

# PHASE 37

## Emergency Food & Shelter Program

### **FUNDING APPLICATION FOR:**

- Emergency Rent/ Mortgage/Utility Assistance
- Mass Shelter
- Other Shelter
- Supplies/ Equipment
- Served Meals
- Other Food

### **Applications Accepted:**

*Monday, May 1, 2020 –  
Monday, May 29, 2020*

**Agency Name** \_\_\_\_\_

**Project Title** \_\_\_\_\_

### **SUBMIT APPLICATIONS TO:**

Cobb County CDBG Program Office  
192 Anderson Street, Suite 150  
Marietta, Georgia 30060

**Phase 37**

**Emergency Food & Shelter Program Application  
Application**



**APPLICATION CHECKLIST**

**Submittal Instructions:**

Please provide one (1) original application with attachments & one (1) application copy with attachments to the Cobb County CDBG Program Office no later than 4:00 p.m. on Monday, May 29, 2020. Please label all attachments.

| Submission Requirements  | Documentation   | Check if Enclosed        |
|--|---|--------------------------|
| 1. The applicant must<br>a. have nonprofit status for at least one (1) full year, <b>or</b><br>b. have two (2) full years of operating experience under another nonprofit entity, <b>or</b><br>c. be a local governmental entity or agency ( <b>governmental agencies can skip to line 5</b> )   | <b>ATTACHMENT 1:</b><br>Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant   | <input type="checkbox"/> |
| 2. The applicant must be registered to conduct business in the State of Georgia at the time of application. ( <b>Not applicable to governmental agencies</b> )   | <b>ATTACHMENT 2:</b><br>Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: <a href="http://www.sos.ga.gov">www.sos.ga.gov</a>  | <input type="checkbox"/> |
| 3. The applicant must have an audit or <b>audited</b> financial statements (if budget is <b>less than \$25,000</b> annually) prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Copies of each <b>audited</b> financial statement must be submitted with the application. <b>Reviews and Compilations will not be accepted.</b> Audit findings will make the applicant ineligible to receive assistance. ( <b>Not applicable to governmental agencies</b> ) | <b>ATTACHMENT 3:</b><br>Provide one copy each of the last two most recent audited financial statements that meet the criteria described. Include management letters if applicable.  | <input type="checkbox"/> |
| 4. Non-profit organizations must have an active Board of Directors within the last 12 months. ( <b>Not applicable to governmental agencies</b> )   | <b>ATTACHMENT 4:</b><br>Provide list of board members and a copy of board meeting minutes authorizing the submittal of this application. Please also include a copy of Conflict of Interest Statement from the Board of Directors.      | <input type="checkbox"/> |
| 5. The applicant must have at least twenty-four (24) months experience directly related to the proposed project or program.  | <b>ATTACHMENT 5:</b><br>Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and include descriptions of the applicant’s previous related program activities. | <input type="checkbox"/> |
| 6. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.  | <b>ATTACHMENT 6:</b><br>Provide a copy of the agency’s written financial management procedures, and a current organization chart.   | <input type="checkbox"/> |
| 7. Each applicant must submit proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker’s Compensation  | <b>ATTACHMENT 7:</b><br>Provide a copy of Certificate of Insurance.   | <input type="checkbox"/> |
| 8. Each applicant must submit proof that the organization has registered with the U.S. System for Award Management. Visit <a href="http://www.sam.gov">www.sam.gov</a>   | <b>ATTACHMENT 8:</b><br>Provide proof of registration with the U.S. System for Award Management.  | <input type="checkbox"/> |

**All submitted materials will be used in determining the organization’s eligibility for funding.**



## **EFSP OVERVIEW**

The Emergency Food and Shelter National Board Program (EFSP) is a Federal program administered by the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) and has been entrusted through the McKinney-Vento Homeless Assistance Act of 1987. Annually, Cobb County funds a wide range of non-profit organizations and government agencies to supplement and expand ongoing efforts to provide shelter, food and supportive services for hungry and homeless people. Cobb County receives an annual formula-based allocation from FEMA.

The Cobb County CDBG Program Office requests proposals from local non-profit organizations and government entities to carry out eligible activities in the County.

A Selection Committee will review all applications for compliance with requirements and make funding recommendations to the Chairman and Cobb County Board of Commissioners (BOC).

The EFSP program goal is for funded agencies, (known as "Local Recipient Organizations"), to use EFSP supplemental funds for mass shelter, mass feeding, food distribution through food pantries and food banks, one-month utility payments to prevent service cut-off, and one-month rent/mortgage assistance to prevent evictions or assist people leaving shelters to establish stable living conditions.

***Eligible activities for EFSP include the following:***

- Emergency Rent/ Mortgage/Utility Assistance
- Mass Shelter
- Other Shelter
- Supplies/ Equipment
- Served Meals
- Other Food
- Rehabilitation/ Repairs



**SAMPLE EFSP ELIGIBLE AND INELIGIBLE EXPENDITURES**  
*(NOT LIMITED TO THESE ITEMS)*

| CATEGORY                                | SAMPLE ELIGIBLE ITEMS   | SAMPLE INELIGIBLE ITEMS   |
|---|---|---|
| SERVED MEALS                            | Any food used in served meals (cold or hot); costs of transporting food to site or client; daily per meal schedule (\$2/meal)   | Any items not related to actual feeding of a client. Excessive meal costs. Excessive snack food items. Staff events/functions.                            |
| OTHER FOOD                              | Food vouchers, food boxes, grocery orders, restaurant vouchers, etc. food purchased for food banks and/or food pantries, vouchers, gift certificates (limited), transportation costs.   | Tobacco, alcohol, paper products. Any non-food item. Excessive meal costs. Excessive snack food items. Staff events/functions.                            |
| MASS SHELTER                            | Direct expenses associated with housing a client (e.g., supplies, linens, etc.); transportation costs; daily per diem schedule (\$7.50 or \$12.50).   | Year-round ongoing operational costs (rent, pest-control, garbage pick-up, utilities); salaries of employees.   |
| OTHER SHELTER                           | Any reasonable hotel/motel or non-profit facility acting as a vendor; SRO; actual charge by vendor, per night, 30-day limit   | An LRO receiving funds may not act as a vendor for themselves or another funded LRO. Stay beyond 30 days per phase. Prepayments for hotel/motel.          |
| SUPPLIES/<br>EQUIPMENT                  | <b>\$300 per item maximum</b><br><b>Mass feeding:</b> pots, pans, toasters, blenders, microwave, utensils, paper products, any item essential to the preparation of food, shelving. Diapers. <b>Mass shelter:</b> cots, blankets, pillows, toilet paper, soap, toothpaste, toothbrushes, cleaning materials, limited first aid supplies, underwear/diapers. Emergency repair of essential small equipment (\$300 limit for both mass feeding and mass shelter). | Decorative curtains, carpet, clothing, TV's computer systems, office equipment, bedroom furniture other than beds (nightstand, lamps, etc.)               |
| REHABILITATION/<br>EMERGENCY<br>REPAIRS | Building code violations, handicap ramp, etc. (\$2,500 limit); Emergency repairs are only allowed in support of per meal schedule or per diem schedule for mass feeding sites or mass shelters. All expenditures require <b>prior</b> approval by both the National Board and Local Board.  | Rehabilitation for expansion, routine maintenance, or to prepare facility to open as direct costs.  |
| RENT/MORTGAGE                           | Past due rent/mortgage (P&I only); current rent or mortgage due within 10 calendar days; first month's rent; lot fee for mobile homes. <b>Limited to one month's cost for an individual/family.</b>   | Payment for rent/mortgage exceeding one-month's cost; deposits, down-payment for the purchase of a home; late fees, taxes, insurance and escrow accounts. |
| UTILITIES                               | Past due bills or current bills due within 10 calendar days, for gas, electricity, oil, water, reconnect fees. May pay budgeted or actual amount. <b>Limited to one-month's amount that is part of the average at the time of payment or current one month amount.</b> One-time delivery of firewood, coal, propane.  | Payments for utilities exceed one-month's cost; deposits; cable, or satellite TV bills; phone bills; internet service; late fees.                         |
| ADMINISTRATIVE<br>ALLOWANCE             | Limited 2% of total funds received by jurisdiction; any expenses associated with administering this program (telephone costs, stamps, etc.)   | Administrative expenses not related to the EFSP program.  |

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| I. AGENCY INFORMATION   |           |  |  |
|---|-----------|--|--|
| Agency Name:  |           |  |  |
| Mailing Address:  |           |  |  |
| Telephone Number:   |           | Email:   |  |
| Contact Person:   |           | Title:   |  |
| DUNS Number:  |           | Tax ID #:  |  |
| II. PROGRAM INFORMATION   |           |  |  |
| Program Title:  |           |  |  |
| Program Address:  |           |  |  |
| III. REQUESTED FUNDING  |           |  |  |
| Total Program Cost  | \$ _____% |  |  |
| Total EFSP Amount Requested   | \$ _____% |  |  |
| Percentage of EFSP Investment ( <i>EFSP Amount Requested/ Total Program Cost</i> )  | _____%    |  |  |
| IV. ORGANIZATION INFORMATION  |           |  |  |
| 1. What is your organization's mission statement?   |           |  |  |
| 2. How long has the Organization existed in its current form?   |           |  |  |
| 3. How long has the Organization had its 501 (c) (3) status? If your organization is a government entity, enter N/A.        |           |  |  |
| 4. How many years has the Organization conducted the project/program for which it is requesting funding?                    |           |  |  |
| V. ORGANIZATION CAPACITY  |           |  |  |
| 1. What percentage of the Organization's budget is grant funded?  |           | _____%   |  |
| 2. How many program staff persons are dedicated to this project ( <i>i.e. Case Managers, Intake Coordinators</i> )?         |           |  |  |
| 3. Does the organization have administrative staff ( <i>i.e. Accountants, Executive Director</i> ) dedicated to this grant? |           | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 4. Has the organization secured funding for the administrative staff for this project?                                      |           | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 5. Describe your staffing efforts and their tasks for each EFSP service project that will be provided                       |           |  |  |

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### VI. PROPOSED SERVICES

1. Please select the proposed services to be provided and the number of persons to be served for each category.

|  |                          |
|--|--------------------------|
| <input type="checkbox"/> Served Meals  | _____ Persons            |
| <input type="checkbox"/> Mass Shelter  | _____ Persons            |
| <input type="checkbox"/> Other Food (i.e. food boxes, food for food banks, etc.) | _____ Units (i.e. boxes) |
| <input type="checkbox"/> Rent/Mortgage Assistance                                | _____ Persons            |
| <input type="checkbox"/> Other Shelter (i.e. hotel/motel)                        | _____ Persons            |
| <input type="checkbox"/> Utility Assistance                                      | _____ Persons            |

2. Describe your organization's experience in providing each service category for which funds are being requested. Organizations must demonstrate that they have been providing the services requested for at least two (2) years and how they were tracked.

3. How do you make the public aware of the emergency assistance services that are available through your program?

### VII. RECORDKEEPING

Briefly describe your organization's experience in submitting reports and record keeping compliance requirements to ensure protection of client's sensitive information.

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**IX. BUDGET PROPOSAL**

Complete the following budget template:

| Line Items                              | EFSP Funds | Other Funds | Total Funds |
|---|------------|-------------|-------------|
| Emergency Rent/Emergency Mortgage       |            |             |             |
| Mass Shelter                            |            |             |             |
| Supplies/Equipment (not exceeding \$300 |            |             |             |
| Other Shelter (offsite lodging)         |            |             |             |
| Served Meals                            |            |             |             |
| Other food                              |            |             |             |
| Rehabilitation/Repairs                  |            |             |             |
| Utility Payments                        |            |             |             |
| <b>GRAND TOTAL</b>                      | <b>\$</b>  | <b>\$</b>   | <b>\$</b>   |

**X. BUDGET PROPOSAL NARRATIVE**

1. For each line item listed in your budget, provide a detailed description of how EFSP funds will be used to support your program.

2. Please provide the source and amount of funding commitments, as well as, additional funding awarded in the past three years in which your organization provides emergency assistance.

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| VIII. CONFLICT OF INTEREST ACKNOWLEDGEMENT   |              |
|--|--------------|
| <p>Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members?<br/>                     Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.</p>   |              |
|  |              |
| <p>Do any family relationships (by blood or marriage) exist between staff in your organization and/or Cobb County Board of Commissioners?<br/>                     Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.</p>   |              |
|  |              |
| ACKNOWLEDGED RESPONSIBILITY TO ABIDE BY ALL HUD AND COBB COUNTY REQUIREMENTS   |              |
| <p>The applicant agrees to abide by all policies, regulations, ordinances, or statutes as required by the Stewart B. McKinney Homeless Assistance Act and Cobb County.<br/>                     Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |              |
| CERTIFICATION  |              |
| <p>I certify that the applicant agency meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with all federal requirements. I also certify that the organization is a certified IRS 501(c) (3) non-profit or governmental agency. I agree to adhere to the above provisions for all programs receiving assistance from the US Department Homeland Security's Federal Emergency Management Agency (FEMA). All board and staff members have disclosed any potential conflicts of interests that could violate EFSP regulations at this time or at a later date. I further certify that I have reviewed the contents of this application and the rating form and deem them to be accurate and true.</p> |              |
| <b><i>Authorized Representative</i></b>  |              |
|  |              |
| <b>Signature</b>   | <b>Date</b>  |
|  |              |
| <b>Printed Name</b>  | <b>Title</b> |