



**Pima County, Community Development and Neighborhood
Conservation Notice of Request for Proposals (RFP)**

RFP NUMBER: CDNC-FEMAXXX-01-23-11

TITLE: FEMA Phase XXX

Program Year: 2011-2012

Issue Date: January 23, 2012

**Proposals Due: February 27 at 5:00 P.M., Mountain
Standard Time (MST)**

Submit proposals in a sealed envelope clearly marked on the outside with the RFP number, title, due date, time and respondent's name to:

Community Development and Neighborhood Conservation Department
2797 E. Ajo Way, 3rd Floor
Tucson, AZ 85713

LATE PROPOSALS WILL NOT BE ACCEPTED

SOLICITATION: Pima County is soliciting proposals from Respondents qualified, responsible and willing to provide services to the community in compliance with all solicitation specifications and requirements contained or referenced herein.

You may download a full copy of this solicitation at

<http://www.pima.gov/CED/Grants/rfp.html#RFPs> by selecting the title "FEMA Phase XXX."

Respondents are required to check this website for addenda and answers to questions posed prior to the due date to assure that the proposal incorporates all addenda. Prospective respondents may also pick up a copy of the RFP Monday through Friday, 8 a.m. to 5 p.m. MST, at the address listed above.

Proposals must be submitted as defined in this RFP. **Failure to do so may be cause for rejection as non-responsive.** Respondents must complete and return all documents required. Respondents are required to read the entire solicitation, including all referenced documents, assure that they can and are willing to comply, and to incorporate all associated costs in their proposals.

Questions should be submitted to:

Pamela Moseley
2797 E. Ajo Way, 3rd Floor
Tucson, AZ 85713
(520) 243-6750 or pmoseley@pima.gov

Publish: The Daily Territorial, January 23, 24, 25, 2012

Technical Assistance: February 6, 2012, 3:00 p.m.
Pima County Housing Center
801 W Congress St
Tucson, Az 85701

Please RSVP by no later than February 2, 2012 at 243-6750 or pmoseley@pima.gov if you plan to attend the Technical Assistance Workshop.

Pima County, Community Development and Neighborhood Conservation Request For Proposals

I. Introduction

Pima County was selected as a qualifying jurisdiction to receive funding from the Emergency Food and Shelter Program's National Board, which is chaired by the Federal Emergency Management Agency (FEMA). The Emergency Food and Shelter Program (EFSP), created in 1983, supplements and expands the work of local social service agencies which help people with economic emergencies. The original authorizing legislation (PL100-77) specifically calls for "sensitivity to the transition from temporary shelter to permanent homes and attention to the specialized needs of homeless individuals with mental and physical disabilities and illness and to facilitate access for homeless individuals to other sources of services and benefits."

Special emphasis shall be on the identification of and assistance to the elderly, families with children, Native Americans, veterans, and mentally and physically disabled persons. EFSP funds must **only** be used to supplement rent/mortgage and utility assistance and feeding and sheltering efforts.

Pima County's Community Development and Neighborhood Conservation Department (CDNC) has been charged with coordination of the process for distribution of funds to service providers in Pima County.

This year, the solicitation for proposals is being released ahead of the funding award announcement. Based on preliminary indications, it is anticipated that Pima County's funding award for 2011-2012 will be less than 2010-2011's award of \$421,133.00. The actual award amount will be known once the announcement arrives from the FEMA National Board. Once the award decision is made, the Local Board will convene, review the proposals, determine the allocations to be distributed, and provide for an appeals hearing within 15 business days of receipt of written request for an appeals hearing.

II. Program Eligible Activities

The intent of this program is the purchase of food and shelter and assistance in the payment of rent/mortgage and utilities, to supplement and expand current available resources.

Funds may not be used as a substitute for other program funds, nor to start a new program. Funds may not be used for emergency assistance for victims of natural disasters.

III. Who can apply

For a local organization to be eligible for funding it must:

1. Be nonprofit or an agency of government;
2. Have a checking account (cash payments are not allowed.);
3. Have an accounting system or fiscal agent approved by the Local Board;
4. Is not debarred or suspended from receiving Federal funds;
5. Have a Federal Employer Identification Number (FEIN);
6. Have a Data Universal Number System (DUNS) number;

7. Conduct an independent annual review if receiving \$25,000 to \$49,999/ an independent audit if receiving \$50,000 or more in EFSP funds, and an OMB Circular A-133 if receiving \$500,000 or more in Federal funding;
8. Have not received an adverse or no opinion audit,
9. Be providing services and using other organization/agency resources in the area in which they are seeking funding;
10. Practice nondiscrimination;
11. Have a voluntary board if private, not-for-profit; and,
12. Involve homeless individuals and family, through employment, volunteer programs, etc., in providing emergency food and shelter services.

IV. Application

For each program for which your organization is submitting a proposal, a **complete application must be submitted** –including the organization’s name and address and program name for which FEMA funding is being sought. A complete proposal includes the following:

1. Attachment A, Cover Sheet for your response;
2. A description of your program in 50 words or less. A second sheet can be used;
3. Attachment B, Application; and
4. Attachment C, Local Recipient Organization Certification form.

V. Proposal Formatting

1. Responses should be typed in 12-point font, with one-inch margins, or hand written in blue ink;
2. Responses should be printed duplex style, on both sides of the paper;
3. Submit **one original and sixteen copies** of each proposal, **3-hole punched**, paper clipped together. Please do not place your proposal in a binder;
4. Proposals must be signed by an authorized agent (person who has the authority to bind the entity, e.g. President, Chief Executive Officer) of the respondent and submitted in a sealed envelope marked or labeled with the organization’s name, program name, solicitation number, solicitation due date and time, to the location on the cover sheet, and not later than the time/date specified; and
5. Failure to comply with the solicitation requirements may be cause for the respondent’s proposal to be rejected as *non-responsive*.

VI. Selection Process

CDNC will convene an Emergency Food and Shelter Program Local Board as required by the National Board. The Local Board is to include members of the following groups: Catholic Charities, United Jewish Communities, National Council of the Churches of Christ, The Salvation Army, American Red Cross and United Way.

Once the funding award announcement is received from the National Board, the dates on which the Local Board will convene will be set and announced to respondents and the public.

The Local Board will select organizations who:

1. Demonstrate the ability to provide food and/or shelter assistance;
2. Consider needs, resources and gaps in services;

3. Have the staff and capacity to take on the responsibility of the program;
4. Include homeless individuals and families in providing services;
5. Have the capacity to maintain records and submit records by their due dates required by the National Board; and,
6. Have a financial system appropriate to carry out duties.

Local Recipient Organization (LRO) funding allocation decisions should be announced within 20 business days of the award notification.

VII. Compliance

Award notification will be announced to the applicants and placed on the website listed. The respondents agree to establish, monitor, and manage an effective administration process that assures compliance with all requirements of the Emergency Food and Shelter Program National Board and Local Board.

THIS SPACE IS INTENTIONALLY LEFT BLANK

Applicant Name:

Program Name:

RFP Number: CDNC-FEMA-Phase XXX-01-23-12

Cover Sheet

Legal name of the entity (or individual) submitting this application:

Legal Status of applicant (e.g., individual, non-profit corporation, for-profit corporation, Government entity):

Address of Organization:

Name and Title of contact person for this application:

Telephone number:

Fax number:

E-mail address:

Indicate the amount of **Phase XXX FEMA** funds you are requesting for each service category. Write in the total of your requests at the bottom. **ROUND REQUESTS TO THE NEAREST DOLLAR; REQUEST ONLY WHOLE DOLLAR AMOUNTS.** Phase XXX funding will be limited to the following categories:

Served Meals/Mass Feeding \$ _____

Other Food \$ _____

Mass Shelter \$ _____

Other Shelter \$ _____

Rent/Mortgage Assistance* \$ _____

Utility Assistance* \$ _____

Total Requested \$ _____

*** PLEASE NOTE: ALL REQUESTS FROM LOCAL PROVIDERS FOR EMERGENCY RENT/MORTGAGE AND UTILITY ASSISTANCE MUST BE MADE THROUGH PIMA COUNTY'S EMERGENCY SERVICES NETWORK.**

To the best of my knowledge and belief, all of the information in this application is true and correct. The document has been authorized by the governing body of the applicant and the applicant will comply with the attached assurances if funding is awarded.

Typed name of Authorized Signature:

Authorized Signature:

Date signed:

I. FEMA FUNDING HISTORY

Phase XXX Request	\$ _____
FY 10-11 Received	\$ _____
FY 09-10 Received	\$ _____
FY 08-09 Received	\$ _____
FY 07-08 Received	\$ _____

FEMA funds are intended to be used to supplement or expand existing programs and services. How will this organization use these funds? Will the money requested in this proposal be used to support a service or program that received FEMA funds in the past? If yes, describe below how services have been or will be expanded or supplemented.

II. ORGANIZATION'S ELIGIBILITY CRITERIA

1. Nonprofit status: The agency is a public or private nonprofit organization. (check one)
 Government Agency (public entity)
 Private Nonprofit (501(c)3 or 501(c)4): If your agency has not previously received FEMA funds, attach Federal tax exempt letter.
2. Accounting System: The organization has an established accounting system and conducts an independent annual audit. (check one)
 Yes. Please indicate the CPA firm which conducted the organization's most recent financial audit and the time period covered by the audit:

(If the agency has not received FEMA funding in the last 5 years, attach a copy of the organization's most recent audit.)
 No. The organization does not conduct an independent annual audit.
(Please attach FY2010-11 internal agency budget and year-to-date financial statements)
3. Please write Federal Employer Identification Number (FEIN) _____
4. Is your facility accessible for people with disabilities? (Check one) Yes No

III. ORGANIZATION'S TARGET POPULATION

Please indicate the primary (up to the top three) target client populations served by your agency on the list below by numbering 1, 2, 3, next to the appropriate code/population. If your agency targets no particular population please check the "NT" code.

- | | |
|---|--|
| <input type="checkbox"/> Chemically addicted (new category) | <input type="checkbox"/> Single men |
| <input type="checkbox"/> Domestic violence victims | <input type="checkbox"/> Single women |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Unaccompanied minors |
| <input type="checkbox"/> Families with children | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Mentally disabled | <input type="checkbox"/> NT (no target population) |
| <input type="checkbox"/> Minorities | <input type="checkbox"/> Other targeted populations (specify): |
| <input type="checkbox"/> Native Americans | _____ |
| <input type="checkbox"/> People with AIDS/HIV | _____ |

IV. NARRATION

Please answer the following questions. Limit answers to space provided.

1. Give a brief yet concise explanation of your organization's ability to coordinate service delivery with other human service providers; specifically state the networks, coalitions, and collaborative arrangements your agency maintains.

2. Describe any changes in magnitude of current need and/or funding sources experienced during the past year or expected in the future (i.e., number of requests or types of clients).

Applicant Name:

Program Name:

CDNC-FEMA-Phase XXX-01-23-12

Attachment B

APPLICATION

6. For each service for which you are requesting FEMA funds, briefly describe the target population.

7. If applicable, please discuss how your program works to achieve objectives in the Pima County, City of Tucson, and Tucson Planning Council for the Homeless' Ten-Year Plan to End Homelessness. This plan can be found at:
<http://www.pima.gov/CED/CDNC/documents/PlantoEndHomelessness.pdf>.

V. BUDGET AND FINANCIAL/SERVICE INFORMATION

UNIT OF SERVICE/REQUEST

Complete the appropriate table for each category in which funding is requested.

SHELTER CATEGORY					
COLUMN	A	B	C	D	E
SHELTER CATEGORY	FEMA FUNDS REQUESTED	PER DIEM \$12.50	FEMA Funded NIGHTS TOTAL	FEMA Funded # RURAL CLIENTS	FEMA Funded # CLIENTS SERVED
Mass Shelter					
Other Shelter		XXXXXXXX			

Column A: FEMA REQUEST - Write in the amount of FEMA funds requested.

Column B: Choose either a \$7.50 or \$12.50 per diem rate (for Mass Shelter category only). Please note: In past years the local board has selected a \$12.50/night per diem rate. Write your choice in this space.

Column C: Write in the total number of nights for mass shelter (Columns A ÷ B = C).

Column D: Write in the number of rural clients to be served with FEMA request.

Column E: Write in the total number of clients to be served (include rural clients reported in Column D) with FEMA request.

SERVED MEALS/MASS FEEDING CATEGORY					
COLUMN	A	B	C	D	E
FOOD CATEGORY	FEMA FUNDS REQUESTED	FEMA Funded AVERAGE COST/MEAL OR PER DIEM	FEMA Funded TOTAL MEALS	FEMA Funded # RURAL CLIENTS	FEMA Funded # CLIENTS SERVED
Served Meals (a) (average cost/meal)					
Served Meals (b) (per diem rate: \$2.00/meal)		\$2.00/meal			

Column A: FEMA REQUEST - Write in the amount of FEMA funds

Column B: For option (a) write in the average cost of each meal (to calculate: divide total service expenditures by total meals served, including all fund sources).

Applicant Name:
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 CDNC-FEMA-Phase XXX-01-23-12

Attachment B
APPLICATION

- Column C:** Write in the total number of meals served with FEMA funds (Columns A ÷ B = C).
- Column D:** Write in the number of rural clients to be served with FEMA request.
- Column E:** Write in the total number of clients to be served (include rural clients reported in Column D) with FEMA request.

OTHER FOOD CATEGORY	
FEMA funds requested:	\$
Write in the number of rural clients to be served with FEMA request.	
Please use the space below to document how your request will be used. Give specifics (e.g., FEMA funds will buy approximately "X" number of food boxes to help "X" number of clients at "X" approximate cost per box).	

FINANCIAL ASSISTANCE CATEGORY				
COLUMN	A	B	C	D
FINANCIAL ASSISTANCE CATEGORY	FEDERAL FUNDS REQUESTED	HOUSEHOLDS SERVED	COST OF AVERAGE BILL	# RURAL HOUSEHOLDS SERVED
Rent/Mortgage				
Utility				

- Column A: FEMA REQUEST** - Write in the amount of FEMA funds requested
- Column B:** Write in the number of households projected to be served (include rural households) with FEMA funds.
- Column C:** Write in the average bill expected to be paid (Columns A ÷ B = C).
- Column D:** Write in the number of rural households projected to be served with FEMA request.

***PLEASE NOTE: ALL REQUESTS FROM LOCAL PROVIDERS FOR EMERGENCY RENT/MORTGAGE AND UTILITY ASSISTANCE MUST BE MADE THROUGH PIMA COUNTY EMERGENCY SERVICES NETWORK.**

Applicant Name:
Program Name:
 CDNC-FEMA-Phase XXX-01-23-12

Attachment B
APPLICATION

COMPLETE TABLES A AND B for each category in which FEMA funds are requested. PLEASE COPY THIS PAGE IF YOU ARE REQUESTING FUNDING IN MORE THAN ONE SERVICE CATEGORY (More complete instructions for this section are enclosed).

<p>A. Program/Service Revenues: For each service for which Phase XXX FEMA funds are requested, write in budgeted revenues for this program year. At the bottom of the table, write in the percent of the total program revenues that will be met with FEMA assistance.</p>	
SERVICE CATEGORY:	
REVENUE SOURCES	AMOUNT
Federal Funds	\$
State Funds	\$
City of Tucson Funds	\$
Pima County Funds	\$
CPSA	\$
PCOA	\$
Title XX	\$
United Way/City-United Way	\$
Program Revenues/Client Fees	\$
Foundation Grants	\$
Fundraising/Donations	\$
Other/In-Kind	\$
FEMA Request	\$
TOTAL SERVICE REVENUE	\$
Percent of FEMA Request to Program Revenues	%

B. Program/Service Expenditures: For each service for which Phase XXX FEMA funds are requested, write in budgeted expenditures for this program year. TOTAL AGENCY BUDGETS ARE NOT ACCEPTABLE.	
SERVICE CATEGORY:	
LINE ITEM BUDGET CATEGORIES	TOTAL SERVICE BUDGET
Personnel/Employee Related Expenses	\$
Professional/Outside Services	\$
Facilities/Occupancy	\$
Travel	\$
Other (Specify)	\$
Other (Specify)	\$
Other (Specify)	\$
TOTAL SERVICE EXPENDITURES	\$

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LOCAL RECIPIENT ORGANIZATION CERTIFICATION FORM

As a recipient of Emergency Food and Shelter National Board Program funds made available for Phase 30 and as the duly authorized representative of _____ I certify that my public or private organization _____: (Name of Organization)

- Is not debarred or suspended from receiving Federal funds,
- 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,
- 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,
- Conduct an independent annual review if receiving \$25,000-\$49,999/ an independent annual audit if receiving \$50,000 or more in EFSP funds, and an OMB Circular A-133 if receiving \$500,000 or more in Federal funding.
- **Has not received an adverse or no opinion audit,**
- Understands that cash payments (including petty cash) are not eligible under EFSP,
- 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 nondiscrimination (if an agency 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,
- Will comply with the Phase 30 Responsibilities & Requirements Manual, particularly the Eligible and Ineligible Costs section, and **will** inform appropriate staff or volunteers of EFSP requirements,
- 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, 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 to the National Board (\$5.00 or more; checks made payable to United Way Worldwide/Emergency Food and Shelter National Board Program, 701 North Fairfax Street, Suite 310, Alexandria, VA 22314),
- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date,
- Will comply with the Office of Management and Budget Circular A-133 if expending \$500,000 or more in Federal funds,
- Will comply with lobbying prohibition certification and disclosure of lobbying activities if receiving \$100,000 or more in EFSP funds, as applicable, and
- Has no known ESFP compliance exceptions in this or any other jurisdiction.

Signature: _____ **Name:** _____

Title: _____ Date: _____

LRO ID# _____ FEIN# _____ DUNS# _____

Address: _____

City/State Zip: _____

Phone#: _____ Fax#: _____

Email Address: _____