

LOS ANGELES COUNTY EMERGENCY FOOD AND SHELTER PROGRAM
Phase 41 Request for Proposals

APPLICATION COPY

*The following document is only for planning purposes.
Application responses will only be accepted for review through UWGLA's online Grants Portal.*

ORGANIZATIONAL PROFILE – *Completed by all applicants through organization's one-time system registration. If anything has changed since registration, please edit your organization's profile in the system.*

Organization Name
Address
City
Country
Organization Phone Number
Organization Email
Website (Optional)
Executive Director/CEO Email
Executive Director/CEO Name
Legal Name of Organization
Mailing Address
Mailing State
Mailing Zip
Mission Statement
Social Media – Facebook (Optional)
Social Media – Instagram (Optional)
Social Media – Twitter (Optional)
Tax ID Number (Optional)

APPLICATION COMPONENTS

SECTION 1: Minimum Eligibility Confirmation

By advancing an application for review, I certify that my organization meets all of the following criteria:

- Is a nonprofit or government organization with a Federal Employer Identification Number (FEIN).
- Has a Unique Entity Identifier (UEI). To obtain a UEI, visit: sam.gov. DUNS numbers are no longer accepted for federal funding.
- Has been in operation for at least 3 years.
- Currently provides services in Los Angeles County for the funding categories requested.
- Has a valid email address for program communication and electronic signature processes.
- Practices nondiscrimination. 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.
- Has an accounting system or fiscal agent approved by the local board that can help support the following financial criteria:
 - Is not debarred or suspended from receiving Federal funding.
 - Has a checking account to be able to sign up for electronic financial transfer for grant payments.
 - Is able to conduct all related financial transactions with an organizational bank account or credit card (no cash payments allowed for EFSP expenditures).
 - Conduct an independent annual audit if receiving \$100,000 or more in EFSP funds; conduct an annual accountant's review if receiving \$50,000 to \$99,999 in EFSP funds.
 - Conduct annual audit, if expending \$750,000 or more in Federal funds, in compliance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 2 CFR 200 of the Office of Management and Budget (Uniform Guidance).

SECTION 2: Organization & Program Overview *[Answered by All Applicants]*

1. How did you learn about this funding opportunity? *Please select only one of the options below.*

United Way of Greater LA Grantseekers Website
United Way of Greater LA Email
United Way of Greater LA Staff Member
United Way of Greater LA Social Media Post
Local community-based organization
Government agency
Funder/Philanthropic Organization
If Other, please specify Source

ORGANIZATION OVERVIEW

2. List your organization's Unique Entity Identifier (UEI). *To obtain a UEI, visit: sam.gov. DUNS numbers are no longer accepted for federal funding.*
3. Which of the following does your organization's most senior leader (i.e., Executive Director, CEO/President) identify with? Please select all that apply.
 - a. Asian
 - b. Black / African American
 - c. Hispanic / Latinx

- d. Native American / Alaskan Native / Indigenous
 - e. Native Hawaiian / Pacific Islander
 - f. White
 - g. If Other, please specify
 - h. Prefer Not to Disclose
4. What is your organization's annual operating budget for the current and previous fully completed fiscal year? If your organization is fiscally sponsored, indicate the program budget. *Round to the nearest dollar and do not enter commas into the answer field.*
\$
 5. What is your organization's annual budget related to food and shelter programming? *Round to the nearest dollar and do not enter commas into the answer field.*
\$
 6. Indicate the current percentage breakdown of public and private funding for your organization. *Whole numbers only.*
% of Public Funding
% of Private Funding
 7. List your organization's top three public funding sources currently supporting your food and shelter programs in LA County and the amount received from each. *Maximum 250 words*
 8. Has your organization had any findings of fiscal mismanagement in the last three years, such as theft, embezzlement, diversion or misuse of the organization's charitable property or funds? If so, please explain. *Maximum 250 words*

PROGRAM OVERVIEW

9. Which EFSP program categories are you applying for? *Select all that apply.*
 - a. Served Meals
 - b. Other Food (Food Banks and Food Pantries)
 - c. Mass Shelter
 - d. Other Shelter (Hotel/Motel Assistance)
 - e. Rent/Mortgage Assistance

Please refer to RFP for guidance on request amount limitations. Only applicants applying for Mass Shelter, Served Meals, or Other Food are eligible to use funds to purchase modest amounts of supplies. Some examples of eligible expenditures include plastic bags and boxes for food, shelving, small freezers, cooking utensils, first-aid supplies, pillows, toothpaste, soap, and cleaning materials. Expenditures under this category are limited to a maximum amount of \$300.00 per item.

10. Describe the program(s) for which you are requesting LA County EFSP funding support and how the funds will support the program(s). *Include any basic program information such as hours, staffing patterns, population served, and/or other information about how the program operates. Describe any support and specialized services being provided in connection with the program for which funding is being requested. Maximum 500 words*
11. Provide the estimated or calculated percentages of food and shelter clients served by your organization in each region of LA County. *Please see this [map](#) if you are unsure what SPA/s your organization serves. As EFSP is supplemental funding,*

please feature your estimated numbers across your overall food and shelter programs, not just specific to your requested funds.

- 1 – Antelope Valley
- 2 – San Fernando Valley
- 3 – San Gabriel Valley
- 4 – Metro LA
- 5 – West LA
- 6 – South LA
- 7 – East LA
- 8 – South Bay

12. Within the selected region(s) above, does your organization have a focus on any particular local communities or cities within LA County for its food and shelter programming? *For example, if you selected SPA 1, do you have a location or concentrated services for a particular community/geography within SPA 1 such as City of Lancaster or the neighborhood of Lake Los Angeles. Maximum 250 words*

13. Total number served over the last completed calendar or fiscal year (12 months) through food and shelter programs in LA County: *Outline organizational service numbers regardless of whether you are requesting funding through this RFP for that category.*

Number of Households (duplicated)

Number of People (duplicated)

14. Provide the estimated or calculated percentages for the demographics of total households served over last completed calendar or fiscal year (12 months) through food and shelter programs in LA County. *Breakdowns should be estimates or calculated percentages of the answer in the previous question.*

Race/Ethnicity: *Should total 100%*

Asian

Black / African American

Hispanic / Latinx

Native American / Alaskan Native / Indigenous

Native Hawaiian / Pacific Islander

White

If Other, please specify

Age: *Should total 100%*

Under 18 years

18-24

25-54

55-61

62 and over

15. How does your organization partner in delivery of its food and shelter programming with others and within the larger landscape of work in LA County? Describe any formal partnerships, participation in key systems, etc. *Maximum 300 words*

16. Upload the following organizational documents:

- Board of Directors roster or equivalent oversight committee (include names and titles)

- Organization’s most recent independent financial audit or accountant’s review. If you do not have an audit, enclose financial statements. The Local Board will determine eligibility and rate agency's financial management system based on the information presented.

SECTION 3: Applicant Questions

1. Is your organization a new or returning EFSP grantee in Los Angeles County?

Returning/Recent Agency - I am currently funded through EFSP or was funded recently (within last three Phases) for EFSP. *For the purposes of this application, the last three phases includes Phase 40, 39 & ARPA-R, and 38.*

New Applicants - I have not been funded through EFSP before or have not been funded since Phase 37 or before.

Based on response for above question, additional sets of questions will appear based on your organization’s status as a new or returning awardee of EFSP in LA County.

APPLICANT TYPE: NEW APPLICANTS

1. Does your organization have a fiscal sponsor? If yes, what is the name of your organization’s fiscal sponsor?

No
Yes

If Yes – Enter Name of Fiscal Sponsor

2. What year was your organization legally established as a nonprofit? *Year should match IRS Determination letter.*
3. Describe your organization’s overall priorities and key programming offered within LA County. If your organization works beyond LA County, describe how your LA County work sits within the broader scope of services you offer. *Maximum 500 words*
4. How will you monitor the progress of spend down of awarded EFSP funds in a manner that is in accordance with EFSP regulations? *Maximum 200 words*
5. Upload your organization’s IRS tax exempt letter or if government agency, proof of Federal Employment Identification Number. *Only files in PDF formatting will be accepted.*

APPLICANT TYPE: RETURNING APPLICANTS

1. Has your organization had an EFSP compliance issue or returned EFSP funds in the last three phases (Phase 40, 39, ARPA-R, or Phase 38)? If yes, please indicate the most recent phase and explain. *Maximum 150 words*
2. Please explain if there are circumstances that have impacted spending to date or that will accelerate spending in the remaining previous phases’ spending period (e.g., seasonal demand). *Maximum 250 words*

SECTION 4: Funding Request

1. How much are you requesting across the following categories? *Please refer to RFP for requirements related to allowable request size.*

- Served Meals
- Other Food (Food Banks and Food Pantries)
- Mass Shelter
- Other Shelter (Hotel/Motel Assistance)
- Rent/Mortgage Assistance

Total Request Amount (Calculated)

2. Upload a completed copy of the provided budget template to outline your program budget and request for EFSP funds. *Template available for download on UWGLA Grantseekers webpage at www.unitedwayla.org See RFP for details on how programmatic budget totals relate to request maximums.*
3. How would EFSP funds awarded to your agency supplement secured or planned resources for food and shelter programs in LA County? *Maximum 250 words*
4. If awarded, who will be your primary contact for this EFSP phase (i.e., LRO completion, report notices, compliance issues).
 - Full Name
 - Email
 - Phone

Based on response for above question, additional sets of questions will appear. Please only answer questions for the sections that are relevant to your request as listed below.

If you do not see a section that you would like to request funding under, please return to Program Overview and make sure that the category is checked off.

FUNDING CATEGORY: SERVED MEALS

1. Total number of households served in last completed calendar or fiscal year (12 months) through served meal program:
2. Total number of meals served in last completed calendar or fiscal year (12 months) through served meal program:
3. Which type(s) of prepared meals does your program provide? *Select all that apply.*
 - Congregate meal service
 - Home delivery program
 - Meals for emergency shelter clients
4. Describe your organization's processes to properly document and keep records related to served meals. *Maximum 300 words*

FUNDING CATEGORY: OTHER FOOD (FOOD BANKS & FOOD PANTRIES)

1. Which best describes your Other Food program? Select all that apply.
 - Food Bank
 - Food Pantry
 - Diapers and Feminine Hygiene Products
 - Gift Cards/Certificates
 - Food Vouchers
 - Food Boxes

Transportation Costs

- Total number served in last completed calendar or fiscal year (12 months) through program:
Number of Households (duplicated)
Number of People (duplicated)
- Total number of meals served in last completed calendar or fiscal year (12 months) through program:
- The Los Angeles County Food Equity Roundtable released an [Action Plan](#) in December 2022. How if at all was your organization part of the process? How, if at all, does your organization align to the goals and strategies of the County's action plan? *Maximum 250 words*
- If your organization works with any partner organizations (nonprofit, government, faith, community groups) to distribute food or produce, please describe. Include the scale and frequency of food provided to partner organizations. *Maximum 250 words*
- Describe your organization's processes to properly document and keep records related to purchased food. *Maximum 300 words*

FUNDING CATEGORY: MASS SHELTER

- How many mass shelter sites (as defined by EFSP) do you currently operate within L.A. County?
- How many shelter beds do you operate across your shelter sites within L.A. County?
- Are there any requirements to access a shelter bed? If yes, please explain.
- On average, what is the current cost of a bed night per person? *Calculated based on program cost divided by 365 and number of annual shelter stayers.*
- Total number of households served in last completed calendar or fiscal year (12 months) through shelter program:
Total households exited from shelter program over 12-month time period:
Total exits to permanent housing (rapid rehousing, reunification, PSH):
Total exits to another shelter/interim housing program:
Total exits unknown/other:
- Please provide any additional context related to the services and placement numbers provided that would be helpful for reviewers to know. *Maximum 300 words*
- What is your organization's level of engagement with the Coordinated Entry System (CES), Homeless Management Information System (HMIS), and greater connections to systems partners, like the lead for your Service Planning Area (SPA) and the Los Angeles Homeless Services Authority (LAHSA)? *Maximum 300 words*
- Describe your organization's processes to properly document and keep records related to shelter bed utilization and exits. *Maximum 300 words*

FUNDING CATEGORY: OTHER SHELTER (HOTEL/MOTEL ASSISTANCE)

- Total number of unduplicated households served in last completed calendar or fiscal year (12 months) through hotel/motel assistance program:

2. On average, how many nights were households provided hotel/motel stays?
3. On average, what is the current cost of a bed night per person? *Calculated based on average room cost divided by average household size)*
4. What is your organization's level of engagement with the Coordinated Entry System (CES), Homeless Management Information System (HMIS), and greater connections to systems partners, like the lead for your Service Planning Area (SPA) and the Los Angeles Homeless Services Authority (LAHSA)? *Maximum 300 words*
5. Describe your organization's financial processes to make payments to hotels/motels, including the documentation kept by your organization. *Maximum 300 words*

FUNDING CATEGORY: RENT/MORTGAGE ASSISTANCE

1. Describe the rent/mortgage assistance and other eviction-prevention services your organization currently provides to help keep low-income families in their housing. *Maximum 500 words*
2. Total number of unduplicated households served in last completed calendar or fiscal year (12 months) through rent/mortgage assistance program:
3. On average, what was the value of rent/mortgage assistance paid to supported households?
4. What is your organization's level of engagement with the Coordinated Entry System (CES), Homeless Management Information System (HMIS), and greater connections to systems partners, like the lead for your Service Planning Area (SPA) and the Los Angeles Homeless Services Authority (LAHSA)? *Maximum 300 words*
5. Describe how this program connects clients to other resources to provide access to additional supportive services, as needed, (e.g. Stay Housed LA, Eviction Prevention supports). *Maximum 250 words*
6. Describe your organization's financial processes to pay rental assistance directly to landlords, including the documentation kept by your organization and turnaround time for payment. *Maximum 300 words*