

PHASE 37

EMERGENCY FOOD & SHELTER PROGRAM



APPLICATION OVERVIEW

Cobb County CDBG Program Office

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EFSP PROGRAM OVERVIEW

The EFSP Program is to supplement and expand ongoing efforts to provide shelter, food, and supportive services.

- ❖ The Emergency Food and Shelter Program (EFSP) was authorized in 1983 under the McKinney-Vento Homeless Assistance Act.
- ❖ EFSP is administered by United Way from the Federal Emergency Management Agency (FEMA).

EFSP ALLOCATION & FUNDING

Annually, Cobb County receives an annual formula-based allocation from FEMA. Cobb County's Phase 37 EFSP Allocation was \$263,600.00.

Funds are allocated directly to the approved organization(s) in two equal payments.



EFSP ELIGIBLE ACTIVITIES

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EFSP funds are used by Local Recipient Organizations (LRO) 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
- ❖ Supplies/Equipment
- ❖ Served Meals
- ❖ Support Services
- ❖ Rehabilitation/Repairs

MINIMUM APPLICANT REQUIREMENTS

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1. Nonprofit status for at least one (1) full year, or two (2) full years of operating as a subsidiary (a corporation owned or controlled in whole or in part) of a nonprofit entity, or a local governmental entity or agency within Cobb County.
2. Verification of registration with the Georgia's Secretary of State Office at the time of application.
3. Verification of registration with the U.S. System for Award Management and be free from debarment.
4. An active Board of Directors within the last 12 months.
5. The applicant must have an audit or (*audited financial statements if budget is less than \$25,000 annually*) prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Audit findings will make the applicant ineligible to receive assistance.
6. Written copy of financial management procedures, including staff responsibilities and required procedures.
7. At least twelve (12) months experience directly related to the proposed project or program.
8. Proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker's Compensation (if applicable).

EFSP GRANT REQUIREMENTS

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Awarded organization must adhere to the following program requirements:

PROGRAMMATIC AND EXPENDITURE REPORTING

- ❖ Obtain FEMA clearance through the CDBG Program Office for rent and utility recipients prior to providing assistance.
- ❖ Subrecipients are required to submit a minimum of 2 reports; one interim (midyear) report and one final report.
- ❖ EFSP recipients can only be assisted once per Phase with rent and/or utilities assistance.

ON-SITE VISITS, TECHNICAL ASSISTANCE AND MONITORING

- ❖ Compliance monitoring will be conducted as determined by the National and Local EFSP board.
- ❖ On-site visits and technical assistance provided as necessary

PHASE 37 EFSP APPLICATIONS

Application Cycle: Friday, May 1, 2020 - Friday, May 15, 2020

Submit **One (1) original application with attachments & one (1) application copy with attachments** should be submitted to the Cobb County CDBG Program Office no later than 4:00 p.m. on Friday, **May 15, 2020.**



Applications can be downloaded at: www.cobbcounty.org/cdbg

APPLICATION SUBMISSION

- ❖ Checklist details submission requirements and necessary documentation
- ❖ Label all attachments to correspond with checklist
- ❖ Must submit audit or audited financial statements

| Submission Requirements | Documentation | Check if Enclosed |
|---|---|--------------------------|
| 1. The applicant must <ul style="list-style-type: none"> a. have nonprofit status for at least one (1) full year, or b. have two (2) full years of operating experience under another nonprofit entity, or c. be a local governmental entity or agency (governmental agencies can skip to line 5) | ATTACHMENT 1: 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. (Not applicable to governmental agencies) | ATTACHMENT 2: Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: www.sos.ga.gov | <input type="checkbox"/> |
| 3. The applicant must have an audit or audited financial statements (if budget is less than \$25,000 annually) prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Copies of each audited financial statement must be submitted with the application. Reviews and Compilations will not be accepted. Audit findings will make the applicant ineligible to receive assistance. (Not applicable to governmental agencies) | ATTACHMENT 3: 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. (Not applicable to governmental agencies) | ATTACHMENT 4: 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. | ATTACHMENT 5: 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. | ATTACHMENT 6: 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 | ATTACHMENT 7: 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 www.sam.gov | ATTACHMENT 8: 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.

APPLICATION SECTIONS 3-4

Requested Funding

The total amount requested should match the amount listed on the Budget Sheet.

| I. AGENCY INFORMATION | |
|--|------------|
| Agency Name | |
| Mailing Address | |
| Telephone | |
| Contact Person | |
| DUNS Number | |
| III. REQUESTED FUNDING | |
| Total Program Cost | \$ _____ % |
| Total EFSP Amount Requested | \$ _____ % |
| Percentage of EFSP Investment (EFSP Amount Requested/ Total Program Cost) | _____ % |
| 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 | |

APPLICATION SECTION 6

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Proposed Services

Select the proposed services and indicate the number of people to be served.

Organization Experience

Describe your organization's experience with providing each service category for which funds are being requested.

Organization must have at least two (2) years experience providing services and demonstrate how those services were tracked.

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?

APPLICATION SECTION 7

VII. RECORDKEEPING

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

Describe in detail and organization's experience in submitting reports and recordkeeping requirements to ensure the protection of the client's sensitive information.

APPLICATION SECTION 8

| VIII. 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 | | | |
| GRAND TOTAL | \$ | \$ | \$ |

Total amount of grant funds should match the same number written in Section III of the application. The budget reflects eligible activities to the respective grants. The “Other Funds” column should reflect other secured funding.

Reminder: Check Your Numbers for Accuracy!!!

APPLICATION SECTION 9

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.

Describe in **detail** how will grant funds be used to support your program. Provide **detail** of all funding **secured** for this project currently and additional funding awarded in the past three years.

APPLICATION SECTION 10

Conflict of Interest

Please check the appropriate boxes regarding Conflict of Interest and Acknowledgement of Responsibility.

Organizations with a relationship with Board or BOC will not be excluded from funding.

Authorized Representative

Remember to sign and date your application.

X. CONFLICT OF INTEREST ACKNOWLEDGEMENT

Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members?

Yes ☐ No ☐

If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.

Do any family relationships (by blood or marriage) exist between staff in your organization and/or Cobb County Board of Commissioners?

Yes ☐ No ☐

If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.

ACKNOWLEDGED RESPONSIBILITY TO ABIDE BY ALL HUD AND COBB COUNTY REQUIREMENTS

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.

Yes ☐ No ☐

CERTIFICATION

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.

Authorized Representative

HELPFUL APPLICATION TIPS

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Points to Consider When Completing the Application for Funding:

ORGANIZATIONAL AND ADMINISTRATIVE CAPACITY

Any actions that improve the nonprofit's effectiveness, in terms of organizational and financial stability, program quality, and growth enhance the nonprofit's ability to have a positive impact on lives and communities. The nonprofit should have:

- ❖ Clear plans and internal policies to deliver the proposed services.
- ❖ Adequate staff dedicated to the project to deliver the proposed services.
- ❖ A formalized system for tracking annual performance outcomes.

FINANCIAL CAPACITY

Consider what percentage of the agency's budget are contributed by grant funds in determining if projects can be sustained in the case of delayed reimbursements.



HELPFUL APPLICATION TIPS, cont'd

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PROGRAM AREAS

- ❖ Clearly define the organization's program area.
- ❖ Ensure that the proposal narrative in the grant application corresponds to an eligible activity of the grant in which you are seeking funding for.

LEVERAGING AND COLLABORATION

Provide detail description that the organization has secured funding from other resources to use for the proposed activity.

DIRECT PAYMENT GRANTS

- ❖ Local recipient organizations are paid directly from FEMA. Remittance of funds will be requested if subrecipients are not able to provide sufficient expense documentation.
- ❖ All interim and final reports are reviewed by the CDBG Program Office and the National EFSP Board.

COBB COUNTY CDBG PROGRAM OFFICE

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Info@cobbcountycdbg.com

Website:

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