

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures					
Operating Costs	292,325				
External Revenue	(292,325)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes No

Does this item include the use of federal funds? Yes No

Budget Account No.:

Fund 1160 Dept. 148 Unit 1361 Object 8301 Program Code Var. Program Period GY20

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Funding source is Federal Emergency Food and Shelter National Board Program

C. Departmental Fiscal Review:

DocuSigned by:
Julie Dowe

Julie Dowe, Director, Financial & Support Services

Taruna Malhotra, Assistant Director, Community Svcs

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

[Handwritten signature] OFMB *8/11/2020*
[Handwritten signature] Contract Development and Control *8/17/2020*

B. Legal Sufficiency:

[Handwritten signature] Assistant County Attorney *8-11-2020*

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

MEMORANDUM



TO: Dave Kerner, Mayor
Board of County Commissioners

THRU: Verdenia C. Baker, County Administrator
Board of County Commissioners

DocuSigned by:
Verdenia Baker
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THRU: Nancy L. Bolton, Assistant County Administrator
Board of County Commissioners

DocuSigned by:
Nancy Bolton
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FROM: James Green, Director
Community Services Department

DocuSigned by:
Tanura Mallotra
1459E4101F1049C...

DATE: June 1, 2020

RE: Emergency Food and Shelter Program (EFSP) Phase CARES Application

Pursuant to Section 309 of the Administrative Code, your signature is needed on the Emergency Food and Shelter Program (EFSP) Phase CARES application.

The Emergency Food and Shelter National Board Program is a restricted federal grant that provides EFSP funds. The United Way of Palm Beach County, Inc. (United Way) administers the award locally. The Division of Human and Veteran Services (DHVS) has received EFSP funds for the past 25 years. The DHVS is applying for funds in the amount of \$300,000 to provide rental assistance to families in need. These are non-recurring funds and no County match is required.

The EFSP Phase CARES application was made available on May 21, 2020 with instructions to submit by noon on June 5, 2020. The target for submission is June 5, 2020. The emergency signature process is being utilized because there is not sufficient time to submit the application through the regular BCC agenda process. Staff will submit this item at the next available BCC meeting.

If additional information is needed, please contact Wendy Tippett, (561)355-4775.

Approved: DocuSigned by:
Tanura Mallotra
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Assistant Department Director

Derrek Moore
OFMB

DocuSigned by:
Helene C. Hvizd
BF3DF20B2223413...

Helene Hvizd
Assistant County Attorney

DocuSigned by:
Nancy Bolton
8231808A3C4F433...
Assistant County Administrator

Attachment: Emergency Food and Shelter Program Phase CARES Application.

Community Services Department

810 Datura Street
West Palm Beach, FL 33401
(561) 355-4700
Fax: (561) 242-7336

www.pbcgov.com/communityservices



Palm Beach County
Board of County
Commissioners

Dave Kerner, Mayor

Robert S. Weinroth, Vice Mayor

Hal R. Valeche

Gregg K. Weiss

Mary Lou Berger

Melissa McKinlay

Mack Bernard

County Administrator

Verdenia C. Baker

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Affirmative Action Employer"

Official Electronic Letterhead

**PHASE CARES
EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION
Federal Emergency Management Agency/Palm Beach County**

AGENCY CONTACT INFORMATION

Agency Name: Palm Beach County Division of Human and Veteran Services

Executive Director: Wendy Tippett

EFSP Contact Person & Title: Sonya McNair, Homeless Program and Contract Manager and/or Wendy Tippett, Division Director

Address: 810 Datura Street

City, State, Zip Code: West Palm Beach, FL 33401

E-Mail: smcnair@pbcgov.org

Telephone: (561)355-9901

Federal ID: 59-6000785

DUNS Number: 078470481

Local Recipient Organization (LRO) Number (if applicable): 168600019

REQUEST FOR FUNDING

Provide your Phase CARES EFSP request for funding broken down in the following categories. Use the unit of service definitions included in this application.

	CATEGORY	REQUEST AMOUNT	ESTIMATED UNITS OF SERVICE	UNIT COST
A	Served Meals			
B	Other Food (Pantry) <ul style="list-style-type: none"> • Pantry • Gift Cards 			
C	Mass Shelter <ul style="list-style-type: none"> • Transitional Housing 			
D	Other Shelter <ul style="list-style-type: none"> • Hotel/Motel 			
E	Rent/Mortgages	\$300,000	300	\$1000
F	Utility Payments			
G	Total Request (add A through F)	\$300,000	300	\$1000

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Federal Emergency Management Agency/Palm Beach County**

AGENCY INFORMATION

All applicants are to complete this section. Only submit this section once, even if requesting participation in multiple EFSP categories. You are encouraged to thoroughly yet succinctly respond to each question.

1. How many years has the agency been in existence? 110
2. How many years has the agency been providing emergency support services? 53 years
3. What are the agency's overall mission and goals? (1000 character maximum)

Over the last decade, the Division has strengthened its Case Management model of service delivery utilizing Housing Focused Case Management. Instead of a one-time payment of delinquent rent or utility bills, eligible households are engaged in a thorough Intake & Assessment; provided structured services that address barriers to economic stability; & provide intensive Case Management to assist them in gaining or regaining housing stability. After the initial emergency issue is addressed, this model involves evaluating services that address barriers related to maintaining housing. The services provided assist households with a more comprehensive plan to sustain their housing stability. This plan could involve assisting households in relocating to a less expensive housing option, linking the household with a training program that will increase the household's income, or assisting the household with applying for eligible benefits such as SSI or SSDI. The Division also serves homeless individuals utilizing harm reduction & housing first modalities. One of the most effective ways to reach homeless individuals is through Outreach by engaging in one-to-one conversations conducted by the Homeless Outreach Team (HOT). The HOT goes to places throughout the county where homeless individuals are known to congregate. The friendly, non-threatening discussions build trust & rapport, enable the HOT to complete an assessment & identify available services. For those who choose to participate, they are rapidly re-housed (RRH) from the street or after a short stay in emergency shelter. RRH assistance is determined based on individual needs, but is possible up to 12 months. Ongoing Case Management provided assists the individuals in obtaining economic stability through employment, obtaining benefits such as SSI, SSDI, and/or Veteran assistance. Lastly, the Division has Veteran Services Officers who assist Veterans in obtaining cash benefits as well as health care services.

4. Briefly describe services the agency provides to the community. (2000 character maximum)

5. Is the agency an access partner with the Florida Department of Children and Families?

Yes x No N/A

If no, indicate why not? (1000 character maximum)

6. If applying for the categories Mass Shelter, Other Shelter, Rent/Mortgage and Utility Payments, are you a member of the Palm Beach County Homeless and Housing Alliance (HHA) (Formerly the Continuum of Care)?

[HHA delivers a comprehensive and coordinated continuum of services for homeless individuals and families. Components include homeless prevention, outreach and assessment, emergency shelter, transitional housing,

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supportive services, permanent housing, and permanent supportive housing. The HHA includes a variety of community-based members that meet monthly.]

Yes x No N/A

If no, indicate why not? (1000 character maximum)

7. The Palm Beach County Homeless Management Information System [*Client Management Information System (CMIS) ClientTRACK*] was created to avoid duplication of services provided to an individual by multiple agencies. EFSP requires immediate entry of client data at the time of services and prior to issuance of any funds.

Is the agency an active user of CMIS ClientTRACK?

Yes x No

Does the agency utilize CMIS ClientTRACK beyond EFSP?

Yes No

If no, explain why not? (1000 character maximum)

8. How does the agency provide services to people with disabilities, including those who require reasonable accommodation as required by the Americans with Disabilities Act (ADA)? (*For example, describe the agency's policies and procedures to assist clients who require a Sign Language Interpreter, assistance in filling out forms, wheelchair accessibility, and/or accessibility for service animals in the proposed EFSP-funded program services locations.*) (2000 character maximum)

All of the buildings/offices that Palm Beach County Division of Human Services operates from are ADA compliant, including wheelchair accessibility. Service Animals are allowable in all County locations. The buildings are accessible by public transportation. Each Division office has at least one staff person that speaks Spanish. Any case requiring a Spanish interpreter is assigned to that specific worker automatically. For Creole speaking individuals, the Belle Glade office has staff who speaks Creole and those cases are assigned automatically. For all other offices, when the need for Interpreter Services, especially for those where a Sensory Impairment is identified, the services are secured when individuals applying for services walk-in, The Division utilizes a Purchase Agreement rather than a contract. If Interpreter Services are necessary, the staff makes proper accommodations and client is given an appointment to come back once these services are arranged. If required or requested, Case Managers are available to conduct home visits in order to provide services

EFSP FUNDING HISTORY

9. Has your agency ever received EFSP funding?

Yes x No

10. If your agency has received funding, provide the following information for the past two phases.

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Funding Category	Phase 35				Phase 36			
	Amount of EFSP Funding requested	Units of service proposed	Amount of EFSP funding received*	Units of service provided with EFSP funding	Amount of EFSP Funding requested	Units of service you proposed	Amount of EFSP funding received*	Units of service provided with EFSP funding
Served Meals								
Other Food								
Mass Shelter								
Other Shelter								
Rent/Mortgage	\$300,000	\$240,000	233 households	233 households	\$300,000	300 households	209,849	257 households
Utility								
Total	\$300,000		\$240,000	233 households	\$300,000		\$209,849	257 households

*This amount should reflect any approved redistribution of funds.

11. Did the agency have any EFSP compliance issues that resulted in the agency having to return money?

Yes No x N/A

If yes, how much?

Explain: (1000 character maximum)

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Federal Emergency Management Agency/Palm Beach County**

CATEGORY NARRATIVE: SERVED MEALS

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to thoroughly yet succinctly respond to each question. If the program operates at multiple sites, respond to specific sites requesting funding. Indicate whether the answer applies to all sites or answer per site and estimate the amount of EFSP funding the agency will designate to each site. Read the questions thoroughly and include only narrative that answers the question directly.

- 1. Target Population** (3000 character maximum)
 - a. Describe the primary target population served by this program; i.e., demographic data and geographic area served.
 - b. Describe the eligibility requirements for the "served meals" program and how the program ensures that everyone, not just the agency's clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

- 2. Program** (7000 character maximum)
 - a. Provide a description of the program services, in relation to the funding category.
 - b. How is the vendor/supplier chosen? Describe the rationale for choosing this vendor.
 - c. Describe the program's efforts to ensure optimal value (including nutritional value) when purchasing food.
 - d. Describe the agency's administrative structure and the program's staffing structure. If funded, how will the staffing meet the increased number of clients the agency will serve.
 - e. Describe how the program's staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients. *[For example, referral and/or linkage to 211, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Low Income Home Energy Assistance Program (LIHEAP), Emergency Home Energy Assistance for the Elderly Program (EHEAP), Florida Power & Light's Care to Share Program]*

- 3. Success and Results** (3000 character maximum)
 - a. Describe how the EFSP funds will be used to enhance or expand current services.
 - b. Describe the current system the program is using to measure results. How is the data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
 - c. Briefly describe the program's case management services, if any, including determination of client stabilization plan and 30-60 days follow-up.

- 4. Accounting and Financial Stability** (3000 character maximum)
 - a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency's documentation requirements for EFSP funds, internal controls and staff responsible for financial management.
 - b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

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5. Budget

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Other funding sources must be in place for the program for which you are applying. EFSP funding requests may not be more than 50% of the current fiscal year program budget.

Total Program Budget

Complete the table below and indicate the amount of the current fiscal year (FY) program budget line item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding previous EFSP funding		Phase CARES Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Congregate meals (Unit = 1 Person)				
Home Delivered Meal (Unit = 1 Person)				

Note: EFSP funding is intended to provide for daily, basic, nutritional meal costs on an ongoing basis. The funding is not intended to be used for a singular event, special events/celebratory events/holiday meals, etc. Also, dessert items (i.e., cookies, snack food, candy, etc.) used as part of a daily meal plan may be purchased in limited amounts. **The daily per served meal allowance is exactly \$2.**

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CATEGORY NARRATIVE: OTHER FOOD

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to thoroughly yet succinctly respond to each question. If the program operates at multiple sites, respond to specific sites requesting funding. Indicate whether the answer applies to all sites or answer per site and estimate the amount of EFSP funding the agency will designate to each site. Read the questions thoroughly and include only narrative that answers the question directly.

- 1. Target Population** (3000 character maximum)
 - a. Describe the primary target population served by this program; i.e., demographic data and geographic area served.
 - b. Describe the eligibility requirements for the "other food" program and how the program ensures that everyone, not just the agency's clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

- 2. Program** (7000 character maximum)
 - a. Provide a description of the program services, in relation to the funding category.
 - b. How is the vendor/supplier chosen? Describe the rationale for choosing this vendor.
 - c. Describe the program's efforts to ensure optimal value (including nutritional value) when purchasing food.
 - d. Indicate if the food pantry is a brick and mortar facility or a mobile food service.
 - e. Indicate whether the agency receives USDA commodities.
 - f. Describe the agency's administrative structure and the program's staffing structure. If funded, how will the staffing meet the increased number of clients the agency will serve.
 - g. Describe how the program's staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients. *[For example, referral and/or linkage to 211, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Low Income Home Energy Assistance Program (LIHEAP), Emergency Home Energy Assistance for the Elderly Program (EHEAP), Florida Power & Light's Care to Share Program]*

- 3. Success and Results** (3000 character maximum)
 - a. Describe how the EFSP funds will be used to enhance or expand current services.
 - b. Describe the current system the program is using to measure results. How is the data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
 - c. Briefly describe the program's case management services, if any, including determination of client stabilization plan and 30-60 days follow-up.

- 4. Accounting and Financial Stability** (3000 character maximum)
 - a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency's documentation requirements for EFSP funds, internal controls and staff responsible for financial management. *Note: Gift cards are eligible only if they can be marked/encoded "Food Only". The same applies for food vouchers and gift certificates. There must be an agreement with the vendor that food items only will be allowed, and no cash will be returned to clients.*

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- b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

5. Budget

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Other funding sources must be in place for the program for which you are applying. EFSP funding requests may not be more than 50% of the current fiscal year program budget.

Total Program Budget

Complete the table below and indicate the amount of the current fiscal year (FY) program budget line item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding previous EFSP funding		Phase CARES Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Pantry/Bulk Food (Unit = Pounds/Bags)				
Gift Cards/Certificates (Unit = Household)				

Note: EFSP funding is intended to provide for basic, nutritional meals on an ongoing basis and not for non-nutritive items. The "other food" category is intended to allow agencies such as food pantries and food banks to pay for the purchase of food items, food vouchers and food gift cards/certificates to assist in the feeding of eligible clients. The funding is not intended to be used for a singular event, special celebratory events, holiday baskets, etc. Also, dessert items (i.e., cookies, snack food, candy, etc.) used as part of a daily meal plan may be purchased in limited amounts.

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CATEGORY NARRATIVE: MASS SHELTER

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to thoroughly yet succinctly respond to each question. If the program operates at multiple sites, respond to specific sites requesting funding. Indicate whether the answer applies to all sites or answer per site and estimate the amount of EFSP funding the agency will designate to each site. Read the questions thoroughly and include only narrative that answers the question directly.

- 1. Target Population** (3000 character maximum)
 - a. Describe the primary target population served by this program; i.e., demographic data and geographic area served.
 - b. Describe the eligibility requirements for the "mass shelter" program and how the program ensures that everyone, not just your clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

- 2. Program** (7000 character maximum)
 - a. Provide a description of the program services, in relation to the funding category.
 - b. Provide the program's shelter bed capacity and how many bed nights will be funded by EFSP funds.
 - c. How is the vendor chosen? Describe the rationale for choosing this vendor.
 - d. Describe how the program will ensure the safety and quality of the living environment.
 - e. Describe the agency's administrative structure and the program's staffing structure. If funded, how will the staffing meet the increased number of clients the agency will serve.
 - f. Describe how the program's staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients. *[For example, referral and/or linkage to 211, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Low Income Home Energy Assistance Program (LIHEAP), Emergency Home Energy Assistance for the Elderly Program (EHEAP), Florida Power & Light's Care to Share Program]*?

- 3. Success and Results** (3000 character maximum)
 - a. Describe how the EFSP funds will be used to enhance or expand current services.
 - b. Describe the current system the program is using to measure results. How is the data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
 - c. Briefly describe the program's case management services, if any, including determination of client stabilization plan and 30-60 days follow-up.

- 4. Accounting and Financial Stability** (3000 character maximum)
 - a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency's documentation requirements for EFSP funds, internal controls and staff responsible for financial management.
 - b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

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5. Budget

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Other funding sources must be in place for the program for which you are applying. EFSP funding requests may not be more than 50% of the current fiscal year program budget.

Total Program Budget

Complete the table below and indicate the amount of the current fiscal year (FY) program budget line item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding previous EFSP funding		Phase CARES Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Mass Shelter (Unit = 1 Bed)				

Note: EFSP funding is intended to be utilized to supplement the costs of operating a homeless shelter of 5 beds or more and expand services provided and/or the number of clients served. **The per diem allowance per person per night is exactly \$12.50.**

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CATEGORY NARRATIVE: OTHER SHELTER

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to thoroughly yet succinctly respond to each question. If the program operates at multiple sites, respond to specific sites requesting funding. Indicate whether the answer applies to all sites or answer per site and estimate the amount of EFSP funding the agency will designate to each site. Read the questions thoroughly and include only narrative that answers the question directly.

- 1. Target Population** (3000 character maximum)
 - a. Describe the primary target population served by this program; i.e., demographic data and geographic area served.
 - b. Describe the eligibility requirements for the "other shelter" program and how the program ensures that everyone, not just the program's clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

- 2. Program** (7000 character maximum)
 - a. Provide a description of the program services, in relation to the funding category.
 - b. What criteria are used in choosing the hotels/motels?
 - c. Describe the program's methods in monitoring the hotels/motels used by the clients.
 - d. Describe the agency's administrative structure and the program's staffing structure. If funded, how will the staffing meet the increased number of clients the agency will serve.
 - e. Describe how the program's staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients. *[For example, referral and/or linkage to 211, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Low Income Home Energy Assistance Program (LIHEAP), Emergency Home Energy Assistance for the Elderly Program (EHEAP), Florida Power & Light's Care to Share Program]*

- 3. Success and Results** (3000 character maximum)
 - a. Describe how the EFSP funds will be used to enhance or expand current services.
 - b. Describe the current system the program is using to measure results. How is the data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
 - c. Briefly describe the program's case management services, if any, including determination of client stabilization plan and 30-60 days follow-up.

- 4. Accounting and Financial Stability** (3000 character maximum)
 - a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency's documentation requirements for EFSP funds, internal controls and staff responsible for financial management.
 - b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

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5. Budget

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Other funding sources must be in place for the program for which you are applying. EFSP funding requests may not be more than 50% of the current fiscal year program budget.

Total Program Budget

Complete the table below and indicate the amount of the current fiscal year (FY) program budget line item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding previous EFSP funding		Phase CARES Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Hotel/Motel (Unit = Household)				

Note: EFSP funding is intended to allow agencies to provide off-site emergency lodging (room and tax only) in a hotel/motel or other off-site shelter facility of eligible clients. Agencies may not operate as vendors for themselves or other LROs; self-billing is not eligible with this funding. EFSP funds may pay for no more than 30 days of hotel/motel stay.

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CATEGORY NARRATIVE: RENT/MORTGAGE

Program Name: Palm Beach County Division of Human and Veteran Services Housing Stabilization Program

Provide a summary of the program for which you are requesting funding. You are encouraged to thoroughly yet succinctly respond to each question. If the program operates at multiple sites, respond to specific sites requesting funding. Indicate whether the answer applies to all sites or answer per site and estimate the amount of EFSP funding the agency will designate to each site. Read the questions thoroughly and include only narrative that answers the question directly.

1. Target Population (3000 character maximum)

- a. Describe the primary target population served by this program; i.e., demographic data and geographic area served.
- b. Describe the eligibility requirements for the "rent/mortgage" program and how the program ensures that everyone, not just the program's clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

A. Rent will be provided countywide, to all residents of Palm Beach County and will target families with children, individual households including elderly who face eviction or may be experiencing a financial crisis. Rent may also be provided to homeless individuals who have been rapidly re-housed from the street or emergency shelter. The homeless population targets chronically homeless, single male and female adults, above the age of 18; with a focus on those with substance abuse, mental illness, HIV/AIDS, or Veterans.

B. Eligibility services through the Division's Housing Stabilization offices will include PBC residents regardless of income. Generally, the Division serves households within 150% of FPLG but EFSP funds allow the Division to expand services to PBC households regardless of their income levels. Eligibility includes homeless persons who are on the streets; or in a place not meant for human habitation; fleeing domestic violence, or who are in an emergency shelter. The Division has three area offices where individuals/families can apply for Rent Payment assistance. The North County Office is located at 1440 Martin Luther King Blvd., Riviera Beach, FL. The South County Office is located at 225 South Congress Ave, Delray Beach, FL and the West County Office is located at 38754 State Road 80, Belle Glade, FL. Offices are open Monday through Friday 8:00am until 5:00pm. The Division also participates in community outreach efforts and conducts assessments and eligibility determination directly during these events. For homeless persons, services are initiated through the Homeless Outreach Team the Rapid Re-Housing Case Managers who provide the on-going services. The Division utilizes Coordinated Entry through the Homeless Resource Center to triage and schedule appointments for the Division as well as other agencies providing Housing Stabilization services. This allows one contact number to access a multitude of services.

2. Program (7000 character maximum)

- a. Provide a description of the program services, in relation to the funding category.
- b. Describe the agency's administrative structure and the program's staffing structure. If funded, how will the staffing meet the increased number of clients the agency will serve.
- c. Describe how the program's staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients *[For example, referral and/or linkage to 211, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Low Income Home Energy Assistance Program (LIHEAP), Emergency Home Energy Assistance for the Elderly Program (EHEAP), Florida Power & Light's Care to Share Program]*?

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EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION
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A. In the Housing Stabilization offices, the Division offers rent and utility assistance to individuals and families. An Assessment is conducted to assist the Case Manager and household in determining what is impeding the household from obtaining or maintaining housing stability. Once the assessment is completed, an Individual Service Plan (ISP) is developed that outlines action steps for each household that addresses what is impeding the household from sustaining housing. The Division has access to multiple funding sources other than EFSP that are available to support the household. This allows the Division to provide a more comprehensive array of services. The Division has also built long-standing relationships with other Not-For-Profits and Faith Based Organizations that provide additional access to funding that further enhances services for the households being served. The Division accesses these services for the household so they do not have to travel to multiple agencies for needed services. Case management services are provided to all households for at least a minimum of 30 days or longer as needed, focusing on activities geared toward housing stability such as budgeting, bill paying, completing benefit applications, training opportunities, and linkages to other needed services. Case Management continues until the actions and goals established in the ISP are achieved. Follow-up contact is made by telephone, office or home visit, as appropriate, and defined by the ISP. Follow up is also made within 30 days of services ending. The Homeless Services Teams will utilize the rental assistance to provide the first month's rent for homeless clients that are evaluated as needing rapid re-housing; the most vulnerable and most likely to die on the street. They are assessed using the SPDAT (Service Prioritization Decision Assistance Tool), the common assessment tool adopted by the Homeless and Housing Alliance. Once placed, ongoing case management and additional rental assistance is provided until the individual is able to maintain the rent on their own based on assessed need. Again, the Division has the availability to access all County financial resources as well as those available through partner agencies.

B. Rent Payment assistance will be provided, and progress monitored by Case Managers in the Division's three area offices. All three offices have a Casework Supervisor on-site. Twelve Case Managers are available across the three offices to provide services throughout the County. A Contract/Grants Coordinator provides consultation and monitoring related to EFSP eligibility criteria and service delivery. An Operations Supervisor oversees the Casework Supervisors for the three area offices. The Contract/Grants Coordinator and the Division Operations Supervisor report to the Division Director. The Division has fiscal and programmatic capacity to perform all of the requirements of the grant. The Homeless Services Staff consists of two Supervisors and fourteen Case Managers who also receive oversight from the Contract/Grants Coordinator and Operations Supervisor. All Division staff are cross-trained and can support any office when the demand is greater than the available staff for that office. Having multiple offices also allows households to choose to access services from any office. This is beneficial particularly for households that may work closer to an office than the one they live near. If needed, the Division also has the ability to hire temporary staff for up to six months should the demand for services warrant it.

C. As a first step during the process of serving clients, the Division completes an assessment of needs and assists clients at that time to access a diverse array of services. All of the services provided through case management are to assist the client to achieve housing stability. The Division has an agreement with FPL to determine eligibility and administer Care-to-Share requests. Staff assists clients with their applications for EHEAP with the Department's Senior Services Division and the Community Action offices for LIHEAP. The Division continuously supports the household during the delivery of services, including assisting them with applications and linkages for services with community partners and faith-based organizations county-wide, including 2-1-1 and those services funded by ESG, CDBG and HUD.

3. Success and Results (3000 character maximum)

- a. Describe how the EFSP funds will be used to enhance or expand current services.
- b. Describe the current system the program is using to measure results. How is the data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
- c. Briefly describe the program's case management services, if any, including determination of client stabilization plan and 30-60 days follow-up.

PHASE CARES
EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION
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A. EFSP funds are used to enhance the Division's current services. First, EFSP allows the Division the flexibility of serving any Palm Beach County resident regardless of income and couple that funding with resources available through community partners. Thus, allowing the Division to reach a greater number of residents and provide a more comprehensive array of services. Secondly, the EFSP funds allow the Division to expand the amount and number of services provided to each household by utilizing EFSP funds first. Often by utilizing these funds first, enables the Division the opportunity to provide more than one month's assistance thereby allowing the household the opportunity to build a financial safety net.

B. The Division measures results in multiple ways. First, the Division measures the number of households that avoid eviction or the number of household that reduce housing expenses after relocating to a less expensive unit as a result of the financial assistance. For those rapidly re-housed, the division measures the number of households that are able to sustain housing. The data is tracked in Client Track by collecting information as households begin services, at interim timeframes, at exit and one year after services have ended. The Department of Community Services has developed a Client Satisfaction Survey through Survey Monkey and the Community Services Department Director has conducted multiple focus groups throughout Palm Beach County to directly lead discussions with participants as to their satisfaction with all Department services.

C. The Division's premise is that Case Management is crucial not just at the initial intake, but throughout the life of a case. Many persons served only want to deal with the presenting emergency and resist steps necessary to determine how they arrived at the current situation and how they might prevent future recurrence of emergencies. The Division has a service delivery system of comprehensive Case Management with outcome measures. After the initial Intake is completed, an Individual Service Plan is developed. For those served through Rapid Re-Housing placement, intensive case management involves contact twice weekly at a minimum with contact often occurring after regular business hours to accommodate clients' schedules. Home visits reduce as the individuals reconnect with the community and achieve housing stability. Also, during the first thirty days, the Case Managers act as liaisons for clients assisting them in obtaining identification and providing linkage to assistance such as Veterans Services; Mental Health and Substance Abuse Services; Career Source; and NA/AA Meetings. Food Stamps are directly applied for through ACCESS as the Division is a Partner. Case Management is provided on the average for one year. For those served through Housing Stabilization, case management services are provided to all households for at least a minimum of 30 days or longer as needed, focusing on activities geared toward housing stability such as budgeting, bill paying, completing benefit applications, training opportunities, and linkages to other needed services. Follow-up contact is made by telephone, office or home visit, as appropriate, and as defined by the ISP. Case Management continues until the actions and goals established in the ISP are achieved for an average of six months. Follow up is also made within 30 days of the services ending

4. Accounting and Financial Stability (3000 character maximum)

- a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency's documentation requirements for EFSP funds, internal controls and staff responsible for financial management.
- b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

A. Annually, the Division Supervisors and Administrative Staff attends the training provided by United Way regarding EFSP compliance requirements including the backup documentation required for each funding activity. The Supervisors then review these requirements with their staff. The Division has specific program policies and procedures for each Division Program and funding resource. The Division has multiple sources of funding which are set up by in the County's Financial Accounting System by funding source, fiscal year or grant year and by allowable service for each funding resource. This

**PHASE CARES
EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION
Federal Emergency Management Agency/Palm Beach County**

information is all recorded in an electronic accounting system. As each service is provided, Case Managers electronically generate an invoice for that service. Each invoice identifies the funding source by the assigned accounting code and submitted for approval to the Case Work Supervisor. The Supervisor reviews the invoice to determine if the appropriate funding source was utilized and that the service is an allowable expense for that funding source. If the information is accurate, the Supervisor approves the invoice and electronically submits it to the Division's fiscal department. The invoice is then reviewed by three levels of fiscal staff. After the final fiscal review, the invoice is then submitted electronically to the Finance Department which is administered by the Palm Beach County Clerk of the Courts. The Finance Department reviews the invoice for accuracy and ensures it meets the threshold for payment. The Finance Department records the expenditure in the County's Accounting System and a check is cut and mailed to the appropriate vendor. On a separate note, the Division's Contract Grants Coordinator sets up an excel spreadsheet as defined in the EFSP manual so the Division's offices can enter each EFSP service provided. On a monthly basis, the Case Work Supervisors and Contract Grants Coordinator reconcile the expenditures on the spreadsheet to Client Track Entries as well as the County's Financial Accounting System.

B. The Division of Human & Veteran Services current operating budget for FY19 is \$13,361,264. The Division has been awarded EFSP funds for over twenty years and during that time has not received any findings or returned any of the funds

5. Budget

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Other funding sources must be in place for the program for which you are applying. EFSP funding requests may not be more than 50% of the current fiscal year program budget.

Total Program Budget \$1,830,980.31

Complete the table below and indicate the amount of the current fiscal year (FY) program budget line item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding previous EFSP funding		Phase CARES Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Rent/Mortgage (Unit = Household)	\$1,830,980.31	577	\$300,000	300

Note: EFSP funding is intended to provide one-time payment of rent or mortgage (principal and interest only (P&I)) up to \$1,000 for qualifying clients. A one-time payment of \$250.00 or less is allowed when it is not possible to verify the monthly amount. Payment must be in arrears or due within 10 calendar days and must guarantee an additional 30 days of service. These funds may NOT be used for Deposit Fees, Late Fees, or Condo Fees.

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CATEGORY NARRATIVE: UTILITY

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to thoroughly yet succinctly respond to each question. If the program operates at multiple sites, respond to specific sites requesting funding. Indicate whether the answer applies to all sites or answer per site and estimate the amount of EFSP funding the agency will designate to each site. Read the questions thoroughly and include only narrative that answers the question directly.

1. Target Population (3000 character maximum)

- a. Describe the primary target population served by this program; i.e., demographic data and geographic area served.
- b. Describe the eligibility requirements for the "Utility" program and how the program ensures that everyone, not just the program's clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

2. Program (7000 character maximum)

- a. Provide a description of the program services, in relation to the funding category.
- b. Describe the agency's administrative structure and the program's staffing structure. If funded, how will the staffing meet the increased number of clients the agency will serve.
- c. Describe how the program's staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients. *[For example, referral and/or linkage to 211, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Low Income Home Energy Assistance Program (LIHEAP), Emergency Home Energy Assistance for the Elderly Program (EHEAP), Florida Power & Light's Care to Share Program]*

3. Success and Results (3000 character maximum)

- a. Describe how the EFSP funds will be used to enhance or expand current services.
- b. Describe the current system the program is using to measure results. How is the data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
- c. Briefly describe the program's case management services, if any, including determination of client stabilization plan and 30-60 days follow-up.

4. Accounting and Financial Stability (3000 character maximum)

- a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency's documentation requirements for EFSP funds, internal controls and staff responsible for financial management.
- b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

**PHASE CARES
EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION
Federal Emergency Management Agency/Palm Beach County**

5. Budget

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Other funding sources must be in place for the program for which you are applying. EFSP funding requests may not be more than 50% of the current fiscal year program budget.

Total Program Budget

Complete the table below and indicate the amount of the current fiscal year (FY) program budget line item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding previous EFSP funding		Phase CARES Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Gas (Unit = Household)				
Electricity (Unit = Household)				
Water (Unit = Household)				

Note: EFSP funding is intended to provide one-time payment of utility assistance for metered (gas, electricity, water, and sewer) services up to \$200 with an itemized bill for qualifying clients. EFSP allows a payment of \$100 or less on a utility bill with a past due amount or shut-off notice of \$100 or more without the monthly breakdown showing the client's monthly billing amount. The monthly information must be verified with the utility company. If one month's service cannot be verified from the bill or with the utility company, the LRO may pay up to \$100 per individual or household provided at least \$100 is owed on the bill. Payment must be in arrears or due within 10 calendar days and must guarantee an additional 30 days of service. These funds may NOT be used for Late Fees or Deposit Fees.

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM PHASE CARES FISCAL AGENT/FISCAL CONDUIT AGENCY RELATIONSHIP CERTIFICATION

This certification must be signed by each agency receiving funds through a Fiscal Agent/Fiscal Conduit Agency at the beginning of the funding cycle.

By signing this Fiscal Agent/Fiscal Conduit Agency Relationship Certification Form, our agency certifies we have read and understand the Emergency Food and Shelter Program (EFSP) Phase 35 Responsibilities and Requirements Manual, the Phase 36 Addendum, and the Phase 37 and CARES Addendum, including the Grant Agreement Articles, Financial Terms and Conditions, and Other Terms and Conditions as well as the Eligible and Ineligible Costs and Documentation sections and agree to comply with all program requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program including those not specifically stated in the Manual. All appropriate staff and volunteers have been informed of EFSP requirements. The Local Board, Fiscal Agent/Fiscal Conduit and the agency(ies) benefitting through the relationship have retained a copy of this form for their records.

As a recipient agency (through the Fiscal Agent/Fiscal Conduit noted below) of Emergency Food and Shelter National Board Program (EFSP) funds made available for CARES and as the duly authorized representative of

Palm Beach County Board of County Commissioners

(NAME OF AGENCY)

Approved As To Form
And Legal Sufficiency:

DocuSigned by:

Helene C. Hvizd

By:

Senior Assistant County Attorney

I certify that my public or private agency:

Has a Fiscal Agent/Fiscal Conduit approved by the Local Board:

Julie Dowe, Director of Finance and Support Serv.

(NAME OF FISCAL AGENT/FISCAL CONDUIT)

Attest: Sharon R. Bock
Clerk and Comptroller

By:

Deputy Clerk

- Is not debarred or suspended from receiving Federal funds.
- Has the capability to provide emergency food and/or shelter services.
- Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services.
- Is nonprofit or an agency of government.
- Will not use EFSP funds as a cost match for other Federal funds or programs.
- Practices non-discrimination (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds).
- Has provided a Federal Employer Identification Number (FEIN) to EFSP.
- Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP.
- Will not charge a fee to clients for EFSP funded services.
- Has a voluntary board if private, not-for-profit.
- **Understands that cash payments (including petty cash) are not eligible under EFSP.**
- Will provide all required information to the Fiscal Agent/Fiscal Conduit.
- Will expend monies only on eligible costs and keep complete, accurate documentation (copies of canceled LRO checks -- front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
- Will provide complete, accurate documentation to the Fiscal Agent/Fiscal Conduit Agency for payment to the vendor.
- Will not use EFSP funding for any lobbying activities and if receiving \$100,000 or more, will provide the "Certification Regarding Lobbying" and, if applicable, will complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- Has certified that our employees, volunteers, or other individuals associated with the program understand they will not engage in any trafficking of persons during the period this award is in effect.
- Has certified that our employees, volunteers, or other individuals associated with the program understand they will not use EFSP funds to support access to classified national security information during the period this award is in effect.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.
- Will spend all funds and close-out the program by the jurisdiction's selected end-of-program date and return any unused funds (\$5.00 or more) to the National Board.

This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.

LRO ID (9 digits): 168600019 FEIN#: 59-6000785 DUNS #: 078470481

LRO Name: Palm Beach County Board of County Commissioners

Street Address/City/State/Zip: 810 Datura Street, West Palm Beach, FL 33401

Phone #: 561- 355-0772

Fax #:

DocuSign by:

smcnair@pbcgov.org

Print Name: Dave Kerner, Mayor

Signature:

Date:

6/3/2020

NOTE: LROs will be required to submit an updated Fiscal Agent/Fiscal Conduit Agency Relationship Certification form via DocuSign once award notifications have been announced.

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM
PHASE CARES CERTIFICATION REGARDING LOBBYING**

Certification for Contracts, Grants, Loans and Cooperative Agreements

Attest: Sharon R. Bock
Clerk and Comptroller

By: _____
Deputy Clerk

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on the behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, contribution, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Title 31 U.S.C. §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.

Palm Beach County Board of County Commissioners

168600019

LRO Name

LRO ID Number (9 digits)

Dave Kerner, Mayor

Approved As To Form
And Legal Sufficiency:

DocuSigned by:

Helene C. Hvizd

BF3DF20B2223413...

Representative Name

By: _____
Senior Assistant County Attorney

DocuSigned by:

[Signature]

6/3/2020

B2DC183BB409451

Representative Signature

Date (month/day/year)

NOTE: Standard Form LLL and instructions are available at www.grants.gov

NOTE: LROs will be required to submit an updated Certification Lobbying form via DocuSign once award notifications have been announced.

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM PHASE CARES LOCAL RECIPIENT ORGANIZATION CERTIFICATION

By signing this Local Recipient Organization (LRO) Certification Form, our agency certifies we have read and understand the Emergency Food and Shelter Program (EFSP) Phase 35 Responsibilities and Requirements Manual, the Phase 36 Addendum, and the Phase 37 and CARES Addendum, including the Grant Agreement Articles, Financial Terms and Conditions, and Other Terms and Conditions as well as the Eligible and Ineligible Costs and Documentation sections and agree to comply with all program requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program including those not specifically stated in the Manual. All appropriate staff and volunteers have been informed of EFSP requirements. The Local Board has been provided and we have retained a copy of this form for our records.

I certify that my public or private agency:

- Has the capability to provide emergency food and/or shelter services.
- Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services.
- Is nonprofit or an agency of government.
- Will not use EFSP funds as a cost-match for other Federal funds or programs.
- Has an accounting system, and will pay all vendors by an approved method of payment.
- Understands that cash payments (including petty cash) are not eligible under EFSP.
- Conducts an independent annual review if receiving \$50,000-\$99,999/an independent annual audit if receiving \$100,000 or more in EFSP funds, and follows OMB's Uniformed Guidance if receiving \$750,000 or more in Federal funding.
- Has not received an adverse or no opinion audit.
- Is not debarred or suspended from receiving Federal funds.
- Has provided a Federal Employer Identification Number (FEIN) to EFSP.
- Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP.
- Practices non-discrimination (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds).
- Will not charge a fee to clients for EFSP funded services.
- Has a voluntary board if private, not-for-profit.
- Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports).
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks -- front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds (\$5.00 or more) to the National Board.
- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.
- Will not use EFSP funding for any lobbying activities and if receiving \$100,000 or more, will provide the "Certification Regarding Lobbying" and, if applicable, will complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not use EFSP funds to support access to classified national security information.

Approved As To Form
and Legal Sufficiency:

By: _____
Senior Assistant County Attorney

DocuSigned by:

Helene C. Hvizd

Attest: Sharon R. Bock
Clerk and Comptroller

By: _____
Deputy Clerk

This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.

LRO ID (9 digit):	168600019	FEIN#:	59-6000785	DUNS #:	078470481
LRO Name:	Palm Beach County Board of County Commissioners				
Street Address/City/State/Zip:	810 Datura Street, West Palm Beach, FL 33401				
Phone #:	561-355-4772	Fax #:		Email:	smcnair@pbcgov.org
Print Name:	Dave Kerner, Mayor		DocuSigned by:		
Signature:			Date:	6/3/2020	

NOTE: The EFSP National Board will be updating this document. LROs will be required to submit an updated Local Recipient Organization Certification form via DocuSign once award notifications have been announced.

Emergency Food & Shelter Program
477 South Rosemary Avenue, Suite 230
West Palm Beach, FL 33401
561-375-6630

Attachment 2

July 17, 2020

Wendy Tippett
PBC Division of Human Services/BOCC
810 Datura Street, Suite #350
West Palm Beach, FL 33401

Dear Ms. Tippett:

It gives me great pleasure to announce that the local board for the Emergency Food and Shelter Program (EFSP) has voted to allocate **\$292,325** to your organization for Phase CARES. These funds are effective from January 27, 2020 through January 31, 2021. By accepting the award your organization agrees to accept referrals from other agencies. Remember, all Phase CARES allocated funds must be spent prior to January 31, 2021. The national EFSP office will release first payments to all Local Recipient Organizations (LRO) once all documentation for Phase CARES has been received from the EFSP Local Board. You have been awarded funds in the following categories:

Rent/Mortgage **\$ 292,325**

RSVP for the Mandatory Orientation

On behalf of the Palm Beach County's Local EFSP Board, I am pleased to invite you to the virtual Orientation on Tuesday, August 25th, 2020 from 1 p.m. to 3 p.m. This will serve as the mandatory Orientation for **ALL** Phase CARES recipients. The Orientation will be held via Go-To-Meeting. A meeting invite will be sent via Outlook with instructions for joining the Orientation. Prior to the Orientation, LROs will be sent an email with a date and time when they can pick-up their Orientation packet at United Way of Palm Beach County, 477 South Rosemary Avenue, Suite 230, West Palm Beach, FL 33401.

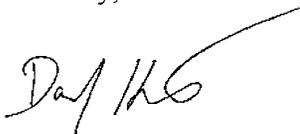
The National Board requires that each LRO have a staff person responsible for allocating funds for clients attend this Orientation, including the staff person responsible for completing any required reports. For those organizations with multiple service centers, the Board requires that a staff member from each service center attend. Please **RSVP** with the names of those attending the Orientation by e-mailing the names of the participants and the agency/service center to TamaraWorley@UnitedWayPBC.org.

Important Notices:

- All client services are to be **entered into CMIS prior to the distribution of funds**
- Confirm with your bank to ensure that the account previously provided to the National Board is open for receipt of funds for EFT
- **All LROs are required to e-sign the Local Recipient Organization Certification form via DocuSign.** The EFSP Local Board will notify your Local Recipient Organization once the form becomes available. Once notified, please login to your account on the EFSP website (www.efsp.unitedway.org) to access your form.

Thank you for your cooperation. If you have any questions, please do not hesitate to call either Tamara Worley (561) 375-6630, or Donna Quinlan (561) 375-6671 at United Way of Palm Beach County.

Sincerely,



Daryl Houston, Community Foundation for Palm Beach and Martin Counties
Chair, EFSP Local Board, Palm Beach County

20

Attachment 3

BOARD OF COUNTY COMMISSIONERS
 PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

BGEX - 148 - 0721200000000001694
 BGRV - 148 - 0721200000000000521

FUND (1160) - CARES Act Relief Fund

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 07/21/2020	REMAINING BALANCE
REVENUE								
148 1345 3168	Fed Grnt Indirect-Human Servcs	0	0	292,325	0	292,325		
	Total Revenue	0	319,660,699	292,325	0	319,953,024		
EXPENDITURE								
148 1345 8301	Contributions For Individual	0	0	292,325		292,325	0	292,325
	Total Expenditures	0	319,660,699	292,325	0	319,953,024	0	319,953,024

COMMUNITY SERVICES
 INITIATING DEPARTMENT/DIVISION James Green
 Administration/Budget Department Approval
 OFMB Department - Posted

Signatures

Date

By Board of County Commissioners
 At Meeting on August 25, 2020

DocuSigned by:

7/27/2020

Taruna Malhotra

1450E4101F4049C...

Deputy Clerk to the
 Board of County Commissioners