



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures					
Operating Costs	100,000				
External Revenue	(100,000)				
Program Income					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	<b>0</b>				

# ADDITIONAL FTE POSITIONS (Cumulative)					

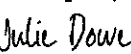
Is Item Included In Current Budget? Yes      No X  
 Does this item include the use of federal funds? Yes X No       
 Does this item include the use of state funds? Yes      No X

Budget Account No.:  
 Fund 0001 Dept. 148 Unit 1345 Object 8301 Program Code Var. Program Period GY22

**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.

Source	Total Budget	Duration	Target Demographics	Cost per:	Annual Revenue
EFSP Grant	\$100,000	1 year	50 households	\$2,000 – approximately per household	\$100,000

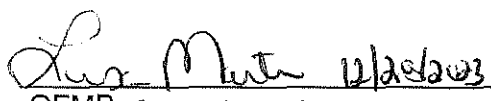
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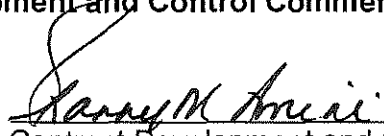
**C. Departmental Fiscal Review:**

Julie Dowe, Director, Financial & Support Services

**III. REVIEW COMMENTS**

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

  
 OFMB CB 12/28 AMF 12/28

  
 Contract Development and Control  
 Feb 1/9/24

**B. Legal Sufficiency:**

  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

MEMORANDUM



Community Services Department
810 Datura Street
West Palm Beach, FL 33401
(561) 555-4700
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

TO: Gregg K. Weiss, Mayor
Board of County Commissioners
THRU: Verdenia C. Baker, County Administrator
Board of County Commissioners
THRU: Reginald K. Duren, Assistant County Administrator
Board of County Commissioners
FROM: James Green, Department Director
Community Services Department
DATE: November 2, 2023
RE: Phase 41 Emergency Food and Shelter Grant Application

Pursuant to Section 309 of the Administrative Code, your signature is needed on the Phase 41 Emergency Food and Shelter (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 and Community Action Program (HSCAP) has received EFSP funds for the past 29 years. HSCAP is applying for funds totaling \$100,000 to provide emergency rental assistance for 50 households who are homeless, or at risk of homelessness. These are non-recurring funds and no County match is required.

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 relief through the rental category and will provide rental assistance for our most vulnerable citizens, the homeless and those at risk of homelessness.

The application was received on October 23, 2023, with instructions to return it by November 13, 2023 by noon. 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 available BCC meeting to ratify the Mayor's signature.

If additional information is needed, please contact Wendy Tippett, Director of Human Services and Community Action Program at 561-355-4772.

Approved by: Julie Dowe, Director, Financial & Support Svcs.
Tanura Malhotra, Deputy Director
Helene C. Hvizd, Senior Assistant County Attorney
OFMB

Attachments: Phase 41 EFSP Application

"An Equal Opportunity Affirmative Action Employer"

Official Electronic Letterhead

**PHASE 41 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION  
Federal Emergency Management Agency/Palm Beach County**

**AGENCY CONTACT INFORMATION**

**Agency Name:** Palm Beach County Community Services (CSD)

**Executive Director:** James Green, Director of CSD

**EFSP Contact Person & Title:** Wendy Tippett

**Address:** 810 Datura Street

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

**E-Mail:** WTippett@pbcgov.org

**Telephone:** 561-355-4772

**Federal ID:** 59-6000785

**Unique Entity Identifier (UEI):** XL2DNFMPCR44

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

**REQUEST FOR FUNDING**

Provide your Phase 41 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
<b>A</b>	Served Meals			
<b>B</b>	Other Food (Pantry) <ul style="list-style-type: none"> <li>• Pantry</li> <li>• Gift Cards</li> </ul>			
<b>C</b>	Mass Shelter <ul style="list-style-type: none"> <li>• Transitional Housing</li> </ul>			
<b>D</b>	Other Shelter <ul style="list-style-type: none"> <li>• Hotel/Motel</li> </ul>			
<b>E</b>	Rent/Mortgages	100000	50	2000
<b>F</b>	Utility Payments			
<b>G</b>	Total Request (add A through F)	100000	50	2000

**PHASE 41 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION**  
**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? 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 are 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.]*

**PHASE 41 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION**  
**Federal Emergency Management Agency/Palm Beach County**

Yes x No      N/A

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

7. If applying for the Served Meals and Other Food category, are you a member of the Hunger Relief Collective?

Yes      No      N/A x

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

8. 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, if applying for Other Shelter, Rent/Mortgage, Utilities and Other Food [only if distributing gift cards].

Is the agency an active user of CMIS ClientTRACK?

Yes x No      N/A

9. 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.**

All of the buildings/offices that Palm Beach County Division of Human Services and Community Action operate 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 arises, 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**

10. Has your agency ever received EFSP funding?

Yes x No

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

**PHASE 41 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION**  
**Federal Emergency Management Agency/Palm Beach County**

Funding Category	Phase 39				Phase ARPA-R			
	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					120000	50	\$61095	\$61095
Rent/Mortgage	100000	50	\$68,573	\$68,573	200000	100	\$251655	\$251655
Utility								
Total	100000	50	\$68,573	\$68,573	320000	150	\$312750	\$312750

\*This amount should reflect any approved redistribution of funds.

12. 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)

**PHASE 41 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION**  
**Federal Emergency Management Agency/Palm Beach County**

**CATEGORY NARRATIVE: SERVED MEALS**

**Program Name:** NA

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) – Answer each question separately
  - 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) – Answer each question separately
  - 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 whether the agency receives USDA commodities. If no, why not?
  - 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) – Answer each question separately
  - a. Describe how the EFSP funds will be used to 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) – Answer each question separately
  - 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 41 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 41 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.**

**PHASE 41 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION**  
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**CATEGORY NARRATIVE: OTHER FOOD**

**Program Name:** NA

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) – Answer each question separately
  - 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) – Answer each question separately
  - 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. If no, why not?
  - 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) – Answer each question separately
  - a. Describe how the EFSP funds will be used to 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) – Answer each question separately
  - 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.*

**PHASE 41 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION  
Federal Emergency Management Agency/Palm Beach County**

- 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 41 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 41 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION**  
**Federal Emergency Management Agency/Palm Beach County**

**CATEGORY NARRATIVE: MASS SHELTER**

**Program Name:** NA

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) – Answer each question separately
  - 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) – Answer each question separately
  - 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) – Answer each question separately
  - a. Describe how the EFSP funds will be used to 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) – Answer each question separately
  - 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 41 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 41 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 41 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION**  
**Federal Emergency Management Agency/Palm Beach County**

**CATEGORY NARRATIVE: OTHER SHELTER**

**Program Name:** NA

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) – Answer each question separately
  - 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) – Answer each question separately
  - 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) – Answer each question separately
  - a. Describe how the EFSP funds will be used to 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) – Answer each question separately
  - 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 41 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 41 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.

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**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) – Answer each question separately

- 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. CSD provides an online platform to complete an application, upload necessary documents and once processed by a case worker, electronic applications allow the needed information and documents to move straight to finance for payment. The Division has five area offices open Monday through Friday, from 8am to 5pm, where individuals/families can apply for Rent Payment assistance by appointment, if needed. Appointments are made by calling the Call Center at 561-355-4792. 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 (HOT) and "follow-through" case management is completed by the Rapid Re-Housing Case Managers who provide the on-going services. The Division utilizes 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) – Answer each question separately

- 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]*?

A. In the Housing Stabilization offices, the Division offers rent and utility assistance to individuals and families. Case Managers complete an Assessment to determine the needs and challenges in maintaining housing stability. Once the assessment is completed, the case manager develops a Individual Service Plan (ISP) that outlines



**PHASE 41 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION**  
**Federal Emergency Management Agency/Palm Beach County**

action steps to address 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 "bundled-services approach" to strategically reach the outcomes each household agrees on during the creation of the ISP. The Division has also built long-standing relationships with other Not-For-Profit and Faith Based Organizations that provide additional services. The Division assists households in accessing these services so they do not have to travel to multiple agencies for additional 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 within 30 days of services ending, by telephone, office or home visit, as appropriate, and defined by the ISP. 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 five area offices. All five offices have a Casework Supervisor on-site. Twelve Case Managers are available across the five offices to provide services throughout the County. A CAP Coordinator provides consultation and monitoring related to EFSP eligibility criteria and service delivery and oversees the Casework Supervisors for the five area offices. The CAP Coordinator reports to the Senior Program Manager, who reports 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 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 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 in accessing a variety of services offered within and outside of the Division, depending on the needs identified. All of the services provided through case management are rendered to assist the client to achieve housing stability. The Division has an agreement with FPL to determine eligibility and administer Care-to-Share electric bill assistance. 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, countywide, including 2-1-1 and those services funded by ESG (Emergency Solution Grant), CDBG (Community Development Block Grant) and HUD (Housing & Urban Development).

**3. Success and Results** (3000 character maximum) – Answer each question separately

- a. Describe how the EFSP funds will be used to 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 bundle that funding with resources available through community partners. Thus, allowing the Division to reach a greater number of residents and provide a more comprehensive variety 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. Utilizing these funds

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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 outcome 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 Community Services Department has developed a Client Satisfaction Survey through Survey Monkey and also, 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 during 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) – Answer each question separately

- 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 attend 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 source. The Division has multiple sources of funding which are set up by 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 is submitted for approval to the Case Work Supervisor. The Supervisor reviews the invoice to determine if the appropriate funding source was utilized and to confirm 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 CAP Coordinator pulls a report from the OSCARSS (electronic application system) that displays each EFSP service provided, as defined in the EFSP manual. On a monthly basis, the CAP

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Coordinator reconciles the expenditures on the report 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 41 Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Rent/Mortgage (Unit = Household)	1830980	577	100000	50

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.

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**CATEGORY NARRATIVE: UTILITY**

**Program Name:** NA

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) – Answer each question separately
  - 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) – Answer each question separately
  - 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) – Answer each question separately
  - a. Describe how the EFSP funds will be used to 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) – Answer each question separately
  - 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 41 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 41 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.

**PHASE 41 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION**  
**Federal Emergency Management Agency/Palm Beach County**

**Return application to:** United Way of Palm Beach County, Inc., 477 S. Rosemary Avenue, Suite 230, West Palm Beach, FL 33411, Attention: Tamara Worley

**Questions? Contact:** Tamara Worley at (561) 375-6630

All submissions must be typewritten. Incomplete submissions will not be reviewed. Applications **MUST** be submitted via hand delivery to the above address by the deadline. **Late proposals will not be accepted. NO EXCEPTIONS.**

**APPLICATION SUBMISSION DEADLINE: November 13, 2023 12:00 PM (NOON)**

All applicants are required to read and understand the EFSP Responsibilities and Requirements Manual. Available online at <https://www.UnitedWayPBC.org/> under "For Nonprofits" (top right corner of page)

Submit the following documents as part of the application packet and collate in the order below. Failure to include all of the documents will eliminate the application from funding consideration.

- Completed Application - Original Only**  
*(Complete and submit the following section(s): Agency Contact Information, Request for Funding, Agency Information, EFSP Funding History, and any category narrative for which you are requesting funding)*
- Current & Complete List of Organization's Board of Directors**  
*(This list should include their terms of office and their organizational and community affiliations)*
- Agency and Program Budgets**  
*(Attach a copy of the agency's current operating budget and current program budget including revenue and expenses.)*
- Local Recipient Organization Certification Form**  
*(Completed and signed)*
- Fiscal Agent/Fiscal Conduit Agency Relationship Certification Form**  
*(This form only needs to be submitted if your agency is using a fiscal agent and/or conduit)*
- Certification Regarding Lobbying**  
*(This form only needs to be submitted if your agency is applying for more than \$100,000 dollars)*
- Unique Entity Identifier (UEI)**  
*(Enter on cover page of application)*
- Electronic Fund Transfer (EFT) Form and Voided Check**
- Agency American with Disabilities Act (ADA) Compliance Policy**
- Agency Audit and Management Letter**  
*(LROs must have their records audited by an independent certified public accountant if receiving \$100,000 or more in EFSP funds, for the immediate past fiscal year. For LROs receiving \$50,000 - \$99,999 in EFSP funding, the National Board requires an annual accountant's review) (If the agency is not required to conduct a financial audit annually, please attach the agency's most recent IRS Form 990)*

Approved As To Form and Legal Sufficiency

DocuSigned by:  
*Helene C. Huizd*

By: \_\_\_\_\_  
Senior Assistant County Attorney

To the best of my knowledge and belief, the information in this proposal is true and correct and the governing body of the applicant has duly authorized the enclosed documents. I understand that incomplete applications or applications submitted after the deadline will not be accepted or reviewed. By signing below, the undersigned acknowledges having read and understood the program guidelines and will be able to fully comply with the provisions of these guidelines as well as any and all additional applicable federal, state and local requirements, including procurement and financial management. If awarded, my organization will attend the mandatory orientation and submit reports to the Local Board by their due dates. If awarded, my organization will work with the Local Board to quickly clear up any problems related to compliance exception(s) at the end of the program. Failure of an LRO to comply with the National Board's reporting requirements will result in funds being withheld. The Local Board or National Board may reclaim and reallocate the funds being withheld if my organization does not comply in a timely manner to compliance issues.

Executive Director's Signature:  \_\_\_\_\_  
Gregg K. Weiss, Mayor

Date: 11/9/23

## EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM PHASE 41 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 41 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 Unique Entity Identifier (UEI) 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: \_\_\_\_\_  
DocuSigned by:  
 Helene C. Hvizd  
 BF3DF20B2223413...  
 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 #: XL2DNFMPCR44  
 LRO Name: Palm Beach County Community Services (CSD)  
 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: 11/9/23

NOTE: The EFSP National Board will be updating this document once the Phase 41 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 41  
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 Community Services (CSD)

LRO Name

168600019

LRO ID Number (9 digits)

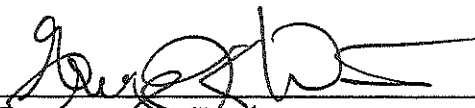
Gregg K. Weiss, Mayor

Representative Name

Approved as to form and legal  
sufficiency

*Helene C. Hvizd*

By  
Senior Assistant County Attorney

  
Representative Signature

11/9/23  
Date (month/day/year)

NOTE: Standard Form LLL and instructions are available at [www.grants.gov](http://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 41 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 41 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 41 and as the duly authorized representative of \_\_\_\_\_

(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)

- 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 Unique Entity Identifier (UEI) 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): \_\_\_\_\_ FEIN#: \_\_\_\_\_ DUNS #: \_\_\_\_\_

LRO Name: \_\_\_\_\_

Street Address/City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.



### AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

**Mail to:** Emergency Food and Shelter Program  
701 North Fairfax Street  
Alexandria, VA 22314-2064

**THIS ORIGINAL FORM MUST BE COMPLETED IN ITS ENTIRETY AND MAILED TOGETHER WITH A VOIDED CHECK IN ORDER TO BE PROCESSED.**

Contact: Wendy Tippett  
Agency Name: Palm Beach County Community Services (CSD)  
Address: 810 Datura Street, West Palm Beach, FL 33401

**LRO ID: 168600 - 019**

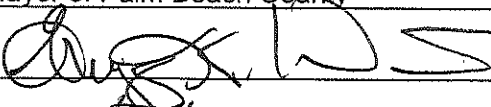
810 Datura Street, West Palm Beach, FL 33401

**This original form must be completed in full; an original voided check must be attached or it cannot be processed.  
The form must be submitted by mail, fax, or email to EFSP.**

The above listed LRO, by its authorized agent, hereby authorizes United Way Worldwide (UWW), Fiscal Agent for the Emergency Food and Shelter National Board Program, to initiate credit entries (EFT deposits); to initiate, if necessary, debit entries (reversal of deposits) and adjustments for any credit entries in error to the account in the depository indicated below; or to authorize depository to credit or debit initiated transactions.

This authority is to remain in full force and effect until UWW has written notification from the LRO of its termination in such time and in such manner as to afford UWW and DEPOSITORY a reasonable opportunity to act on it.

**LOCAL RECIPIENT ORGANIZATION (AUTHORIZED AGENT)**

By : Gregg K. Weiss Approved as to form and legal sufficiency  
Title: Mayor of Palm Beach County By: Helene C. Hvizd  
Signature:  Senior Assistant County Attorney  
Date: 11/9/23

**SIGNATURE(S) ON ACCOUNT**

- |                          |                          |
|--------------------------|--------------------------|
| 1. _____<br>Printed Name | 2. _____<br>Printed Name |
| 1. _____<br>Signature    | 2. _____<br>Signature    |

NAME OF DEPOSITORY: \_\_\_\_\_  
(bank, savings and loan, etc.)

TYPE OF ACCOUNT (Please check one)  SAVINGS  CHECKING

TELEPHONE NUMBER OF DEPOSITORY ( ) \_\_\_\_\_  
(Area code) Phone Number

**THE FEDERAL RESERVE REQUIRES THAT UWW KEEP THIS INFORMATION ON RECORD**

**MEMORANDUM**



**TO:** Emergency Food and Shelter Program  
**FROM:** Gregg K. Weiss, Mayor  
**DATE:** 11/2/2023  
**RE:** Phase 41 Emergency Food and Shelter Program Funding

Community Services Department  
810 Datura Street  
West Palm Beach, FL 33401  
(561) 355-4700  
Fax: (561) 242-7536  
www.pbcgov.com/communityservices

**PHASE 41 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 Courts is not authorized to provide a voided blank check.

**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

DocuSigned by:  
*Gregg K. Weiss*  
2F2FE4BAC1FC4AE...

Gregg K. Weiss, Mayor

Approved as to form and legal sufficiency

DocuSigned by:  
*Helene C. Hvizd*  
5F3DF20B2223443...

By  
Senior Assistant County Attorney

"An Equal Opportunity  
Affirmative Action Employer"

Official Electronic Letterhead