

**Prince William Area Continuum of Care (PWA CoC)
Emergency Food and Shelter Program (EFSP)
Request for Applications - Phase 39**

INTRODUCTION

This notification is to notify local service providers that EFSP funds may be distributed by the Prince William Area (PWA) Board to *supplement and extend* a program’s current available resources for the provision of emergency food and/or shelter assistance.

This award may be used for eligible program costs made on or after **June 23, 2022, through April 23, 2023**. The PWA EFSP Board determines how the funds will be allocated among the emergency food and shelter programs operated in the Prince William Area to include Prince William County, and the cities of Manassas and Manassas Park, local jurisdictions located in Virginia.

The PWA EFSP Board invites applications for funding from eligible local service providers. The EFSP application packages must be submitted by **Friday, May 27th by 12:00 PM** via email to homelesservices@pwgov.org. Applications will be reviewed, and grant awards determined by the PWA EFSP.

OBJECTIVE

The Emergency Food and Shelter Program is designed to address emergency needs. This program funding is not intended to address or correct structural damage or long-standing facility problems. Rather, it is for the purchase/provision of served meals/mass feeding, other meals, mass shelter, and rent/mortgage/utility payments, to *supplement and extend* current available resources that a program is already providing. These funds are supplemental to the funding of programs already in existence and operating with dedicated internal funding (regardless of source) by the applicant agency. Funding is not to substitute or reimburse ongoing programs and services nor as start-up funding for a new program.

EFSP PHASE 39 FUNDING AVAILABILITY

Jurisdiction	Mass Shelter	Mass Feeding	Rental/ Mortgage	Utility	Other Shelter	Total Funding
Prince William Area	\$21,531	\$14,354	\$43,062	\$21,531	\$43,062	\$143,540

KEY DATES

April 25, 2022 – April 29, 2022	Advertisement published
May 4, 2022	Application released & “How to Apply” 1:30 p.m. to 3:00 p.m.
May 27, 2022	Application due by 12PM
June 17, 2022	The board will vote on the application
June 22, 2022	Last day to appeal

SECTION 1: GENERAL INFORMATION

The PWA Board determined that Prince William County and the cities of Manassas and Manassas Park's allocated funding will be made available for four types of services only:

- Mass Shelter
- Mass Feeding
- Rent/Mortgage Assistance
- Utility Assistance
- Other Shelter (Motel/Hotel)

The definitions of those services, as defined by National EFSP, are below.

Mass Shelter:

Facility that has the capacity to provide accommodations for at least 5 clients per night at a single site run by the agency; eligible shelter programs include emergency and/or transitional shelters. Permanent supportive housing programs (PSH) are ineligible for Mass Shelter funds as PSH residents are housed and no longer homeless. Direct costs associated with sheltering a client (supplies, linens, first aid supplies, etc.).

Mass Feeding (Meals):

EFSP funds may be used to offset costs associated with preparation and serving of congregate meals for clients in a program operated by a Local Recipient Organization (or "LRO" e.g. an agency receiving EFSP funding). Eligible items include any food used in served meals or purchases of *some* consumable supplies essential to mass feeding (plastic cups, plates, utensils, etc.). EFSP funding in this category is intended to provide for basic, nutritional meals on an ongoing basis. This funding is ***not*** intended to be used for a singular event, special celebratory events, holiday baskets, etc.

Rent/Mortgage Assistance:

Provision of emergency financial assistance intended to maintain client's housing or utility for an additional 90 days. Funds are not intended to be used as a security deposit.

Utility Assistance:

Provision of emergency financial assistance intended to maintain client's utility for an additional 90 days. Funds are not intended to be used as a security deposit.

Other Shelter

Provision off-site emergency lodging (room and tax only) in a hotel/motel or other off-site shelter facility provided conditions one (1) and two (2) below are met:

1. No appropriate on-site shelter is available; and
2. It is limited to 90-days assistance per individual or household during the current program period.

Note: Assistance may be extended in extreme cases with prior Local Board written approval. A copy of this approval must accompany the LRO's documentation.

Eligible Organizations/Entities:

Per National EFSP rules, for a local agency to be eligible for funding, it must:

- Be a nonprofit or an agency of government;
- Not be debarred or suspended from receiving Federal funding;
- Have a checking account;
- Have a Federal Employer Identification Number (FEIN);
- Have a Data Universal Number System (DUNS) number issued by Dun & Bradstreet and provide along with other required associated information;
- Conduct an independent annual audit if receiving \$50,000 or more in EFSP funds;
- Be providing services and using its other resources in at least one of the three jurisdictions in which they are seeking funding;
- Practice nondiscrimination (those agencies with a religious affiliation wishing to participate in the program must not refuse services to an applicant based on religion or require attendance at religious services as a condition of assistance, nor will such groups engage in any religious proselytizing in any program receiving EFSP funds;
- Have a voluntary board if private, not-for-profit; and
- To the extent practicable, involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter programs.

Source of Grant Funding:

EFSP funding is federal. All funding is contingent on Congressional appropriation of funding for the Emergency Food and Shelter Program and then allocation of funding by the National EFSP Board to the Prince William Area.

Award Spending Period:

The spending period to use Phase 39 funding for eligible costs is **June 23, 2022 to April 23, 2023**.

SECTION 2: SUBMISSION OF APPLICATIONS

E-mail your application with one (1) copy of the required attachments to homelesservices@pwcgov.org. All the documents must be submitted in a single e-mail. Incomplete applications will not be considered for funding. Additions or deletions to an application after the deadline will not be accepted.

Submission Checklist:

Required Documents for Submission:

Completed Application (Pages 6 – 16 of this document, plus service specific questions and final signature page)

Required Attachments:

Applicant agencies will only be considered for funding if the grant applications are received by the deadline and the package includes **ALL** the following:

- Coversheet on agency letterhead.
- IRS letter stating that the agency is a 501(c)(3) nonprofit organization.

- Current list of board of directors including contact information to include names, addresses, telephone number, and e-mail address. At least one board member must live or work in Alexandria, VA.
- A copy of your Agency's Appeal Policy for Clients.
- Agency budget for current Fiscal Year.
- 2021 or 2022 Audit or Financial Review.
- Federal Agency ID No. (FEIN).
- Program specific budget for which the agency is applying for EFSP funding for 2020.
- DUNS Number
- Copy of Agency's Leadership and/or Program Chart with persons responsible for EFSP program highlighted in BOLD and/or Program Organizational Chart.
- Grant application Signature Page completed with ALL requested Agency Representative's Signatures and Boxes Checked.

SECTION 3: TERMS FOR GRANT APPLICATION

The following are terms and conditions applicable to this Prince William Area Phase 39 Request for Applications:

- Agencies that are ***not*** in compliance with the National EFSP Board from previous funding phases are ineligible to apply for Phase funds.
- EFSP funds may ***not*** be used by agencies for administrative costs related to running its programs.
- EFSP funds may ***not*** be used for equipment purchase or repair (per the policy of the PWA EFSP Board).
- EFSP funds are intended as ***supplemental*** funds to enhance already existing programs. EFSP funds are ***not*** intended as start-up funds for a new program nor to fund 100% of an agency's program.
- EFSP funding is intended to provide for basic, nutritional meals on an ongoing basis. This funding is ***not*** intended to be used for a singular event, special celebratory events, holiday baskets, etc.
- If an agency is awarded EFSP funds, then all monies allocated to an agency must be deposited in the agency's checking account. Any interest income must be used for eligible program expenditures.
- All agencies must enroll in the Electronic Funds Transfer (EFT) program to receive funds. The EFT form must be used for initial sign-ups and any changes. To add/ update the EFT information, the agency must log into the EFSP website to access appropriate form and instructions. It is the responsibility of the agency to ensure that banking information is correct and up to date.
- All agencies must utilize the PWA's local Homeless Management Information System (HMIS) to document the clients served with EFSP Funding.

SECTION 4: REVIEW OF APPLICATIONS

An agency may submit one application for each EFSP Phase for the Prince William Area.

The PWA EFSP Board will review, discuss, make recommendations for awards and vote to determine the final allocations for each locality.

If approved, funds will be sent directly via Electronic Funds Transfer (EFT) by the National EFSP Board to the agency in two installments.

SECTION 5: APPEALS PROCESS FOR DENIAL

To appeal a funding denial only, the applicant agency must submit an e-mail request for appeal to the PWA EFSP Board Chair at OReid@pwcgov.org within three (3) business days of notification of the agency's funding denial.

To be considered a valid basis for appeal, the agency's reason for appealing the PWA Board's denial must fall within one or more of the following criteria:

1. Misunderstanding or factual error in the PWA EFSP Board's evaluation or interpretation of the agency request for EFSP funding; and/or
2. Concerns such as bias or conflict of interest on the part of the PWA EFSP Board, fraud, or misuse of EFSP funds by other funded agencies, etc.

The EFSP appeal will **not** be considered by the PWA EFSP Board if the agency merely restates or re-emphasizes points already made in its original application.

The written request for appeal must contain the following information or the appeal cannot be considered:

1. The original request made by the agency (program name and brief description, amount requested, services to be funded);
2. The reason(s) for the appeal; and
3. Supporting documentation for the appeal (new information, point-by-point rationale for other categories, etc.).

The PWA EFSP Board will convene a special meeting to review all appeals. The PWA EFSP Board Chair will inform the agency of the appeals outcome within 2 business days after that meeting.

**Prince William Area (PWA)
Emergency Food and Shelter Program (EFSP)
Application - Phase 39**

PART I: SUMMARY

APPLICANT PROFILE		
Agency Name:		
Executive Director/CEO:		
Agency FEIN:		
Agency DUNS Number:		
Agency/Program Website:		
Jurisdiction EFSP Funds will be Used For: Prince William Area	Prince William County, cities of Manassas and Manassas Park	
Name of PROGRAM for which EFSP funding is sought:		
Most Recent LRO Number (if applicable):		
Program Director/Manager:	Name:	Email:
Phone Number:		
Program Address:		
Name and E-mail Address of Lead Person Responsible for EFSP Grant Management (single point of contact for e-mail notifications from National EFSP):	Name:	Email:
Email addresses for ALL staff members needing to receive EFSP related information from the PWA EFSP Board:		

Category of Service(s) For Which Agency/Program is Applying and Amount of Funding in Each Category (complete all that apply):

Type of Service	Request Amount - Phase 39	Jurisdiction
Mass Shelter		
Mass Feeding		
Rent/Mortgage Assistance		
Utility Assistance		
Other Shelter (Motel/Hotel)		

PART II: PROGRAM INFORMATION & HISTORY WITH PWA EFSP

1. Length of time program has been in operation?	
2. Program's days and hours of operation?	
3. If applying for Rent/Mortgage or Utility funding, which days and hours are staff available to meet with clients for Rent/Mortgage/Utility services?	
4. Are your facilities accessible to persons with a physical/mobility disability?	

5. Brief description of program (Please include target population, program goals, program services to be offered, etc.). **500 words maximum**

6. Please check **X** specific populations targeted by ***the program seeking EFSP funding*** (check all that apply):

<input type="checkbox"/>	DV	Domestic Violence Victims	<input type="checkbox"/>	PM	People with AIDS/HIV
<input type="checkbox"/>	EL	Elderly	<input type="checkbox"/>	SM	Single Men
<input type="checkbox"/>	FC	Families with Children	<input type="checkbox"/>	SW	Single Women
<input type="checkbox"/>	MH	Mental Health Issues	<input type="checkbox"/>	SA	Substance Abusers
<input type="checkbox"/>	MI	Minorities	<input type="checkbox"/>	VT	Veterans
<input type="checkbox"/>	Y	Youth/Unaccompanied Minors	<input type="checkbox"/>	DD	Developmentally Disabled
<input type="checkbox"/>	AA	Asian Americans	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	LT	Latinos	<input type="checkbox"/>	N/A	Serve all people

Part III: Budget Costs (duplicate questions for each service you are applying for).

7. Describe how the addition of EFSP funding will enhance/supplement/expand the program's current services. **500 words maximum**

8. Most recent EFSP phase for which this organization or program received funding?	
9. Amount of most recent EFSP award to this organization or program?	
10. Type of service(s) provided by most recent EFSP award?	
a. In previous funding cycles, has this organization returned EFSP funds? b. Will this program need to return unspent Phase 37 or Phase CARES funds? c. If yes, what amount of funding will need to be returned and why was the program unable to spend the entire award? d. What corrective measures have been put in place to keep this from happening again? Please explain (attach additional sheets if necessary).	

11. How many people does this program serve per year without EFSP funds? Ex. ABC Program assisted 500 households with rental assistance not including EFSP funding. _____.

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12. If this program received funding in a prior Phase(s), how many additional persons were served (or additional services were provided) with the addition of the EFSP funds? Ex. During Phase ___ EFSP funds allowed ABC Program to assist an additional 80 households with rental assistance. Total of 580 served (500 w/o EFSP + 80 with EFSP \$ = 580).

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13. Please indicate the actual amount awarded/spent and the numbers served in **Phase 38** (if applicable) for EFSP services below:

Phase 38 - Actual Award Amount	\$	
Mass Shelter	\$	# of Nights Provided =
Mass Feeding	\$	# of Bags/Meals/Vouchers Provided =
Rent/Mortgage Assistance	\$	# of Rents/Mortgages Paid =
Utility Assistance	\$	# of Bills Paid =
Other Shelter (Motel/Hotel)	\$	# of Persons Placed =
TOTAL SPENT – Phase 38	\$	

16. Please provide the amount this agency is requesting in **Phase 39** funding and the estimated units of services to be served below:

Phase 39 - Award Amount Request		
Mass Shelter	\$	# of Nights Provided =
Mass Feeding	\$	# of Bags/Meals/Vouchers Provided =
Rent/Mortgage Assistance	\$	# of Rents/Mortgages Paid =
Utility Assistance	\$	# of Bills Paid =
Other Shelter (Motel/Hotel)	\$	# of Persons Placed =
TOTAL REQUEST – Phase 39	\$	

PART IV. PROGRAM/SERVICE SPECIFIC QUESTIONS

Please complete the appropriate set of service-specific questions for which this program is seeking funding:

- A. Mass Shelter
- B. Mass Feeding
- C. Rent/Mortgage Assistance
- D. Utility Assistance
- E. Other Shelter (Motel/Hotel)

A. MASS SHELTER Specific Questions

QUESTIONS TO BE COMPLETED BY MASS SHELTER APPLICANTS ONLY:

1. What type of shelter does this program provide? Check one.

	Emergency Shelter (night to night)
	Short Term Shelter (length of stay between 1-180 days)
	Transitional Shelter/Housing
	Other, please explain:

2. What population(s) does this program serve? Check all that apply.

	Singles - Women
	Singles - Men
	Families
	Youth - Singles
	Youth - Pregnant or Parenting/Youth Headed Families
	Other, please explain:

3. Does this program serve any specific sub-populations *exclusively*? Check all that apply.

	People escaping from domestic violence
	People escaping from human trafficking
	Veterans
	People living with HIV/AIDS
	Seniors
	LGBTQ
	Youth/Unaccompanied Minors
	Immigrants/Refugees
	Other, please explain:

4. What is the maximum length of stay for this program?

5. Is case management provided?

6. If yes, is case management mandatory for the resident?

B. MASS FEEDING Specific Questions

QUESTIONS TO BE COMPLETED BY SERVED MEALS APPLICANTS ONLY:

1. Which meals are served and what days are they served at this program? Check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							

C. RENTAL/MORTGAGE Specific Questions

QUESTIONS TO BE COMPLETED BY RENTAL/MORTGAGE ASSISTANCE APPLICANTS ONLY:

1. Briefly describe the process that this program uses to serve those in need (starting from intake procedure through the application process and then through to the final payment to vendor). **Limit 300 Characters**

2. Briefly outline the staffing plan for your program and the duties assigned to each staff member involved in providing the services. Please list key staff members by name and their contact phone numbers here as well. **Limit 300 Characters**

3. Describe how you do or will collaborate with other rental/assistance providers including how your program will work with other rental/mortgage assistance providers to prevent duplication of services to clients with EFSP funds. **Limit 300 Characters**

4. Does your agency provide case management and/or follow-up services with clients requesting rental/mortgage assistance? Yes ____ No ____

If yes, please describe (**Limit 300 Characters**):

D. UTILITY ASSISTANCE Specific Questions

QUESTIONS TO BE COMPLETED BY UTILITY ASSISTANCE APPLICANTS ONLY:

1. Briefly describe the process that this program uses to serve those in need (starting from intake procedure through the application process and then through to the final payment to vendor). **Limit 300 Characters**

2. Briefly outline the staffing plan for your program and the duties assigned to each staff member involved in providing the services. Please list key staff members by name and their contact phone numbers here as well. **Limit 300 Characters**

3. Describe how you do or will collaborate with other utility providers including how your program will work with other providers to prevent duplication of services to clients with EFSP funds. **Limit 300 Characters**

4. Does your agency provide case management and/or follow-up services with clients requesting utility assistance? Yes _____ No _____

If yes, please describe **(Limit 300 Characters)**:

E. OTHER SHELTER Specific Questions

QUESTIONS TO BE COMPLETED BY OTHER SHELTER APPLICANTS ONLY:

1. Briefly describe the process that this program uses to serve those in need (starting from intake procedure through the application process and then through to the final payment to vendor). **Limit 300 Characters**

2. Briefly outline the staffing plan for your program and the duties assigned to each staff member involved in providing the services. Please list key staff members by name and their contact phone numbers here as well. **Limit 300 Characters**

3. Briefly Describe how you do or will collaborate with other motel/hotel providers including how your program will work with other providers to prevent duplication of services to clients with EFSP funds. **Limit 300 Characters**

4. Does your agency provide case management and/or follow-up services with clients requesting hotel/motel? Yes _____ No _____

If yes, please describe **(Limit 300 Characters)**:

PART V. SIGNATURES/CERTIFICATION:

CERTIFICATION AND AGENCY SIGNATURE PAGE: The following boxes should be checked and signed by the Agency CEO.

Please review and check ALL boxes and sign.

- I certify that I have read the above information and that it is accurate, honest, and correct to the best of my knowledge.
- I understand that clients/customers are eligible to be approved for EFSP funds once each Phase according to Federal guidelines, regardless of other funds that have been given to that client by the Local Recipient Organization Agency (LRO).
- I understand these are PWA Federal Funds.
- I understand that my agency must utilize the HMIS system for clients served with EFSP Phase 39 Funding.

Submitted by:

Signature: _____ Date: _____

Print Name: _____ Title: _____

CERTIFICATION AND AGENCY SIGNATURE PAGE: Please note that the following boxes should be checked and signed by the Secondary Designated Authorization (must be different from the above):

Please review and check ALL boxes and sign.

- I certify that I have read the above information and that it is accurate, honest, and correct to the best of my knowledge.
- I understand that clients/customers are eligible to be approved for EFSP funds once each Phase according to Federal guidelines, regardless of other funds that have been given to that client by the Local Recipient Organization (LRO).

- I understand these are citywide Federal Funds.
- I understand that my agency must utilize the HMIS system for clients served with EFSP Phase 39 Funding.

Secondary designated Authorization (must be different from the above signature).

Submitted by:

Signature: _____ Date: _____

Print Name: _____ Title: _____

PART VI. The PWA EFSP Board will meet on **Friday, June 17th 2022** to determine Phase 39 funding awards. Please provide an agency contact that is knowledgeable about this application in case the PWA EFSP Board has a question about this application during that process.

Name: _____

Title: _____

Cell Phone Number: _____

Email: _____