**Monterey County Emergency Food and Shelter Program**

**PHASE 40 Application**

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| **Agency Name:** | |  | | | | | | | | | |
| **Federal EIN:** | |  | | | | | | | | | |
| **Unique Entity Identifier (UEI)** | |  | | | | | | | | | |
| **Congressional District:** | |  | | | | | | | | | |
| **Street Address:** | |  | | | | | | | | | |
| **City:** | |  | | | **State:** | | |  | | **Zip:** |  |
| **Executive Director:** | |  | | | | | | | | | |
| **Contact for this Application/EFSP Funding:** | |  | | | **Title:** | | | |  | | |
| **Phone:** | |  | | | **Email:** | | | |  | | |
| **Total Agency Budget**: | | $ | | | | | | | | | | |
| *Please attach a copy of your current budget include it with other required documents in Attachment D: Agency Financials* | | | | | | | | | | | | |
| **Name of Fiscal Officer or Accountant:** | |  | | | | **Title:** | | |  | | | |
| **Phone:** | |  | | | **Email:** | | | |  | | |
| **Fiscal officer/accountant is (select appropriate description by bolding):** | | On staff | Under contract | Other (please explain): | | |  | | | | |
| **Number of Full-time Equivalent Staff:** |  | | | | | | | | | | | |
| **Number of Part-Time Staff:** |  | | | | | | | | | | | |
| **Number of Volunteers:** |  | | | | | | | | | | | |
| **Number of Full-Time Staff Directly Involved in Implementing the Project:** |  | | | | | | | | | | | |
| **Number of Part-Time Staff Directly Involved in Implementing the Project:** |  | | | | | | | | | | | |
| **Number of Volunteers Directly Involved in Implementing the Project:** |  | | | | | | | | | | | |

**Narrative Questions**

**Needs and Target Population (2000 Characters)**

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

**Program Goals and Strategies (3000 Characters)**

1. Please describe the program goals?

What strategies and activities will take place to address needs and meet program goals?

For each strategy describe: services provided; a timeline of when services and key activities will take place; A description of your program facility; a description of program staffing.

**Impact (1000 Characters)**

1. How many people will you serve with this funding?

What zip codes will you serve?

EFSP funds address immediate needs. Describe how you will braid EFSP programs with longer term strategies that support sustainable and deeper levels of impact. For example, case management; wrap around services; collaborative partnerships/care coordination, capacity building; Smart Referrals

**Monitoring and Evaluation (1500 Characters)**

1. Describe the monitoring and evaluation plan: What indicators will be used to:
2. Quantify program deliverables: How much/many (numbers served; number of activities)
3. Measure how well the services were delivered: How well (wait time, customer service surveys, opportunities to apply concepts, etc.)
4. Measure what difference/improvements the program made: longer term outcomes
5. There may be several years between grant funding and final reporting. Given this length of time and the possibility of staff turnover, how will records be kept, and who will maintain your files and expense records for this program?
6. Do you engage program beneficiaries in program design, implementation, monitoring and evaluation? If so, how?
7. How will results data and program records be made available?

**Collaboration**

1. 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 and program information are available on our [the United Way website](https://www.unitedwaymcca.org/arn).

Participating in Active Referral Meetings is a grantee requirement.

Has your organization participated in the Active Referral Network?

If you were funded last year, how many Active Referral Network meetings did you participate in?

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

**Organizational Capacity (1000 Characters)**

1. Please include a brief history of your organization’s experience operating programs that address homelessness, hunger, immediate needs and the root causes of homelessness.

**Budget and Organizational Financial Accountability and Stability**

1. Use the attached budget template to document your request.

Please see the eligible expenses document for guidance on eligibility and allowable rent assistance. Include an audit for your most recent fiscal year or other documents that demonstrate financial accountability and stability.

Administrative and indirect costs are **not allowed.**

**Past Performance**

1. 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.

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**Program Specific Questions**

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

**Food, Food Vouchers, and Mass Feeding Strategies:**

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

Served Meals Food vouchers Other food

1. What will be the cost per meal? $ \_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_ (number of people served).
2. Will there be a cost to the recipient? Yes No

If yes, please explain.

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

If yes, please attach eligibility guidelines.

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**Rent/Mortgage Assistance**

1. Rent and utility assistance is managed through the United Way’s Smart Referral software. This system ensures a standardized approach to verifying eligibility and prevents duplication of benefits. Are you willing use this system to receive referrals and document rent/utility payments?

Yes No

If no, why not?

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**Hotel/Motel Payments**

1. Are you able to document the following required information:

Spreadsheet with, dated vendor receipts/invoices from off-site shelter [hotel/motel/etc. on their stationery] and proof of payment to vendor by an acceptable payment method.

Receipts/invoices must include client's name, length of stay and charge per night . Note: If using a unique identifier when submitting documentation for clients served, the LRO is required to provide documentation of the statute which applies to the protecting of clients and the services provided.

Yes No