

**COVER PAGE/CHECKLIST**

Legal Name of Applicant Agency: Fort Bend County

Program Name: Fort Bend County Social Services

Agency Mailing Address: 301 Jackson Street, Richmond, Texas Zip 77469

Agency Physical Address: 4520 Reading Rd., Suite A-900, Rosenberg, Texas Zip 77471

Congressional district(s) where agency is physically located (2-digit Number) 09, 22

Congressional district(s) where your agency's EFSP services are provided (2-digit Number) 09,22

DUNS Number (Unique 9-digit number obtained from Grants Gov or Dun & Bradstreet) 08-1497075

Telephone # (281)-238-3502 Fax # (281)-342-0557 Email: anna.gonzales@fortbendcountytexas.gov

Individual to contact to with application questions or to schedule site visits, if necessary:

Name Anna M. Gonzales, MSW

Telephone # (281)-238-3506 Fax # (281)-342-0557 Email: anna.gonzales@fortbendcountytexas.gov

Total Amount of Funding requested: \$ 216,030.00

**CHECKLIST FOR PROPOSAL SUBMITTAL**

- X   Cover Page and Checklist (this form)
- X   Application for Funding
- N/A  Copy of the Agency's Current Roster of Volunteer Board
- X   Program Level Budget (Summary Level of Project Budget)
- X   Program Level Organization Chart with Contact Info
- X   Certification Regarding Lobbying Form
- X   Copy of the Agency's Most Current Audit (Must be on **Accrual** Basis)

If applicable:

- N/A  Fiscal Agent/Fiscal Conduit Agency Agreement (if applicable)
- N/A  Fiscal Agent Agreement (if applicable)
- N/A  Copy of Fiscal Agent Audit (if applicable) (Must be on **Accrual** Basis)

Please do not submit any information that was not specifically requested. Additional information will not be forwarded to the local Board.

## PROPOSAL SUBMITTAL PROCESS

1. Submit the complete proposal application to Lindsey Grubbs at [lgrubbs@homelesshouston.org](mailto:lgrubbs@homelesshouston.org) according to the posted timeline.
2. Each document in the application checklist must be sent as a separate PDF File using the below naming nomenclature:
  - a. If you are an existing Local Recipient Organization (LRO) – where it says LRO Number, please put your Agency Initials and Number:
    - i. “Initials & LRO Number” Cover Page
    - ii. “Initials & LRO Number” Application for Funding
    - iii. “Initials & LRO Number” Current Roster of Volunteer Board
    - iv. “Initials & LRO Number” Program Level Budget
    - v. “Initials & LRO Number” Program Level Organization Chart with Contact Info
    - vi. “Initials & LRO Number” Certification Regarding Lobbying Form
    - vii. “Initials & LRO Number” Most Current Audit (Must be on **Accrual** Basis)
  - b. If you are **not** an existing Local Recipient Organization (LRO) – where it says LRO Number, please put your Agency Initials and Number:
    - i. “Initials” Cover Page
    - ii. “Initials” Application for Funding
    - iii. “Initials” Current Roster of Volunteer Board
    - iv. “Initials” Program Level Budget
    - v. “Initials” Program Level Organization Chart with Contact Info
    - vi. “Initials” Certification Regarding Lobbying Form
    - vii. “Initials” Most Current Audit (Must be on **Accrual** Basis)
3. Per the posted timeline, a threshold review will be conducted on applications. If there are missing documents, applicants will have a limited opportunity to submit missing documents.  
**After that deadline, incomplete applications will not be reviewed.**

# The Way Home

Changing the Path for Houston's Homeless

Phase 34  
Emergency Food and Shelter Program (EFSP)  
Application for Funding

Date: March 30, 2017 Name of Agency: Fort Bend County

Check only one box below: Harris/Fort Bend County is listed as jurisdiction 782800 and Waller County is listed as jurisdiction 843200 with EFSP National Board. **An application must be submitted for each separate jurisdiction.**

☒ 782800

☐ 843200

Principal/President/Executive Officer: Robert E. Hebert

Telephone No: (281)341-8608 Fax No: (281)341-8609

Email address: ann.werlein@fortbendcountytexas.gov

Program Contact: Anna M. Gonzales

Mailing Address: Fort Bend County Social Services 301 Jackson Street

City/State/Zip Code plus 4: Richmond, Texas 77469

Telephone No.: (281)238-3506 Fax No: (281)342-0557

Email address: anna.gonzales@fortbendcountytexas.gov

Board Chair's Name: N/A Telephone #: N/A

Federal Taxpayer Identification Number: 1-74-6001-969-2

Annual Audit Conducted? Yes X No   

Agency Fiscal Year: 10-1-17 to 09-30-18

Date of Last Audit: 03/31/16

(Copy of agency's audit or fiscal agent audit must be included) (Audit must be on accrual basis)

If No, Name and Address of Fiscal Agent:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Officer

\_\_\_\_\_  
Date

## Statement of Need and Impact

AGENCY NAME: **FORT BEND COUNTY**

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- I. AGENCY INFORMATION: No longer than one page
- a. Please attach a brief history of your agency, including date of incorporation, length of time agency has been in operation, description of programs offered, and length of time agency has offered emergency assistance.

Fort Bend County Social Services has been in existence for 65 years. Initially it was created by County Commissioners Court to fulfill the mandate of Article 2351 of Vernon's Annotated Civil Statutes, which directs County government to provide support for paupers. In the 1950's the department, which was called the County Welfare Office, was established to improve coordination of efforts throughout the County. Over the years the name of the department has changed to what we now know as Fort Bend County Social Services. Currently the department provides utility, rent/mortgage, emergency shelter, food, medication, pauper and indigent burial services, transitional supportive housing case management, unmet emergency needs and Benefits Bank (assist with completing SNAP, TANF, CHIP, Medicaid and Medicare applications) to the residents of Fort Bend County. In addition, the department plans and implements the "Annual Back to School Bash" formerly known as Walk With Pride for school age children whose household incomes are at or below 180% of the poverty level. The purpose of Fort Bend County Social Services is to provide short term assistance to residents in need.

II. PROJECT INFORMATION: No longer than three pages

- a. Please provide a statement of need for EFSP Funds. This should include but is not limited to:
  - i. A description of your project beneficiaries
  - ii. Number of beneficiaries served
  - iii. Current need
  - iv. Organization impact
  - v. How your organization differs from similar providers
  - vi. Partnerships and collaborations utilized to enhance effectiveness

According to a needs assessment (A report on the Demographic Changes and Changing Needs of Fort Bend County by The George Foundation) conducted in Fort Bend County in the summer of 2011, using focus groups, interviews and randomized telephone surveys, respondents identified food and housing as the most critical needs in Fort Bend County in the area of human services. Furthermore, participants listed affordable housing, homeless shelters, food assistance and basic needs as not being met by current services in the region. In 2016 United Way received 28,187 calls from Fort Bend County residents with the majority of the calls coming from the following zip codes 77489 (Missouri City), 77471 (Rosenberg), 77053 (Houston), 77477 (Stafford), and 77469 (Richmond). The top needs of Fort Bend callers were medical care, food, utility assistance, rent/mortgage assistance, low income housing, children/youth services, disaster services, financial assistance, transportation and preparing income tax.

In fiscal year 2016 (October 2015 through September 2016) Fort Bend County Social Services (FBCSS) served 2,193 clients. Of which **456** received a food voucher, **117** received a medication voucher, **314** received rent/mortgage assistance, **253** received transitional supportive housing/emergency shelter, **722** received utility assistance, **125** received case management services, **152** received assistance with completing the SNAP, TANF, CHIP, Medicaid and Medicare applications and **54** received other services provided by the department. Of the clients served in the same fiscal year, 67% reported living at or below 100% of the poverty level (\$24,300.00 annually for a family of 4). According to the needs assessment and US Census data, the number of people living in poverty in Fort Bend County continues to increase. The U.S. Census Bureau indicates a 3% increase in the population living below the poverty level from 2000 to 2010. Currently 8% of Fort Bend County's population lives in poverty (46,344: 2010 U.S. Census Bureau). Meal Gap data in 2013 reported that 20.6% (approximately 36,530) of Fort Bend County's children are food insecure, ie, they do not receive three nutritious meals a day. In fiscal year 2016, 70% of the clients receiving a food voucher from FBCSS department reported they had been without food for 1 to 6 days. Of the same clients 46% reported the last time they had purchased groceries was 2 weeks or more. Fifty-two percent of the clients reported that when purchasing groceries they go without other things to include: medications, paying rent/mortgage, paying utility bills, and other basic needs.

- b. Please provide an explanation of how EFSP funds will be used to supplement and extend existing food and shelter programs.

EFSP funds will enable Fort Bend County Social Services to supplement existing services to include food, shelter, and utility assistance and expand the reach of services to individuals and families throughout Fort Bend County. Funds allocated in the EFSP Phase 34 will be used to enhance services to Fort Bend County Residents by 63% in rent and mortgage assistance, 118% in utility assistance and 240% in food assistance. Without EFSP funding, more residents in Fort Bend County

will go without basic human needs which could prove to be devastating, especially during extreme weather conditions in the winter and summer months.

III. HOMELESS/FORMERLY HOMELESS INVOLVEMENT: No longer than one page

- a. Federal provisions require that agencies funded under the Emergency Food and Shelter program involve homeless individuals and families in the operation of their program, to the extent practicable. The purpose of this provision is to ensure that the intended beneficiaries of service have a voice in how these services are delivered. **Therefore, please describe the involvement of homeless or formerly homeless individuals and families in the operation of your program. If this involvement is not practicable for your agency, please explain.**

Currently Fort Bend County Social Services works in partnership with the Harris/Fort Bend Coalition for the Homeless. In 2013, FBCSS spear-headed the Fort Bend County Homeless Coalition. The purpose of the coalition is to bring together organizations in the county that provide services to the homeless, identify gaps in services and identify strategies to best meet the needs of clients with limited funding. Service providers include Fort Bend Family Promise, Salvation Army, Second Mile Mission, St. Laurence Catholic Church, Sugar Grove Church of Christ, Project Lift, Access Health, United Way of Greater Houston (Fort Bend), Fort Bend EMS, Fort Bend County Sheriff's Office and Fort Bend County Behavioral Health. In the last year Fort Bend County Social Services served 253 clients presenting themselves as homeless and needing emergency shelter, or transitional supportive housing services. In 2013, Fort Bend County Social Services began the process of surveying clients who present themselves as homeless and/or formerly homeless to guide the development of program operations. Survey questions included: please provide us with factors and/or indicators that have led you to become homeless; what services or gaps in services have not been available to you; how can Fort Bend County Social Services help you today and how could Fort Bend County Social Services or other program services have prevented you or others from becoming homeless. The outcome of this survey is as follows:

**Question #1-** Please provide us with factors and/or indicators that have led you to become homeless (examples: loss of job, medical expenses, mental health issues, loss of home, etc.):

- 31% of the clients reported "OTHER". "OTHER" responses are in parenthesis (Criminal background, disabled, divorced, family abandonment, flooding, home fire, home flood, home loss, home repairs, in transition, incarcerated, loss of documents, medical expenses, relocated and substance abuse)
- 22% of the clients reported eviction/foreclosure,
- 11% of the clients were victims of domestic violence
- 6% of the clients reported mental health
- 25% reported at risk of eviction, loss of income/less hours of work, loss of support/death in the family, medical, relocation/transition.
- 5% reported being unemployed.

**Question #2-** What services or gap in services have not been available to you?

- 11% of the clients reported "OTHER". "OTHER" responses are in parenthesis (No aftercare while in jail, no drug rehab programs, no veteran services, no domestic violence assistance, no moving services and no family support),

- 33% of the clients reported shelters,
- 17% of the clients reported resources,
- 13% of the clients reported employment,
- 22% of the clients reported affordable housing,
- 7% responded less than
- 2% (Child care, food, gasoline, mental health treatment and medications)

**Question #3-**How can Fort Bend County Social Services help you today? Client responses are below:

- 86% of the clients reported a shelter/hotel stay,
- 9% of the clients reported rental assistance,
- 4% of the clients reported housing,
- 1% of the clients did not answer, 1% of the clients reported "OTHER". "OTHER" responses are in parenthesis (Help to pay bills, have helped as much as possible)

**Question #4-**How could Fort Bend County Social Services or other program services have prevented you or others from becoming homeless?

- 3% of the clients reported "OTHER". "OTHER" responses are in parenthesis (Legal service assistance, a plan to end homelessness, mental health services, housing for people with evictions and more veteran shelters)
- 22% of the clients reported couldn't have done anything
- 18% of the clients reported service awareness
- 17% of the clients reported provide shelter
- 13% of the clients reported unsure
- 11% of the clients reported affordable housing
- 8% of the clients reported employment assistance
- 7% of the clients did not answer

Client demographics are as follows:

- 100% of the clients reported English as their primary language
- 47% of the clients reported as African American, 49% as Caucasian, 1% as Other, 1% as Multi Racial and 2% as American Indian
- 21% of the clients reported being unemployed while 79% reported having employment.

IV. FINANCIAL INFORMATION: No longer than two pages.

- a. Program Level Budget (Summary Level of Project Budget)
- b. For the period of September 1, 2017 through February 28, 2018 please indicate the number of service units by category your LRO expects to provide with Non-EFSP funds, the cost per service unit, the amount of Non-EFSP funds to be spent, the number of EFSP service units by category to be provided, the estimated cost per EFSP service units, and the amount you are requesting in EFSP funds. (Service units: one night of shelter per person; one month's rent, mortgage or utility bill; one meal per person, either served, or estimated to be included in food voucher or groceries supplied.)

Program	Non-EFSP Service Units	Cost per Non-EFSP Service Unit	Total Non-EFSP Funds	EFSP Service Units	Cost per EFSP Service Unit	EFSP Funds Request
<b>Food Served Meals</b>	# <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	# <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<b>Other Food (no. of meals per person)</b>	# <u>456</u>	\$ <u>97.00</u>	\$ <u>44,232.00</u>	# <u>250</u>	\$ <u>97.00</u>	\$ <u>24,250.00</u>
<b>Mass Shelter (on site) Nights</b>	# <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	# <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<b>Rent/Mortgage Bills Paid</b>	# <u>314</u>	\$ <u>350.00</u>	\$ <u>109,900.00</u>	# <u>140</u>	\$ <u>747.00</u>	\$ <u>104,580.00</u>
<b>Utility Assistance Bills Paid</b>	# <u>722</u>	\$ <u>150.00</u>	\$ <u>108,300.00</u>	# <u>400</u>	\$ <u>218.00</u>	\$ <u>87,200.00</u>
<b>Total EFSP Funds Requested</b>						\$ <u>216,030.00</u>



V. INTAKE PROCEDURES: No longer than one page.

- a. Please describe the steps per each expense activity (Food, Served Meals, Other Food, Mass Shelter, Rent/Mortgage, Utility Assistance) for which you are requesting funds. This should include but is not limited to the process a client goes through when applying for EFSP assistance:
  - i. Days and hours of operation
  - ii. Required documentation
  - iii. Eligibility requirements
  - iv. Any limitations on assistance (include financial assistance limits if any that is, once per month, \$50 per family, etc.).

Food:

Clients are seen by appointment and walk-ins are welcome Monday through Friday between the hours of 8:00-5:00pm. When necessary, hours are extended to meet the need of the clients. Services are provided at two locations, the West End Location at 4520 Reading Road, Suite A-900, Rosenberg, Texas 77471 and the East End Location at 307 Texas Parkway, Suite 235, Missouri City, TX 77459. Required documents: proof of house hold income, Fort Bend County proof of residency, photo identification, and proof of need of demonstrating that all income has been exhausted. Eligibility requirements: clients are deemed eligible for food assistance if they provide required documentation, are residents of Fort Bend County and provide proof of need and or can demonstrate all income sources have been exhausted. The dollar amount of assistance is based upon "2012 Meal Gap Data Report" and is calculated at \$97.00 per household. Clients are allowed assistance one time per fiscal year.

Mass Shelter: N/A

Rent/Mortgage:

Clients are seen by appointment and walk-ins are welcome Monday through Friday between the hours of 8:00-5:00pm. When necessary hours are extended to meet the needs of clients. Services are provided at two locations, the West End Location at 4520 Reading Road, Suite A-900, Rosenberg, Texas, 77471 and the East End location at 307 Texas Parkway, Suite 235, Missouri City, TX 77459. Required documents: proof of household income, Fort Bend County proof of residency, photo identification, proof of need by demonstrating that all income has been exhausted, provide current rental lease agreement, mortgage letter, or written statement from landlord stating one month's rent and due date. All aforementioned items must be in the client's name. Eligibility requirements: clients requesting rent/mortgage assistance must not be paying or planning to pay more than 75% of income on rent/mortgage, must be a resident of Fort Bend County, must demonstrate all household income has been exhausted and must provide all required documentation. Limitations: the following fees or taxes are not paid to include: property taxes or any other taxes related to the property, homeowners or renter's insurance, neighborhood association fees, sewage fees, legal fees, late fees, and condominium maintenance fees.

Utility Assistance:

Clients are seen by appointment and walk-ins are welcome Monday through Friday between the hours of 8:00-5:00pm. When necessary hours are extended to meet the needs of clients. Services are provided at two locations the West End Location at 4520 Reading Road, Suite A-900, Rosenberg, TX. 77471 and the East End location at 307 Texas Parkway, Suite 235, Missouri City, TX 77459. Required documents: proof of household income, proof of residency of Fort Bend County, provide photo identification, proof of need by demonstrating that all income has been exhausted, provide original utility bill, all supporting documentation must be in client's name. Eligibility requirements: client must be a resident of Fort Bend County, demonstrate they have exhausted household income, provide required documentation and all supporting documentation must be in client's name. Limitations: Clients are allowed assistance one time per fiscal year.

VI. FOR MASS SHELTERS AND SERVED MEALS ONLY: INDICATE THE LAST DATE THE AGENCY RECEIVED THE PERMITS AND/OR INSPECTIONS LISTED BELOW (if more than one facility, attach information for each facility):

Occupancy Permit	<u>N/A</u>
Elevator Permit	<u>N/A</u>
Boiler Permit	<u>N/A</u>
Fire Code Inspection	<u>N/A</u>
Health Dept. Permit	<u>N/A</u>
Other	<u>N/A</u>

# 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 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 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.

Fort Bend County  
LRO Name

782800006  
LRO 9 Digit ID Number

Robert E. Hebert  
Name (Please print or type)

County Judge  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: Standard Form LLL and instructions are available from the National Board office.**

## **FISCAL AGENT/FISCAL CONDUIT**

For National Board purposes, a fiscal agent is an agency that maintains all EFSP financial records for another agency. A fiscal conduit is an EFSP-funded agency that maintains all EFSP financial records on behalf of one or more agencies under a single grant. The fiscal agent/fiscal conduit is the organization responsible for the receipt, disbursement of funds to vendors, and documentation of funds received. The fiscal agent/fiscal conduit must meet all of the requirements of a local recipient organization (LRO).

Any agency benefiting from funds received by a fiscal agent/fiscal conduit must meet all of the criteria to be an LRO except the accounting system and annual audit requirements. For tracking purposes all agencies funded through fiscal agents or fiscal conduits must secure a Federal Employer's Identification Number.

Organizations serving as fiscal conduits must provide a supplemental listing to the Local Board and on the final report showing all agencies benefiting from the funding and breakdowns of spending and units of service. All agencies included on the supplemental listing must have a Federal Employer Identification Number or be in the process of securing one.

Fiscal agent/fiscal conduits may cut checks to vendors only. They may not cut checks to the agencies on whose behalf they are acting or to agencies/sites under their "umbrella". The exception to this is when an agency is using the per diem allowance for mass shelter or the per diem allowance for served meals.

Fiscal agents will be required to submit individual interim and final reports for each agency. Fiscal conduits will file a single interim report on their award along with a breakdown of agencies and spending with the final report.

Any LRO with an outstanding compliance exception may not be funded under a fiscal agent/fiscal conduit. If a fiscal agent has an unresolved compliance exception, other funds awarded to the fiscal agent (either as a grant for its own program or as fiscal agent for another agency) will be held in escrow until all compliance exceptions are resolved.

Fiscal conduits will be audited as a single award, and will be handled as any other LRO.

**FISCAL AGENT AGREEMENT**  
(To be completed by Fiscal Agent)

This signed Fiscal Agent Agreement must be included with final application if applicant is not a tax exempt organization, and/or does not have current audited financial statements.

**The fiscal agent must:**

1. Comply with Rules and Responsibilities Manual, particularly the Eligible and Ineligible Costs section;
2. Be tax exempt;
3. Have an accounting system capable of maintaining a separate fund account for EFSP;
4. Submit periodic financial reports to the EFSP Local Board on behalf of the applicant;
5. Ensure that any EFSP funds unspent or improperly spent within the EFSP funding period are returned to the Local Board;
6. Remain in operation until all program and financial reporting requirements have been satisfied.

The Emergency Food and Shelter funds should be included in the fiscal agent's regular annual audit, a copy of which will be submitted to the EFSP Local Board.

**APPLICANT AGENCY**

**FISCAL AGENT ORGANIZATION**

Name: N/A Name: N/A

Contact Person: N/A Contact Person: N/A

Phone Number: N/A Phone Number: N/A

Title: N/A Title: N/A

Address: N/A Address: N/A

City /Zip: N/A City /Zip: N/A

This certifies that N/A (agency) agrees to serve as the fiscal agent for N/A (applicant agency), and receive and disburse funds from the Emergency Food and Shelter Program on behalf of the applicant.

N/A N/A  
Applicant Contact Person (Print) Authorized Signer for Fiscal Agent, Title (Print)

By: N/A By: N/A  
Signature/Date Signature/Date

## FISCAL AGENT/FISCAL CONDUIT AGENCY AGREEMENT

This signed Fiscal Agent/Fiscal Conduit Agreement must be included with final application if applicant does not have current audited financial statements.

**I certify that my public or private agency:**

1. Is not debarred or suspended from receiving Federal funds,
2. Has the capability to provide emergency food and/or shelter services;
3. Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services;
4. Is nonprofit or an agency of government;
5. Will not use EFSP funds as a cost match for other Federal funds or programs,
6. Practice nondiscrimination (if an agency with a religious affiliation, will 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 Emergency Food and Shelter Program funds);
7. Has or will secure a Federal Employer Identification (FEIN)
8. If private, not-for-profit, has a voluntary board;
9. Will comply with the Roles and Responsibilities Manual, particularly the Eligible and Ineligible Costs section;
10. Will provide all required information to the Fiscal Agent/Fiscal Conduit;
11. Will incur expenses for eligible program costs and will provide complete documentation on expenditures (to the Fiscal Agent/Fiscal Conduit, no later than two week following my jurisdiction's selected end-of-program;
12. Will spend all funds and close-out the program by the end-of-program and return any unused funds;
13. Will comply with the Single Audit Act, Circular A-134
14. That this organization has no known Emergency Food and Shelter compliance exceptions in this or other jurisdiction.

Name: N/A N/A  
Print Signature

Title: N/A Contact Person: N/A

Phone Number: N/A FEIN #: N/A

Agency: N/A

Address: N/A