

**Monterey County Emergency Food and Shelter (EFS)
Local Board 077600**

REQUEST FOR PROPOSALS: Phase 36

Narrative Questions

Needs and Target Population

1. Provide a brief narrative of a community problem/service need that proposed strategies could address. Who is the target population? Please include sources of data used to document need.

Program Goals

2. What are the goals of the program?

Program Strategies

3. What strategies and activities will take place to address needs and meet program goals? For each strategy describe:
 - A. A specific description of each activity – including services provided
 - B. A timeline of when services and key activities will take place
 - C. A description of your program facility(s), e.g. number of beds, cooking facilities, etc. location and hours of operation,
 - D. A description of program staffing levels and functions – include paid and volunteer administrative and direct services staff responsible for administering the EFS program. Describe the qualifications of key staff.
 - E. Describe how you partner with other community benefit organizations to accomplish common goals
 - F. Do you engage program beneficiaries in program design, implementation, monitoring and evaluation? If so, how?

Impact

4. Describe how you will braid EFS programs with longer term strategies that support deeper levels of impact. For example, capacity building; Active Referrals; address adverse patterns of behavior; affect systems change; address policy barriers; undermine negative mental medals.

Monitoring and Evaluation

5. Describe the monitoring and evaluation plan: What indicators will be used to:
 - A. Quantify program deliverables: How much/many (numbers served; number of activities)
 - B. Measure how well the services were delivered: How well (wait time, customer service surveys, opportunities to apply concepts, etc.)
 - C. Measure what difference/improvements the program made: longer term outcomes
 - D. How will results data be made available?

Collaboration

6. The Monterey County Active Referral Network (The Network) provides opportunities for front line workers to learn about relevant economic mobility services in our community. Meetings include panel presentations where partners share information on existing services, eligibility requirements, outcome goals and how to refer clients. Members learn how to make “active” referrals that incorporate eligibility and program outcomes and leverage relationships. This ensures referrals lead to services and residents access the range of services needed for economic mobility. Meetings are the first Friday every other month from 1-3 in Montage Wellness in Salinas: August, October, December, February, April, June

Participating in Active Referral Meetings is a grantee requirement.

Are you able to send program staff to Active Referral Network meetings?

Organizational Capacity

7. A brief history of your organization’s experience operating programs that address homelessness, hunger and immediate needs.

Past Performance

8. Does your agency have any outstanding EFSP reports or compliance issues with reports submitted? Has your agency returned or not spend previous EFSP awards? If yes, please explain.

Budget and Budget Narrative:

9. For each expense item, use the budget template to delineate revenue received and projected for the project, include any in-kind resources committed to the project. Include the source of any match/cost share funding. Use the template to quantify expenses to be billed to the United Way.

In the narrative section, explain how the funds will be used for the project. For each budget item, include a break down to demonstrate how costs were determined (number of units, cost/unit, benefits, benefits, indirect, mileage rates, etc.). Describe any in-kind resources and other funding committed to the project.

Supplemental Questions

Please complete the supplemental questions for the service areas you are requesting funding for only.

PROGRAM OPERATION

1. EFSP requires strict documentation to monitor disbursed funds. If you receive a grant, it is very important that you understand and follow the reporting guidelines. Who will maintain your files and records for the program?

2. Do you acknowledge that you will submit reports of services on a timely basis when requested by either the local or the national boards?

Yes No

3. Will your records be made available for Emergency Food and Shelter Board review?

Yes No

4. Will there be limits on services provided to individuals and/or families? Yes No

If yes, please explain:

Food, Food Vouchers, and Mass Feeding Strategies:

1. What is your agency's method of distribution?

- Served Meals Other food

2. How do you ensure nutritious meals/food is provided?

3. What will be the cost per meal? \$ _____ for _____ (number of people served).

4. Will there be a cost to the recipient? Yes No

If yes, please explain.

5. Will the recipient be required to meet eligibility criteria? Yes No

If yes, please attach eligibility guidelines.

Mass Shelter

1. What is the shelter capacity? (How many beds do you have?)

2. What is the average shelter occupancy?

3. What is included in shelter definition? (circle, bold or highlight all that apply)

Beds	Private Room	Bath – Private
Blankets	Bath – Group	Shower – Private
Pillows	Shower – Group	Toilet – Private
Mattresses	Toilet – Group	Towels
Other (please explain)		

4. Will there be any cost to shelter residents? Yes No

If yes, please explain.

5. Will shelter residents be required to meet eligibility criteria? Yes No

If yes, please attach eligibility guidelines.

6. If operating a mass shelter, will your shelter be open 24 hours a day? Yes No

7. What is the unit cost per bed night? _____

8. Will shelter residents be required to perform any tasks while receiving shelter? Yes No

If yes, please explain.

Hotel/Motel Voucher

1. How are services provided? Hotel/motel voucher _____ Other _____

2. Estimate average cost per person per night. \$ _____

3. Do you provide transitional housing or shelter? Yes No

If yes, how many beds are provided? _____

4. What is the maximum stay? _____ Repeat interval? _____

Rent/Mortgage Assistance

1. How do you ensure your clients have not received assistance from other EFS-funded agencies that would cause the assistance provided by you to exceed maximum level allowed under EFS guidelines?

2. Do your clients provide a disclaimer to allow entry of their data into the Homeless Management information System (HMIS) for tracking assistance received?

Yes No

If no, why not?

3. Estimate the average expenditure per household assisted. \$ _____

a. Typical range of expenditures: High \$ _____ Low \$ _____

b. Is there a cap? _____ If so, what is it? \$ _____ per _____