award will allow ICS to help an additional **86 households** in Pima County with one-time rent or mortgage assistance, expanding the existing Emergency Financial Assistance program. These funds will help clients avoid homelessness due to their inability to pay rent or mortgage as a result of COVID-19 closures and furloughs. ICS offers financial skill workshops and employment services to those we serve, including clients in this program. ICS has received FEMA funds for this program since 2008, thank you!

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.

ICS utilizes Quickbooks accounting system to track grant funded expenditures and revenues, and conducts an annual audit.

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. |
|-------------------------------------|---|

HBL CPAs, P.C., July 1, 2018 to June 30, 2019

- | | |
|--------------------------|---|
| <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)

86-0520997

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

Use of ramps, automatic doors, and other accommodations as needed

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)
2	Families with children		Single men	1, 3	Other targeted populations (specify below):
	Mentally disabled		Single women		1) Single mother head of household and 3) adults with disabilities

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.

ICS collaborates extensively to deliver all of our programs, including the Emergency Financial Assistance program. We work with 118 faith partners to identify those who need help and recruit volunteers, and are an active member of the local HUD Continuum of Care, the Tucson Pima Collaboration to End Homelessness.

ICS receives referrals for the program from our many nonprofit, government, and faith partners. ICS in turn refers our clients to services as needed to help them stabilize including SNAP and/or WIC application assistance, substance abuse or behavioral health treatment, GED attainment, secondary education and other skill development, employment assistance, and other services that help clients meet their self-identified goals.

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).

A May 27, 2020 Arizona Daily Star article stated nearly 25,000 Arizonans filed first-time claims for unemployment benefits last week. This brings the total since the COVID-19 outbreak to 601,518, or 17% of the total state workforce. As businesses slowly reopen it will take time for the economy to recover. Those hardest hit are many in low-paying service industry jobs, single women head of household, and others who were already living paycheck to paycheck. ICS anticipates the intense need for assistance with rent and mortgage payments will continue for several months at least.

During March, April and May 2020, ICS has provided an additional \$80,000 in rental assistance, over and above the average monthly assistance of \$20,000. As evictions in Pima County are set to resume, we know the need for this help will rise dramatically. These funds will allow at least 86 families avoid homelessness.

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.

ICS primarily serves the northwest and Flowing Wells areas of Tucson and areas in Pima County including Catalina and Oro Valley. Because of the extremely high need for rent and mortgage assistance in Tucson and Pima County, as a result of the pandemic, our community needs “all hands on deck” to help families, people with disabilities, and single mother head of households avoid eviction and homelessness. ICS has increased the number served every year, thanks to our many funding partners, and strive to help as many as we are able. Those about to be evicted are prioritized for services when possible. These funds will allow ICS to help an additional 86 households stay in their homes.

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.

ICS is fortunate to have diverse sources of revenue for all our programs, including individual donations, government contracts, and program fees. This has allowed us to maintain and expand the Emergency Financial Assistance program. No funding cuts are anticipated at this time.

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

Referrals for assistance are received from throughout Pima County.

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

The target population are residents of Pima County facing financial crisis and eviction as a result of the pandemic. If awarded, ICS will assess those requesting rent or mortgage assistance and only serve those that have been negatively impacted by COVID-19 with these funds. During the 2019-2020 fiscal year, the primarily populations helped were single women with children, people with disabilities, and families with children.

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

ICS refers clients to many agencies that offer low-income housing throughout Pima County, when applicable for the client. These agencies also refer clients to ICS.

As part of the Pima County Emergency Services Network (ESN), ICS is connected to a county-wide database that ensures fair distribution of services. ICS is a current active member of the local HUD Continuum of Care, the Tucson Pima Collaboration to End Homelessness, and utilizes the Homeless Management Information System (HMIS). This allows ICS to collaborate effectively with other homeless assistance providers and refer to housing when needed in a coordinated manner.

For pandemic response efforts, ICS is continuing to collaborate with these agencies as well as following the recommendations from Pima County Health Department and the government for health and safety practices.

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>	\$				
Mass Shelter - <i>Per Diem</i>	\$				
Other Shelter	\$				

- 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>	\$				

- 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.

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	\$ 65,000	86	\$750	25
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	\$ 373,700
State Funds	\$ 261,402
City of Tucson Funds	\$ 50,000
Pima County Funds	\$ 17,300
Arizona Health Care Cost Containment System	\$
Pima Council on Aging	\$
Title XX	\$
United Way	\$
Program Revenues/Client Fees	\$
Foundation Grants	\$75,000
Fundraising/Donations	\$164,715
Other/In-Kind	\$
FEMA EFSP Request	\$65,000
Total Service Funding	\$1,007,117
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	5.0%
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	\$ 343,507
Professional/Outside Services	\$ 14,208
Facilities/Occupancy	\$ 17,870
Travel	\$ 1,785
Other (Specify): Program Supplies (including printing & Postage)	\$ 4,835
Other (Specify): Other Operating Expenses including telephone, internet, insurance	\$ 38,269
Other (Specify): Direct Financial Assistance	\$ 586,643
Total Service Expenditures	\$1,007,117