

Emergency Food & Shelter Program

Application for Phase ARPA-R Funds

[Minimum \$5,000 Application Budget Request]

| County | Phase ARPA-R Allocation | Amount Eligible in Phase ARPA-R | | | | | | | | Total |
|-------------------|-------------------------|---------------------------------|-----------|---------|-----------|------------------|---|--------------------------|-----------|---------------------|
| | | Food | | Shelter | | Off Site Lodging | | Rent/Mortgage Assistance | | |
| Clackamas | \$462,426 | 40% | \$184,970 | 10% | \$46,243 | 0% | 0 | 50% | \$231,213 | \$ 462,426 |
| Multnomah | \$1,244,944 | 50% | \$622,472 | 50% | \$622,472 | 0% | 0 | 0% | 0 | \$ 1,244,944 |
| Washington | \$655,915 | 0% | 0 | 20% | \$131,183 | 0% | 0 | 80% | \$524,732 | \$ 655,915 |
| | \$2,363,285 | | | | | | | | | \$ 2,363,285 |

Spending period: November 1, 2021 – April 30, 2023 *(Expenses may be back dated to 11/1/21.)*

Agency Name: _____

Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

I. ORGANIZATIONAL INFORMATION

- A.** Non-profit *(New applicants must attach a copy of their 501(c)(3) letter.)*
 Government Entity

- B.** Clackamas County
 Clark County
 Multnomah County
 Washington County

(Note: Agencies must apply separately for each county to be served.)

- C.** Type of assistance you plan to provide:

- Meals
 Food
 Shelter
 Lodging
 Rent/Mortgage

- D.** Date of last audit or financial review _____
If not available, please explain

II. PROGRAM DESCRIPTION (additional pages may be attached)

Under the terms of the grant from the National Board, local governmental or private voluntary organizations chosen to receive funds must: 1) be a nonprofit or government agency, 2) have a 501(c)3 compliant accounting system, 3) practice nondiscrimination, 4) have demonstrated the capability to deliver emergency food and/or shelter programs, and 5) if a private non-profit organization, must have a voluntary board. The following sections provide an opportunity for your organization to demonstrate how it meets these requirements.

Please note that assistance from funds provided by this program must be provided to needy individuals without discrimination (age, race, sex, religion, national origin, disability, economic status or sexual orientation) In providing assistance under the EFSP, verification of proof of citizenship or qualified alien status of any applicant for assistance is not required.

Any agency participating in distribution of funds from this source must have a system to ensure that no duplication of payment occurs within the expenditure category of rent/mortgage assistance. Agencies that are selected must comply with the process for verification of single-event assistance as specified by the Emergency Food & Shelter Program Board.

Applicants are required to review the Emergency Food and Shelter National Board Program Responsibilities and Requirements manual found at <http://www.efspd.org/efsp-manual.html> and confirm by signature.

1. *Non-profit, experience of organization, scope of work*

Please describe your organization and how it meets the requirements for this program. Provide information that demonstrates the agency is a fiscally accountable 501(c) 3 and capable of tracking these allocations.

2. *Geographic diversity within the County, access to services by underserved communities*

Within the boundaries of the county checked above, define specific geographical areas and or underserved communities your program serves?

3. Populations served/Culturally Appropriate Service Delivery

Census data shows Black, Indigenous and people of color (BIPOC) and the LGBTQ+ community are overrepresented in poverty statistics, including housing and food insecurity.

- Please provide a demographic profile of your current client base receiving services (i.e., racial/ethnic/cultural diversity, LGBTQ+ community, families with children, homeless, etc.). If you do not track this data, please provide a reason why or what efforts can be made to start.
- Please describe your efforts to address racial and/or other inequities in housing and food insecurity.
- How do you outreach to these historically underserved populations?

4. (a) Demonstrated Service Delivery (housing and/or shelter)

If applying for housing or shelter, describe your organization's success in providing homeless and housing services.

(b) Demonstrated Service Delivery (food)

If applying for food, how is your organization successful in distributing food and/or meals that serve the diverse needs of the community?

(c) Funds Requested

Explain how EFSP funds will be used to **supplement** an existing program. The agency must not depend solely on these funds to provide the service. Amount of funds requested is reasonable for the service provided and the number of individuals/households to be served.

III. SERVICES TO BE PROVIDED (Complete for each program category you are applying for only. Administrative funding is an optional EFSP category up to 2% of the EFSP funding requested.)

| Category | Unit of Service | # Units provided with EFSP Funds | # Units provided with Total Program Funds | EFSP \$ Amount | Non-EFSP \$ Amount | Total \$ |
|------------------------------------------------------|-----------------------------------------------------|----------------------------------|-------------------------------------------|----------------|--------------------|----------|
| Served Meals | Meals (\$3 per) | | | | | |
| Other Food | Food (lbs) | | | | | |
| Mass Shelter | Nights (\$12.50 per) | | | | | |
| Off-Site Lodging | # Nights (90 day max) | | | | | |
| Rent/Mortgage | # Bills/Orders (per household) (90 days/client max) | | | | | |
| Administration (Optional 0% to 2%) | | | | | | |
| Total Request (EFSP\$ + Non-EFSP=Total \$) | | | | | | |

I, _____, representing _____ agency have reviewed and understand the Emergency Food and Shelter Program responsibilities and requirements as outlined in the manual.

Name of Agency

Authorized Signature

Date

Name and Title (typed)

One (1) hard copy or electronic (*preferred) copy of this Application with signature must be postmarked or received no later than 4:00pm on Friday, May 20, 2022.
Send by U.S. Mail or email* to your County Representative listed below.

Note: Applicant is responsible to verify receipt of the application.

| County | Representative | Email | Phone |
|------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------|
| Clackamas | Teresa Christopherson Clackamas County Social Services PO Box 2950 Oregon City, OR 97045 | Teresachr@co.clackamas.or.us | 503-650-5718 |
| Multnomah | Alison Dunfee Multnomah County Joint Office of Homeless Services 721 SW Oak St, Suite 100 Portland, OR 97204 | alison.dunfee@multco.us | 971-404-9235 |
| Washington | Vara Fellger Washington County Dept. of Housing 111 NE Lincoln Street, #200-L, MS 63 Hillsboro, OR 97124-3082 | Vara_Fellger@co.washington.or.us | 503-846-4720 |