

Date _____

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2023	2024	2025	2026	2027
Capital Expenditures					
Operating Costs	350,000				
External Revenue	(350,000)				
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 X
Does this item include the use of federal funds? Yes X No

Budget Account No.:
Fund 0001 Dept. 148 Unit 1345 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. No County match is required. The budget will be amended upon the receipt of the final award notices.

DocuSigned by:
Thomas Eaton
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C. Departmental Fiscal Review: Julie Dowe, Director, Financial & Support Services

III. REVIEW COMMENTS

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

Laura M. Miller 3/24/2023
OFMB *PL 3/23* *MG 3/23* *LM 3/24*
Ar. J. Jaworski 3/27/23
Contract Development and Control
Trub 3/27/23

B. Legal Sufficiency:

Helene C. Heijnd 3-28-23
Assistant County Attorney

C. Other Department Review:

Department Director

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



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**

Gregg K. Weiss, Mayor

Maria Sachs, Vice Mayor

Maria G. Marino

Michael A. Barnett

Marcy Woodward

Sara Baxter

Mack Bernard

County Administrator

Verdenia C. Baker

*"An Equal Opportunity
Affirmative Action Employer"*

Official Electronic Letterhead

MEMORANDUM

TO: Gregg K. Weiss, Mayor
Board of County Commissioners

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

THRU: Reginald K. Duren, Assistant County Administrator
Board of County Commissioners

THRU: James Green, Department Director *DS*
Community Services Department *JG*

DATE: January 23, 2023

RE: Phase 40 Emergency Food and Shelter Program Application

Pursuant to Section 309 of the Administrative Code, your signature is needed on the Phase 40 Emergency Food and Shelter Program (EFSP) 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 Services (DHS) has received EFSP funds for the past 28 years. DHS is applying for funds totaling \$350,000 to provide rental and mortgage assistance to approximately 175 families in need. These are non-recurring funds and no County match is required.

The Palm Beach County Community Services Department has a long history with United Way and the Emergency Food and Shelter grant. This funding provides much need emergency rental and mortgage relief through the rent/mortgages category.

The application was received on January 9, 2023 with instructions to return the packet by January 30, 2023. The emergency signature process is being utilized because there is not sufficient time to submit the application through the regular agenda process. Staff will submit this item at the next BCC meeting to ratify the Mayor's signature.

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

Approved by: *DocuSigned by:* Julie Dowe *Taruna Mallotra*
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Director, Financial & Support Svcs. Assistant Department Director

DocuSigned by: Lauren Magierowski *Helene C. Hvizd*
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OFMB Helene C. Hvizd
DocuSigned by: Reginald Duren
09A2D4175...

Assistant County Administrator Senior Assistant County Attorney

Attachments: Phase 40 EFSP Application

AGENCY CONTACT INFORMATION

Agency Name: Palm Beach County

Executive Director: Gregg K. Weiss, Mayor

EFSP Contact Person & Title: Wendy Tippet, Director of Human Services and Community Action

Address: 810 Datura

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

E-Mail: wtippet@pbcgov.org

Telephone: 561-355-4772

Federal ID: 59-6000785 **DUNS Number:** 078470481

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

REQUEST FOR FUNDING

Provide your Phase 40 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	\$350,000	175	\$2,000
F	Utility Payments			
G	Total Request (add A through F)	\$350,000	175	\$2,000

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? 113
2. How many years has the agency been providing emergency support services? 56
3. What are the agency’s overall mission and goals? (1000 character maximum)

The mission of Community Services is to promote independence and enhance the quality of life in Palm Beach County by providing effective and essential services to residents in need. The values the department lives by is Respect; Equity; Compassion; Integrity; Professionalism; and Empowerment. Our vision is to create a community where all residents of Palm Beach County have the resources and opportunities to achieve their full potential.

4. Briefly describe services the agency provides to the community. (2000 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 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 rehoused (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 assists the individuals in obtaining economic stability through employment, obtaining benefits such as SSI, SSDI, and/or Veteran assistance

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,

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 x 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)

Provide a copy of your agency's written policy describing how services are provided to individuals with disabilities.

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.

Funding Category	Phase 37				Phase 38			
	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	300	87500	90	300000	300	209849	257
Utility								
Total	300000	300	87500	90	300000	300	209849	257

*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 x No N/A

If yes, how much? \$2,418

Explain: (1000 character maximum)

Phase 37 : Four check payments were dated more than 90 days after the rent due dates and the entire amounts paid were ineligible. National EFSP Board received the repayment of \$2,418 for the four payments.

PHASE 40 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION
Federal Emergency Management Agency/Palm Beach County

CATEGORY NARRATIVE: SERVED MEALS

Program Name: N/A

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.

Revised 10/2018

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 40 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 \$3.**

CATEGORY NARRATIVE: OTHER FOOD

Program Name: N/A

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.*

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 40 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.

PHASE 40 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION
Federal Emergency Management Agency/Palm Beach County

CATEGORY NARRATIVE: MASS SHELTER

Program Name: N/A

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.

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 40 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.

PHASE 40 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION
Federal Emergency Management Agency/Palm Beach County

CATEGORY NARRATIVE: OTHER SHELTER

Program Name: N/A

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.

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 40 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 90 days of hotel/motel stay.

PHASE 40 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION
Federal Emergency Management Agency/Palm Beach County

CATEGORY NARRATIVE: RENT/MORTGAGE

Program Name: 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.

Rental assistance will be provided to all residents of Palm Beach County and will target families with children, individual households including elderly, the working poor who face eviction or may be experiencing a financial crisis. Rent may also be provided to the at-risk and homeless populations to allow those persons the opportunity to be rapidly rehoused from the streets or emergency shelters. 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.

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 individuals and families who are risk of being homeless or are homeless. The COVID crisis provided the opportunity for CSD to move to an electronic application process. The process prevents the spread of COVID by providing an online platform to complete an application, upload necessary documents and once processed by a case worker, electronic applications allow the need information and documents to move straight to finance for payment. The Division has five area offices where individuals/families can apply for Rent Payment assistance by appointment if needed. 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 and follow through case management is completed by the Rapid Re-Housing Case Managers who provide the on-going services. The Division utilizes Coordinated Entry Call Center to triage calls, schedule appointments, dispatch outreach Teams, complete applications and provide case management services. The Call Center 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]*?

Revised 10/2018

PHASE 40 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION
Federal Emergency Management Agency/Palm Beach County

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.

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

Revised 10/2018

PHASE 40 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION
Federal Emergency Management Agency/Palm Beach County

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 sented through Rapid Re-Housing placement, intensive case management involves contact twice weekly at a minimum with contact often occurring aner 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.

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. 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.

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

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 40 Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Rent/Mortgage (Unit = Household)	1830980	577	350000	175

Note: EFSP funding is intended to provide one-time payment (up to 3 months) of rent or mortgage (principal and interest only (P&I)) up to \$2,000 per phase for qualifying clients. A one-time payment of \$250.00 or less per phase 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.

CATEGORY NARRATIVE: UTILITY

Program Name: N/A

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.

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 40 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 (up to 3 months) 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.

Palm Beach County Community Services Department
Serving Persons with Disabilities

POLICY:

Palm Beach County Community Services complies with ADA laws and is applicable to all applicants for, or recipients of, services or assistance from programs administered by Community Services. No person shall not be subjected to discrimination or denied the benefit of such services or assistance on the basis of an applicant's or recipient's race, color, religion, national origin, ancestry, sex, sexual orientation, gender identity or expression, political beliefs, age, disability, genetic information, familial status or marital status.

Community Services is committed to removing the barriers for persons with disabilities and their families.

Environment: Palm Beach County Community Services is committed to an environment in which all individuals are treated with respect and dignity and each person's value is recognized, maintained, and strengthened. All persons who come to CSD seeking assistance will be met with acceptance, patience, and a desire to meet whatever need is expressed. All persons will be served without regard to race, color, national origin, citizenship status, religion, gender, sexual orientation, marital status, disability, veteran status, age, or any other protected class.

Accessibility: Consistent with this policy, PBC is committed to complying with all applicable provisions of the Americans with Disabilities Act (ADA) in providing services. CSD will provide reasonable accommodations to any individual with a disability, as defined by the ADA, so that all individuals may access services.

Beyond statutory compliance, CSD is committed to ensuring accessibility to services in any way possible to provide support to client and family.

Client Communication Barriers: Communication barriers clients may experience include inability to read and/or write, language, sensory disability, developmental disability. CSD will assist clients with literacy issues and if language is an additional barrier, an interpreter or staff person will assist in completing documentation. Sign language interpreters will be used for persons who are deaf and read sign language; computer technology will also be used to enhance the ability to communicate with the deaf and hard of hearing. Lighthouse for the Blind will be contacted if there is a need for braille or to collectively provide services to a client to ensure access to services.

Fair Housing Policy: CSD programs strictly prohibit discrimination in housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), sexual orientation, gender identity, and handicap (disability).

Applicants will not be denied entry into the program on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking, if the applicant otherwise qualifies for the program.

Accessibility 2022-23

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM PHASE 40 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 40 Responsibilities and Requirements Manual, 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: Helene C. Huizd
Senior Assistant County Attorney

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

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

Phone #: 561-355-4772

Fax #:

Email: wtippett@pbcgov.org

Print Name: Gregg K. Weiss, Mayor

Signature: 

Date: 1/30/23

NOTE: The EFSP National Board will be updating this document once the Phase 40 Manual has been finalized. LROs will be required to submit an updated Local Recipient Organization Certification form via DocuSign once award notifications have been announced.

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM PHASE 40
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans and Cooperative Agreements

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

168600019

LRO Name

LRO ID Number (9 digits)

Gregg K. Weiss, Mayor

Approved As To Form Legal Sufficiency

Representative Name

Helene C. Hvizd

By: Senior Assistant County Attorney

Representative Signature

1/20/23
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 40 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 40 Responsibilities and Requirements Manual, 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 Phase 40 and as the duly authorized representative of
Palm Beach County

(NAME OF AGENCY)

I certify that my public or private agency:
 Has a Fiscal Agent/Fiscal Conduit approved by the Local Board:

(NAME OF FISCAL AGENT/FISCAL CONDUIT)

Approved As To Form And Legal Sufficiency

DocuSigned by:

Helene C. Hvig

By: RE3DE20B2223413
 Senior Assistant County Attorney

- 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 #: 0784704810000

LRO Name: Palm Beach County

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

Phone #: 561-355-4772

Fax #:

Email: wtippett@pbccgov.org

Print Name Gregg K. Weiss, Mayor

Signature: *Gregg K. Weiss*

Date: 1/30/23

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.



MEMORANDUM

TO: Emergency Food and Shelter Program

FROM: Gregg K. Weiss

DATE: January 23, 2023

RE: Phase 40 Emergency Food and Shelter Program 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

Gregg K. Weiss, Mayor

Maria Sachs, Vice Mayor

Maria G. Marino

Michael A. Barnett

Marci Woodward

Sara Baxter

Mack Bernard

County Administrator

Verdenia C. Baker

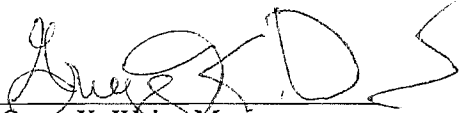
"An Equal Opportunity
Affirmative Action Employer"

Official Electronic Letterhead

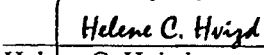
PHASE 40 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)
APPLICATION

Federal Emergency Management Agency/Palm Beach County

Palm Beach County Clerk of Courts manages Palm Beach County Board of County Commissioners (PBCBCC) financial accounts. PBCBCC has not made any changes to their existing accounts that received EFSP funding this year. The Clerk of the Court is not authorized to provide a voided blank check.


Gregg K. Weiss, Mayor

Approved as to Form and
Legal Sufficiency

DocuSigned by:

Helene C. Hvizd
Senior Assistant County Attorney

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM DUNS REPORTING FORM		LRO NAME: <u>Palm Beach County</u>
REQUIRED ITEM	DEFINITION	PROVIDE INFORMATION HERE (Please type or print legibly)
Local Recipient Organization (LRO) ID Number	Unique 9-digit number assigned to your agency by the Emergency Food and Shelter Program	168600019
DUNS Number	Unique 9-digit number obtained from Grants.Gov or Dun & Bradstreet	078470481
Sub-Recipient Congressional District	Congressional District where your agency is physically located. (2-digit number)	22
Sub-Recipient Primary Place of Performance (POP) Address Line 1	Address of primary physical location where your agency's EFSP services are provided	810 Datura Street
Sub-Recipient POP Address Line 2	Address of primary physical location where your agency's EFSP services are provided (line 2, if necessary)	West Palm Beach
Sub-Recipient POP Location	Name of city/town where your agency's EFSP services are provided	Palm Beach County
Sub-Recipient POP State Code	State where your agency's EFSP services are provided	33401
Sub-Recipient POP Zip Code + 4	Zip Code + 4 where your agency's EFSP services are provided	33401
Sub-Recipient POP Congressional District	Congressional district where your agency's EFSP services are provided (2 digit number)	22
Sub-Recipient Indication of Reporting Applicability	This is a "Yes" or "No" response. "Yes" if your agency received in the preceding fiscal year: (a) 80% or more of its annual gross revenues from federal contracts (and sub-contracts), loans, grants (and sub-grants) and cooperative agreements; AND (b) \$25 million or more in annual gross revenues from federal contracts (and sub-contracts), loans, grants (and sub-grants) and cooperative agreements; AND if this information is not publicly available through some other means including, but not limited to, SEC filings and IRS 990 filings.	No
Sub-Recipient Highly Compensated Officers Compensation	If you answered "Yes" to <i>Sub-Recipient Indication of Reporting Applicability</i> above, <u>this information is required</u> . List the individual names (first, middle initial, last) of your organization's 5 most highly compensated officers, if applicable.	1. 2. 3. N/A 4. 5.
Sub-Recipient Highly Compensated Officers Compensation	If you answered "Yes" to <i>Sub-Recipient Indication of Reporting Applicability</i> above, <u>this information is required</u> . This is the individual compensation for your organization's 5 most highly compensated officers and should correspond to the officers' names you listed above, if applicable.	1. 2. 3. N/A 4. 5.