FEMA Emergency Food and Shelter Program
Federal Grant Phase 36 Application

Provider Profile

Provider Name:

Provider Funding Request:
Phase 36 GRANT APPLICATION GUIDELINES & INSTRUCTIONS

Please review all guidelines and instructions before beginning the application.

I. Applications must be received at the DSS office by **3:00pm on Friday, July 5, 2019**.

II. Applications and all required attachments may be submitted by hand, mail, or electronically to:

    Anne Arundel County Department of Social Services
    ATTN: Justin Bieler
    80 West St
    Annapolis, MD 21401
    Email: justin.bieler@maryland.gov

III. For a local agency to be eligible for funding it must:
    a. Be a nonprofit or an agency of government
    b. Have a checking account and sign up for EFT (cash payments are not allowed)
    c. Have a Federal Employer Identification Number (FEIN)
    d. Have a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and provide along with other required associated information
    e. Have a valid email address for program communication and electronic signature process
    f. Be providing services and using its other resources in the area in which they are seeking funding
    g. Practice nondiscrimination (those agencies with a religious affiliation wishing to participate in the program must not refuse services to an applicant based on religion or require attendance at religious services as a condition of assistance, nor will such groups engage in any religious proselytizing in any program receiving EFSP funds)
ELIGIBLE FEMA ACTIVITIES

FEMA provides funding for four main activities:

1) **Mass Shelter Expenses (Emergency Shelter Bed Nights).** Mass Shelter (Emergency Shelter) covers activities that connect people with immediate access to overnight shelter in order to respond to a crisis. Funding provided for Emergency Shelter can be used to pay for the operations of the shelter as bed nights. **Please note that any shelter that accepts children is considered a “Family” shelter, and therefore must accept all families, regardless of the sex, sexual orientation, gender identity, or age of any members of the family.** Per diem allowance of exactly $12.50 per person per night for mass shelter providers.

2) **Other Shelter Assistance (Off-site Lodging, Hotel/Motel).** For other shelter assistance, eligible program costs include off-site emergency lodging (room and tax only) in a hotel/motel or other off-site shelter facility provided conditions 1 and 2 below are met.
   1. No appropriate on-site shelter is available; and
   2. It is limited to 30 days assistance per individual or household during the current program period.

3) **Rent/Eviction Prevention.** For rent assistance, eligible program costs include: Limited emergency rent assistance principal and interest only, for individuals or households provided conditions “a” through “f” below are met:
   a. Payment is in arrears or due within 10 calendar days
   b. Other resources have been exhausted;
   c. The client is 1) a resident of the home or apartment and 2) responsible for the rent on the home or apartment where the rent assistance is to be paid;
   d. Payment is limited to a maximum of one month’s assistance for each individual or household; assistance can be provided 1) for a full month’s rent all at one time, or 2) in separate payments over a period of up to 90 consecutive days so long as the total amount paid does not exceed one month’s cost and is paid by a single LRO;
   e. Assistance is provided only once in a jurisdiction by a single LRO in each award phase for each individual/household (with the exception of item d [2] above);
   f. The month paid is the current amount or part of the arrearage that is still owed at the time of payment and is from the current award phase and,
   g. Payment must guarantee an additional 30 days service.

4) **First Month’s Rent Payment.** First month’s rent may be paid when an individual or household:
   a. Is transient and plans to stay in the area for an extended period of time; or
   b. Is moving from a temporary shelter to a more permanent living arrangement; or
   c. Is being evicted because one-month’s payment will not forestall eviction in current housing.
FEMA Phase 36 APPLICATION

Section I. GENERAL INFORMATION

Legal Name of Applicant:

Address for the main agency location
Address:
City/County, State, Zip:

Main mailing address
Address:
City/County, State, Zip:

Please provide information for the grant contact
First Name:  Last Name:
Phone:  Ext.:
Email:

Please provide information for the Executive Director or CEO
First Name:  Last Name:
Phone:  Ext.:
Email:

Federal Tax Employer Identification Number:
DUNS Number:

Section II. PROPOSAL INFORMATION

Funding Request

<table>
<thead>
<tr>
<th>Program Activity</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Mass Shelter Expenses</td>
<td>$0</td>
</tr>
<tr>
<td>Other Shelter Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>Rent/Eviction Prevention</td>
<td>$0</td>
</tr>
<tr>
<td>First Month’s Rent Payment</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL Funding Request</td>
<td>$0</td>
</tr>
</tbody>
</table>
Section III. AGENCY INFORMATION

Current Projects and Programs
1. Describe the history and mission of your organization.

2. Provide a brief description of the program(s) that will be funded through this application, including the populations that will be served.

3. Describe case management and supportive services provided by your program. Also describe how your agency connects and coordinates with other providers in order to ensure that clients have access to any other services that they may need.

6. Explain the methods your agency utilizes to evaluate client need and progress, and any limitations your agency has within the program, such as the length of time and amount of assistance clients are able to receive.

Continuum of Care
7. Does your agency currently participate in your local Continuum of Care meetings (Anne Arundel and Annapolis Coalition to End Homelessness)?
   If yes: Please describe your current level of involvement, including the number of meetings attended in the prior twelve months.

8. Describe how your agency participates (or will participate) in the Continuum of Care’s Coordinated Entry process for client intake and prioritization (if applicable).

HMIS
9. Is your agency currently entering client-level program data into HMIS?

   If no: Grantees are required to enter data into an HMIS or comparable database. If your agency is not entering into HMIS, what is your agency’s plan and timeline to begin using HMIS or comparable database?

10. Describe the HMIS system or comparable database that your agency currently uses and the extent to which your agency currently utilizes it. Include the timeline for entering client data.
Past Performance

14. Has your agency previously been awarded funds from FEMA within the past three years?

If “yes,” list grant type and year(s) those funds were awarded.

<table>
<thead>
<tr>
<th>Grant Type</th>
<th>Year</th>
<th>Amount</th>
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FEMA Activity Areas

Mass Shelter Expenses
If applying for mass shelter funds, describe how you work to connect people with available shelter beds.


Other Shelter Assistance
If applying for other shelter assistance, describe how you will connect people with this resource.


Rent/Eviction Prevention
If applying for rent/eviction prevention, describe how you will manage this service.


First Month’s Rent Payment
If applying for first month’s rent payment, describe how you will determine eligibility and manage the assistance.