

**United Way of the Greater Dayton Area
Emergency Food and Shelter Program
Notice of Request for Proposals (RFP)**

Title: FEMA Phase 35

Program Year: 2018-2019

Issue Date: January 7, 2019

Proposals Due: January 18, 2019



Submit proposals in a sealed envelope clearly marked on the outside with the RFP title, due date, time of submission and applicants name to:

**United Way of the Greater Dayton Area
C/O Tracy Sibbing
33 West. First St, Fifth Floor
Dayton, OH 45402**

Solicitation: The Emergency Food and Shelter Program is soliciting proposals from applicants qualified, responsible and willing to provide services to the community in compliance with all solicitation specifications and requirements contained or referenced herein.

You may download a full copy of this solicitation at www.liveunited-dayton.org by selecting the title FEMA 35

I. Introduction

Preble County was selected as qualifying jurisdictions to receive funding from the Emergency Food and Shelter Program's National Board which is chaired by the Federal Emergency Management Agency (FEMA). The Emergency Food and Shelter Program (EFSP), created in 1983, supplements and expands the work of local social service agencies which help people with economic emergencies. The original authorizing legislation (PL100-77) specifically calls for "sensitivity to the transition from temporary shelter to permanent homes and attention to the specialized needs of homeless individuals with mental and physical disabilities and illness and to facilitate access for homeless individuals to other sources of services and benefits."

Special emphasis shall be on the identification of and assistance to the elderly, families with children, Native Americans, veterans, and mentally and physically disabled. EFSP funds must **only** be used to supplement rent/mortgage and utility assistance and feeding and sheltering efforts.

EFSP local boards have been charged with coordination of the process for distribution of funds to service providers. Once the proposals are in, the Local Boards will convene, review the proposals, determine the allocations to be distributed.

II. Program Eligible Activities

The intent of this program is for the purchase of food and shelter, to supplement and expand current available resources.

Funds may not be used as a substitute for other programs funds, nor to start a new program. Funds may not be used for emergency assistance for victims of natural disasters.

III. Who can apply

For a local agency to be eligible for funding it must:

1. Be non profit or an agency of government
2. Have a checking account (cash payments are not allowed)
3. Have an accounting system or fiscal agent approved by the Local Board
4. Have a Federal Employer Identification Number and agree to secure a DUN's number if application is approved for funding
5. Conduct an independent annual audit if receiving \$50,000 or more in EFSP funds, or an annual review if receiving \$25,000 to \$49,000 in EFSP funds
6. Be providing services and using agency resources in the area in which they are seeking funding
7. Practice non discrimination and have a written non-discrimination policy
8. Have a voluntary board if private not for profit
9. Involve homeless individuals and families in providing emergency food and shelter services (through employment, volunteer programs etc.)

IV. Application

For each program for which your organization is requesting funds, a complete proposal must be submitted by the deadline. Proposals should include the following:

1. Attachment A, cover sheet
2. Attachment B, Application, with budget
3. Attachment C, Local Recipient Organization Certification form

V. Proposal Formatting

1. Responses should be typed in 12-point font or larger with one inch margins, or hand written in blue ink.
2. Responses should be printed duplex style, on both sides of the paper
3. Proposals must be signed by an authorized agent (person who has the authority to bind the entity, e.g. President, Chief Executive Officer) of the respondent and submitted in a sealed envelope

4. ***Failure to comply with solicitation requirements may be cause for the respondent's proposal to be rejected as non-responsive.***

VI. Selection Process

United Way of the Greater Dayton Area (UWGDA) convened an Emergency Food and Shelter Local Board as required by the National Board to include members of the following groups; Catholic Charities, Jewish Federations, National Council of Churches of Christ, The Salvation Army, American Red Cross, Government Representative, Formerly Homeless Representative and United Way.

Once the allocation announcement is made from the National Board, dates on which the Local Board will convene will be set and announced to respondents and the public.

The Local Board will select agencies who:

1. Demonstrate the ability to provide food and/or shelter assistance
2. Consider needs, resources and gaps in services
3. Have the staff and capacity to take on the responsibility of the program
4. Include homeless individuals and families in providing services
5. Have the capacity to maintain records and submit records by the due dates required by the National Board
6. Have a financial system appropriate to carry out duties

VII. Compliance

Award Notification will be announced to the applicants. The respondents agree to establish, monitor and manage an effective administration process that assures compliance with all requirements of the Emergency Food and Shelter Program National Board and Local Board.

VIII. Eligible Program Expenses

1. **Served Meals:** Mass feeding, hot meals, bag lunches and delivered meals. May receive \$2 per meal served allowance
2. **Other Food:** Food purchased for food pantries, food vouchers, food boxes and transportation cost.
3. **Mass Shelter:** On-site per diem rate limited to \$12.50 per person per night.
4. **Other Shelter:** Emergency lodging in a hotel or motel – 30 day limit.
5. **Rent/Mortgage Assistance/Eviction Prevention:** Up to one month total paid all at one time or over 90 days.
6. **Administration:** Limited to 2%.

Cover Sheet

Legal name of the entity (or individual) submitting this application:		
Legal Status of applicant (e.g., individual, non-profit corporation, (for profit are not eligible), government entity):		
Address of the Organization:	Address of service location:	
Name and Title of contact person for this application:		
FEIN :	DUN:	
Telephone Number:	Fax Number:	
E-mail address	Web Site:	
Indicate the amount of Phase 34 FEMA funds you are requesting for each service category. Write in the total of your requests at the bottom. Round requests to the nearest dollar; request only whole dollar amounts. Phase 34 will be limited to the following categories:		
	Dollar Amount	Projected Number of Clients
Served Meals/Mass Feeding	\$ _____	_____
Other Food	\$ _____	_____
Mass Shelter	\$ _____	_____
Other Shelter	\$ _____	_____
Rent/Mortgage Assistance	\$ _____	_____
Total Requested	\$ _____	_____
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 all requirements and the attached assurances if funding is awarded:		
Typed Name of Authorized Signature:		
Authorized Signature:	Date signed:	

APPLICATION

1. Briefly describe how your organization provides emergency food or shelter services

2. Give a brief yet concise explanation of your agency's ability to coordinate service delivery with other health and human service providers; specifically state the networks, coalitions and collaborative arrangements your agency maintains.

3. Indicate when your agency is available to assist people with EFSP funded services (for example Mon., Wed., Fri., 11:00 am-1:00 pm). If you have more than one site, provide a listing of times; also indicate if you see people by appointment only and list a phone number.

Site Address	Days of Week	Hours of Service	By Appt. Only (Y/N)	Phone Number

4. Define geographic boundaries of area served (include zip codes)._____

5. Is your facility accessible for people with disabilities?_____

6. Nonprofit status: The agency is a public or private nonprofit organization. (check One)

_____ Government Agency (public entity)

_____ Private Nonprofit (501c3) or (501c4). Please attach a copy of your Federal tax exempt letter and a current board roster.

7. Did your agency receive EFSP funds in Phase 34?

If yes, amount of EFSP grant \$ _____

FEMA funds are intended to be used to supplement or expand existing programs and services. Will the money requested in this proposal be used to support a service or program that received FEMA funds last year? If yes, describe below how services have been or will be expanded or supplemented.

If asking for increase, what is your rationale? _____

8. If asking for new money what is the rationale for applying for EFSP?

9. Does your agency currently receive EFSP funds from another jurisdiction? _____

If yes, how much and from what jurisdiction? _____

10. Is your agency debarred or suspended from receiving Federal funds? _____

Please indicate the primary (up to the top three) target populations served by your agency on the list below by numbering 1,2,3 next to the appropriate code/population. If your agency targets no particular population please check the No target population box.

	Chemically addicted		Physically disabled
	Domestic violence victims		Single men
	Elderly		Single women
	Families with Children		Unaccompanied minors
	Mentally Disabled		Veterans
	Minorities		Homeless
	Native Americans		No target population
	People with AIDS/HIV		Other population

If other please specify _____

Category	EFSP \$ Requested	Funds from Other Sources	Total Funds from all sources	Average cost per unit	Projected # Clients Served
Served Meals	\$	\$	\$	\$	
Other Food	\$	\$	\$	\$	
Mass Shelter	\$	\$	\$	\$	
Other Shelter	\$	\$	\$	\$	
Rent/Mortgage Assistance	\$	\$	\$	\$	
Utility Assistance	\$	\$	\$	\$	
TOTAL	\$	\$	\$	\$	

Agency's Total Operating Budget _____

Number of Staff:

Full Time _____

Part Time _____

Volunteers _____

MUST COMPLETE PARTS I & II

PART I

Initial All Appropriate Categories

AGENCIES THAT RECEIVE LESS THAN \$50,000 IN EFSP FUNDING:

- Complete and sign the bottom portion of this form and return _____
with the Phase 34 application

AGENCIES THAT RECEIVE \$50,000 OR MORE IN EFSP FUNDING:

- Complete and sign the bottom portion of this form and return _____
with the Phase 34 application

ANY AGENCIES THAT HAVE AUDIT 'FINDINGS' OR 'OPINIONS':

- Complete and sign the bottom portion of this form and return _____
with the Phase 34 application
- Send copy of most recent audit or Independent Review to the National Board
- Send a copy to National Board if any of the following audit/review statements apply: *qualified, no opinion, adverse opinion.*

AGENCIES THAT RECEIVE \$500,000 OR MORE IN FEDERAL FUNDING:

- Complete and sign the bottom portion of this form and return _____
with the Phase 34 application
- ***Send audit to the National Board***
- Agencies that are required to have either an audit or review of their financial records need to ensure that EFSP funds are clearly identified by the EFSP ID number and corresponding amount in the audit or review
- Any agency receiving \$500,000 or more in combined federal funds is required to comply with OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations.
Agencies not programs that receive \$500,000 or more in federal funds are required to send a copy of the most recent audit to:

**EFSP National Board Program
701 North Fairfax Street, Suite 310
Alexandria, VA 22314-2064**

PART II

Check Appropriate Box(es):

- This agency receives less than \$500,000 from federal funds and is not required to send an audit to the National Board.
- This agency has findings or opinions in the most recent audit/review and has sent a copy of the audit to the National Board
- This agency receives \$500,000 or more in federal funding and has sent a copy of the most recent audit to the National Board. (OMB Circular A-133, Audits to State, Local Governments and Nonprofit Organizations).

SIGNATURE: _____ **DATE:** _____

TITLE: _____ **AGENCY NAME:** _____

E-MAIL ADDRESS: _____