

**Essex County FEMA
Local Board
Emergency Food & Shelter Program (EFSP)**

***Phase 32 - 2015
REQUEST FOR PROPOSAL (RFP)***

REQUIREMENTS AND INSTRUCTIONS

The Emergency Food and Shelter Program was established on March 24, 1983, with the signing of the "Jobs Stimulus Bill," Public Law 98-8. That legislation created a National Board, chaired by the Federal Emergency Management Agency (FEMA) that consisted of representatives of the American Red Cross, Catholic Charities USA, National Council of the Churches of Christ in the U.S.A., The Salvation Army, United Jewish Communities, and United Way of America.

EFSP is governed by a National Board that selects jurisdictions for funding. Local Boards are convened in those qualifying jurisdictions to determine the highest need and best use of funds and to select Local Recipient Organizations (LROs) that will provide emergency food and shelter services. Each year, needs are to be assessed in an effort to adapt to particular community needs.

Newark Emergency Services for Families Inc. is the Local Board Chair for the Essex County Local Board, the LRO. The Chair is responsible for convening the Board, facilitating Board meetings, working with the Board to implement the FEMA EFSP Guidelines, for administering and RFP and Grant Award Process and for facilitating the reporting of grant activities to the FEMA National Board.

ELIGIBILITY

To be eligible for funding consideration, an organization must meet all the following criteria:

- Non-profit, 501(c) 3 exempt organization
- Must provide DUN's Number
- Must provide FEIN Number
- Currently registered as a charity in the State of New Jersey.
- Must provide service within Essex County.
- If awarded, grantees must adhere to the guidelines as determined by the FEMA National Board during the term of funding and up to 7 years thereafter.

SELECTION PROCESS

- The RFP is a **competitive process**. Applications will be screened and reviewed by a Sub-Committee of the Local Board. The Sub-Committee will determine if the application presents sufficient need, relevant approaches to addressing community problems, and capacity to successfully implement the project. Final approval of applications and funding awards will be determined by the Local Board. Please note if an applicant fails to meet any of the criteria noted above and throughout the RFP, their application will be automatically **denied**.
- Notification will be made on or after April 27th, 2015. Applications will be scored based on the rating scale below:

Statement of Need	30
Program Description	25
Organizational Capacity	15
Collaboration/ Sub-Grantee	15
<u>Financial Resources</u>	<u>15</u>
TOTAL PONTS	100

FUNDING PRIORITY & INITIATIVES

CATEGORY	DESCRIPTIONS
OTHER FOOD	Food vouchers, food boxes, grocery orders, restaurant vouchers, etc., food purchased for food banks and/or food pantries, vouchers, gift certificates (limited), transportation costs.
MASS SHELTER	Direct expenses associated with housing a client (e.g., supplies, linens, etc.); transportation costs; daily per diem schedule (\$7.50 or \$12.50).
RENT/ MORTGAGE	Past due rent or mortgage payment (P&I only); current rent or mortgage due within 5 calendar days; first month's rent; lot fee for mobile homes. Limited to one month's cost for an individual/ family.
UTILITIES	Past due bills, or current bills due within 5 calendar days, for gas, electricity, oil, water; reconnect fee. May pay budget or actual. Limited to one month's amount that is part of the arrearage at the time of payment or current one month amount. One-time delivery of firewood, coal, propane.

II. SUBMISSION GUIDELINES

Please only submit the items listed below. RFP should be in the order as listed below.

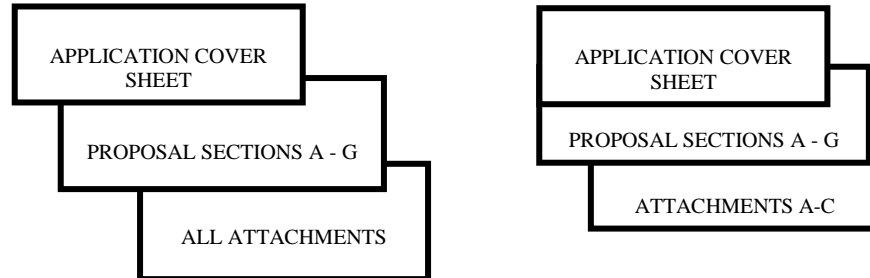
- Application Cover Sheet
- Proposal Sections A- G
- Attachments

Order of Packet

1 ORIGINAL

and

3 COPIES



ATTACHMENTS

Provide one copy with the original RFP of the following items:

- Articles of Incorporation/ Certificate of Formation
- Most current Audited Financial Statement (one copy)
- Proof of Non-Profits Status 501(c)3 letter
- Anti-Discrimination Policy
- List of Board of Directors & Affiliations

Provide 1 original and 3 copies.

- A. Organization Operational Budget
- B. List of all Sub-Grantees that will be contracted to administer the grant.
- C. Formal Collaborative Agreement Statement (For Grantees with Sub-grantees ONLY)

SUBMISSION DEADLINE

- **Proposals must be delivered to: The Local Board Chair, Newark Emergency Services for Families, Inc, located at 982 Broad Street Newark, NJ 07102, on or before April 14th, 2015 no later than 1:00 p.m. Proposals WILL NOT be accepted after 1 p.m. on April 14th, 2015.**
- All proposals **MUST BE HAND DELIVERED.**

The Local Board Chair, Newark Emergency Services for Families, Inc. on behalf of the Essex County Local Board, reserves the right to refuse any/or all proposals that do not meet the required formats and attachments outlined in the Request For Proposal (RFP). Not to be limited to the refusal of Grantees and Sub-grantees.

Essex County FEMA Local Board Emergency Food & Shelter Program (EFSP)
Phase 32- 2015 RFP
Application Cover Sheet

Date of Application:

Organization Information

Legal Name of Organization:

Tax Identification Number:

Duns Number:

Address:

City:

State:

Zip code:

Fax:

Executive Director:

Executive Director E-Mail Address:

Has this agency received previous FEMA Funding? yes no.

Program Contact Person

First name:

Last Name:

Title:

Telephone:

E-mail Address:

Project

Title:

Total Agency Budget:

Total Project Budget:

Amount Requested:

Program Goals: (40 words max.):

Proposal Summary — Please summarize your proposal. Indicate how the funds will be used to address problems/needs. Describe project activities, program beneficiaries, and outcomes to be achieved. (100 words max).

Target Audience — Please indicate the total number of individuals/families to be served by this program for each funding category (75 words max):

Key Collaborating Organizations:

Role of collaborators:

This certifies that all information contained herein is accurate, complete and current, and that key members of the organization are aware of this application and have been provided the opportunity to review this submission. We are committed to completing this project as described.

Chief Executive Officer Print Name

Date

Signature

List the bold headings below and use Times New Roman 12 font. Do not bind or place proposal in a notebook. 4 pages maximum.

A. Background. Describe your agency:

Mission, history, services and level of expertise.

B. Goals & Objectives of the Project & Needs Statement:

Describe the project goals and need for the proposed project. Indicate and describe the target population for the project or program; Describe current Food & Shelter Program if any; Why should the need be addressed with this program now?

C. Project Design, Staffing, & Anticipated Outcomes:

Describe how consumers will be determined eligible for services; who among the staff, including top management, will oversee and the program; indicate how many people your program will service.

D. Evaluation:

Indicate how the project will be monitored and evaluated and who will be responsible for these activities (i.e. instruments to measure outcomes, record keeping, observations); and how will this be communicated?

E. Funding:

List funding sources for funding of this project.

F. For applicants with Sub-grantees ONLY. Describe their capacity to implement the program and the procedures that are in place to ensure that they are able to meeting the FEMA Program Guidelines attached to this RFP. Please explain in detail:

G. Budget & Budget Narrative. (Use the attached Budget Format).

Rent/ Mortgage Assistance	\$
Other Food	\$
Mass Shelter	\$
Utility Assistance/ Energy	\$
Other Shelter	\$
Served Meals	\$
Total	\$

Anti-Discrimination Policy

I certify hereby certify that _____ **AGENCY NAME** _____ policies and procedures are in place to advance the Agency’s mission and vision and to ensure a professional and inviting workplace. _____ **AGENCY NAME** _____ any forms of discrimination against employees and volunteers based on any legally protected classification such as race, color, national origin, sex, sexual orientation, pregnancy, maternity or family status, age, religion or creed, marital status, disabled veterans status, Vietnam Era status or disability. In correspondence, we also prohibits any employees and volunteers from discriminating in provision of services against anyone based on any legally protected classification. These policies and provisions contained here apply to every aspect of Agency programs, practices and activities.

No employee or volunteer within our Agency will intentionally commit any of the following acts for reasons prohibited by this policy:

- Discriminate in the recruitment, hiring, training, compensation, benefits, promotion, transfer termination, lay-off, reduction in workforce, or any other terms or conditions of employment.
- Make any comments, display or distribute any materials that constitute unlawful harassment based on an individual’s membership in a legally protected class.
- Deny a person any service, other program benefits, or financial aid based on the individuals legally-protected classification.
- An employee who has become aware of violations of this provision has the affirmative obligation to report the conduct to their immediate supervisor, or if the supervisor is engrossed in the conduct, to another member of the management team.

Enforcement

We duly swear to tolerate any form of discrimination, regardless of whether it is verbal, physical and/or written. All violations of this policy will be addressed by the Executive Director and/or the Human Resources representative and may result in disciplinary action and/or termination of employment.

Acknowledgement

Name _____ **Title** _____

Authorized Signature

Date