



Please note: Cycle XXVIII spending period will be January 1, 2010 – September 30, 2010. This change reflects a spending extension of current cycle XXVII which will end December 31, 2009.

Date: September 24, 2009

TO: Applicants for Cycle **XXVIII**
Funding from the Emergency Food and Shelter National Board Program

FROM: David M. McCreadie, Jr., Chairman
RI Emergency Food & Shelter Board

RE: Cycle **XXVIII** Application Process

Enclosed is the Application Packet for Cycle XXVIII funding. Contingent upon receipt of a Federal appropriation, the Rhode Island Emergency Food and Shelter Board will be allocating funds for emergency food and/or shelter programs for the coming grant cycle (**1/1/10 to 9/30/10**).

Please Note: Past allocations will not serve as a basis for Cycle XXVIII funding allocations.

Please read all of the enclosed materials carefully, and include all of the supporting documents requested with your application. It is very important that the budget and statistical information be accurate, and that all materials requested be enclosed. For your convenience, a checklist is included.

**APPLICATIONS ARE DUE ON OR BEFORE
THURSDAY, OCTOBER 29, 2009 BY 4:00 P.M.
APPLICATIONS RECEIVED AFTER THIS
DEADLINE WILL NOT BE CONSIDERED.
THERE WILL BE NO EXCEPTIONS.**

Do not use binders or folders. **Do not** provide copies of brochures, audits or any other material not requested with the application. **Do not fax your application.** Please mail or deliver your application (one signed original and five (5) copies) to:

Paola Fernandez, Associate Director Community Investment and Public Policy
Rhode Island Emergency Food and Shelter Board
c/o United Way of Rhode Island
50 Valley Street
Providence, Rhode Island 02909

We do not anticipate any increase in our Federal appropriation for Cycle **XXVIII**; in fact, a decrease

cannot be ruled out.

The Board looks forward to receiving your application. If you have any questions regarding the application process, please call (401) 444-0600.

Mission Statement of the Rhode Island Emergency Food and Shelter Board

Guiding Principle: Hunger and Homelessness are unacceptable. Food and Shelter are basic needs, which should not be denied any resident within the State.

The Mission of the Rhode Island Emergency Food and Shelter Board is to support efforts to improve the quality of life of Rhode Island's residents by eliminating barriers to obtaining food and shelter. The Board supports solutions to hunger and homelessness that empower communities through a partnership with public and private agencies and individuals by the distribution of funds, networking, resource development, research, and advocacy.

I. Introduction

The Rhode Island Emergency Food and Shelter Board announces that proposals are requested to provide emergency food and shelter services in Providence, Kent, Bristol, Washington, and Newport counties from January 1, 2010 to September 30, 2010. The Board anticipates receiving federal and private funds. **Allocations are contingent upon receipt of these funds.**

II. Program Objective

This program is intended to **supplement** or **extend** current available food and shelter resources and **not** for the substitution or reimbursement of other resources for ongoing programs and services. Programs must have been in existence for no less than one (1) year to be eligible to apply for these funds. **No agency will receive more than 50% of their funding for food and/or shelter services from the R.I. Emergency Food and Shelter Board.**

III. Eligible Program Costs

1. Direct provision of emergency food (meal sites, pantries, and vouchers).
2. Direct provision of emergency shelter (mass shelters of 5 or more beds at a per diem allowance of exactly \$12.50 or vouchers for individuals or families for no more than 30 days of assistance must be approved in advance by the local board).
3. Purchase of consumable supplies essential to mass feeding (i.e., cups, utensils, detergent, etc.) and/or mass shelter (i.e., soap, toothbrushes, cleaning materials, etc.).
4. Direct provision of mass feeding at exactly \$2 per meal served must be approved in advance by local board.

IV. Ineligible Program Costs

The following costs have been determined **ineligible by** the National Board or by decision of the Rhode Island Emergency Food and Shelter Board:

1. Rental assistance of any kind (including security deposits, first month's rent, and rent in arrears).
2. Cash payments of any kind.
3. Deposits of any kind.
4. Utility payments of any kind.
5. Mortgage assistance of any kind for individuals or families.
6. Real property (land or buildings).
7. Lease-purchase agreements.
8. Property taxes of any kind.
9. Equipment purchases (i.e., vehicles, stoves, freezers, washers, etc.).
10. Office equipment.
11. Purchase of supplies or equipment for an individual's home or private use.
12. Telephone costs of any kind.
13. Repairs of any kind to an individual's house or apartment.
14. Emergency repairs/building code upgrades to facilities.
15. Rehabilitation of a mass feeding facility or mass shelter, including any rehabilitation for expansion of service.
16. Repairs or rehabilitation to government-owned or profit-making facilities.
17. Payments made directly to a client (including utility assistance [gas, electricity, oil, water, firewood] for individuals and families).
18. Transportation of any kind, including client-owned vehicles.
19. Purchase of medication, medical supplies and /or first aid equipment.
20. Purchase of clothing.
21. Services to natural disaster victims. Supplies bought for and in anticipation of a natural disaster.
22. Salaries, except as administrative allowance and limited to the total allowance of 2%.
23. Administrative cost reimbursement to state, regional, or local offices of governmental or voluntary organizations.
24. Lobbying efforts.
25. Payments for expenses not incurred (i.e., where no goods or services have been provided during new program period).
26. Payments to Local Recipient Organizations (LROs) themselves (internal transfer of funds) for program expenses that are not eligible under these guidelines. Documentation must be provided if internal payments or transfers are made.
27. Encumbrance of funds: that is, payment for goods and/or services which are purchased to be delivered at a later date, unless the goods and/or services are **received prior to** September 30, 2010.
28. Expenditures made prior to anticipated date of commencement – January 1, 2010.
29. Expenditures made after September 30, 2010.

V. Eligibility Requirements

Applications will only be considered from programs which meet the following eligibility

requirements. The applicant agency or organization **must**:

1. Be an existing, on-going program with proven capability to provide emergency food and/or shelter services. In existence no less than one (1) year.
2. Be a not-for-profit 501 (c)(3) with a voluntary Board of Directors; or come under a fiscal agent approved by the Rhode Island Emergency Food and Shelter Board.
3. Practice non-discrimination.
4. Have an accounting system and conduct an annual audit.
5. Agree to expend money only on eligible costs.
6. Provide required reports to the Rhode Island Emergency Food and Shelter Board.
7. **Spend all funds and close out the program by September 30, 2010.**

VI. Program Criteria and Application Criteria

A system for evaluating food and/or shelter programs submitting applications has been developed based on priorities set by the Rhode Island Emergency Food and Shelter Board. Applications will be assessed according to these priorities and will be reviewed and evaluated as to the degree to which these criteria are or are not met. Statistical information will play a major role in determining the allocation of funds. Additionally, the board will take into consideration agency capacity, past performance, other sources of funding and geographic distribution. **No agency will receive more than 50% of their food and/or shelter budget from the RI Emergency Food and Shelter Board.**

VII. TIME LINE FOR THE APPLICATION PROCESS

September 24, 2009 Notice of RFP in Newspaper

October 29, 2009 **Completed applications due. No application will be considered unless received by 4:00 p.m. on this date. Do not fax your application.**

November A review committee of Board members will meet to review all applications. This committee will make recommendations on each application for review by the entire Rhode Island Emergency Food and Shelter Board.

November/December On-site visits of all new applicants and agencies the Executive Committee designates.

December or later (or as soon as amount of money to be allocated is known). Final meeting of Board to allocate grant dollar amounts.

June 2010 Interim Expenditure Report due to the Rhode Island Emergency Food and Shelter Board. Notice and form to be mailed to LROs.

June 30, 2010 Deadline for all requests for second check payments.

VIII. On-Site Visits

The Board reserves the right to make a site visit to help evaluate your agency's food and/or shelter program. If you are designated for a site visit, you will be notified in advance to set up an

appointment. All agencies new to the program can expect a visit before receiving funds.

IX. Performance Period Contingent upon Authorization of Funding.

Program Dates:

Federal funds: January 1, 2010 to September 30, 2010

Private and/or State funds: To be determined

CYCLE XXVIII
RHODE ISLAND EMERGENCY FOOD AND SHELTER BOARD
APPLICATION

Please type or print.

Date _____

1. General Information

Applicant _____

Street Address _____

City/Town _____ Zip _____ County _____

Contact Person _____ Phone # _____ Fax # _____

Email Address _____

Name of program manager _____ Phone if different _____

Email Address _____

Federal Employer Identification Number _____

Copy of 501(c) 3, nonprofit status attached. _____ yes _____ no

Do you have more than one site for delivery of services? _____ yes _____ no

If so, please complete a Subgrantee/Subsidiary Site Form for each one.

2. Financial Information

What were the total agency operating expenditures for calendar 2008? \$ _____

What were the actual 2008 expenditures for the meal site program? \$ _____

What were the actual 2008 expenditures for the food pantry program? \$ _____

What were the actual 2008 expenditures for the shelter program? \$ _____

What was your Food & Shelter allocation for Cycle XXVII (Oct. 1, 2008 – Sept. 30, 2009)? \$ _____

Requested amount for Cycle XXVIII \$ _____

Please provide copies of the above budgets.

What are your projected expenditures for the total agency operating budget for 2009?

\$ _____

Current (2009) Annual Food Budget \$ _____

Current (2009) Annual Shelter Budget \$ _____

Important: Please attach a) a copy of your current budget for the entire agency and b) a detailed budget of your food and/or shelter programs. This should include more than the funds received from the RI Emergency Food and Shelter Board, you cannot receive more than

50% of your food or shelter budget from the RI Emergency Food & Shelter Board. Include a line in the budget for donated food and other items.

3. Request. Please estimate the percentage of the allocation you will receive from the RI Emergency Food and Shelter Board that will be used for the following:

Food Pantry	_____ %
Meal Sites	_____ %
Shelter Per Diem	_____ %
Total	<u>100</u> %

4. Program Statistics - Numbers must be actual, documented figures. Please be accurate. Please complete all sections that apply.

Meal Site

How many actual meals did you provide by month from July 1, 2008 to June 30, 2009?

Jul 08_____ Aug 08_____ Sept 08_____ Oct 08_____ Nov 08_____ Dec 08_____

Jan 09_____ Feb 09_____ Mar 09_____ April 09_____ May 09_____ June 09_____

Total meals provided in Cycle XXVII _____

How many meals do you project to provide in Cycle XXVIII? _____

What days are you open? _____

What meal(s) do you serve on those days? _____

Do you anticipate any interruption of service in the coming year? If so, please describe the reasons, how long, and when. _____

Of all the food served, what percentage is donated? _____

Food Pantry

How many actual meals did you provide by month from July 1, 2008 to June 30, 2009? ***Please note: at minimum, a meal should consist of one serving of protein or dairy, one serving of grains, and one serving of a fruit or vegetable. If your definition of a meal is significantly different, please attach your definition.***

Jul 08_____ Aug 08_____ Sept 08_____ Oct 08_____ Nov 08_____ Dec 08_____
Jan 09_____ Feb 09_____ Mar 09_____ April 09_____ May 09_____ June 09_____

Total meals provided in Cycle XXVII _____

How many meals do you project to provide in Cycle XXVIII? _____

What days and hours are you open? _____

How often can a person/family use the pantry (e.g., once per month, once every three months)?

Do you anticipate any interruption of service in the coming year? If so, please describe the reasons, how long, and when. _____

Of all the food you distribute, what percentage is donated? _____

Shelter

Whom do you shelter? (men, women, children, families) _____

How many emergency beds does your shelter have? _____

How many actual bed nights of emergency shelter did you provide each month from July 1, 2008 to June 30, 2009?

Jul 08_____ Aug 08_____ Sept 08_____ Oct 08_____ Nov 08_____ Dec 08_____
Jan 09_____ Feb 09_____ Mar 09_____ April 09_____ May 09_____ June 09_____

Total bed-nights provided in Cycle XXVII _____

How many individuals do you project to serve in Cycle XXVIII? _____

What are your shelter's days and hours of operation? _____

Does your shelter serve meals?_____ yes ____ no. Breakfast__ Lunch __ Dinner__ Snacks_____

How many meals served to shelter clients from July 1, 2008 to June 30, 2009? (Actual number)

If the projection of the number of shelter nights you plan to provide is different by more or less than 10 % of the numbers served in 2008, please attach an explanation.

All applications and supporting materials must be submitted/received no later than 4:00 p.m. on Thursday, October 29, 2009. Please do not put proposals in binders or folders. Please include any collateral material such as brochures or newsletters. Please do not fax your

application. Copies of audits are not necessary at this time. No late applications will be considered.

We certify that we meet the following eligibility requirements:

1. We are operating an on-going program with proven capability to provide emergency food and/or shelter services.
2. We are a not-for-profit 501 (c)(3) with a voluntary Board of Directors; or come under a fiscal agent approved by the Rhode Island Emergency Food and Shelter Board.
3. We practice non-discrimination.
4. We have an accounting system and conduct an annual audit.
5. We agree to expend funds allocated only on eligible cost items by September 30, 2010.
6. We will provide required reports to the Rhode Island Emergency Food and Shelter Board in a timely manner.

We further certify that all the information provided is accurate, and that all relevant staff and board members are aware that this application has been submitted to the Rhode Island Emergency Food and Shelter Board.

Signature President, Board of Directors

Signature Executive Director

Type or Print Name

Type or Print Name

Date

Date

Sub-grantee/Subsidiary Sites. If your application includes sub-grantees/subsidiary sites, please complete the following for each organization.

Site/Sub-grantee Name _____

Street Address _____

City/Town _____ Zip _____ County _____

Contact Person _____ Phone _____

Location of feeding program if different than above. _____

Type of Program? Soup Kitchen/ Meal Site _____ Pantry _____

Days/hours of operation _____

Actual Income for meal site or pantry received from all sources in 2008

Cash \$ _____

Donated Food \$ _____

Other (describe) \$ _____

Total \$ _____

What percentage of the food served is donated? _____

How many actual meals did you provide by month from July 1, 2008 to June 30, 2009? ***Please note: at minimum, a meal should consist of one serving of protein or dairy, one serving of grains, and one serving of a fruit or vegetable. If your definition of a meal is significantly different, please attach your definition.***

Jul 08 _____ Aug 08 _____ Sept 08 _____ Oct 08 _____ Nov 08 _____ Dec 08 _____

Jan 09 _____ Feb 09 _____ Mar 09 _____ April 09 _____ May 09 _____ June 09 _____

Total meals provided July 2008 to June 2009 _____

How many meals do you project you will provide from July 2009 to June 2010? _____

I certify the information provided is accurate and that this organization wishes to participate in Cycle XXVIII of the RI Emergency Food and Shelter Program.

Signed _____ Print Name _____

Title _____ Date _____

RHODE ISLAND EMERGENCY FOOD AND SHELTER BOARD

CYCLE XXVIII PROPOSAL CHECKLIST

In order for us to successfully evaluate your proposal, please,

- _____ Complete all sections of the application.
- _____ Make sure that all numbers and statistics are accurate.
- _____ Be as specific as possible in completing your answers.
- _____ Be sure that all required supporting materials are enclosed.
- _____ Enter your Federal Employer Identification Number on page 1.
- _____ Fill out the information requested for each satellite site/sub-grantee, if applicable.
- _____ Be sure the application is signed by the Chairman of the Board of Directors *and* the Executive Director.
- _____ Get your application in as soon as possible. Note that **complete** applications must be received by the due date in order to be considered. Allow yourself enough time for signatures, mailing or delivery.

There will be no exceptions to the deadline.

If you have any questions or need assistance, call 444-0600.

Submit ONE (1) signed original and five (5) copies of your complete proposal and supporting materials. No folders or binders please. Please do not fax your proposal.

Mail or deliver to:

**Paola Fernandez, Associate Director Community Investment and Public Policy
Rhode Island Emergency Food and Shelter Board
United Way of Rhode Island
50 Valley Street
Providence, Rhode Island 02909**

**ALL APPLICATIONS MUST BE RECEIVED BY
4:00 P.M. ON THURSDAY, OCTOBER 29, 2009.**