

**FORT BEND COUNTY FY 2010
COMMISSIONERS COURT AGENDA REQUEST FORM**

Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: 1-6-2010

Submitted By: Hopie Solomon

Department: Social Services - 6451

Court Agenda Date: 1-12-2010

Phone Number: 281-238-3506

SUMMARY OF ITEM: Take all appropriate action to ratify application to United Way of Greater Houston for funding of the Emergency Food and Shelter Program (EFSP) Phase 28 for FY2010 with no cash match required by Fort Bend County.

RENEWAL AGREEMENT/APPOINTMENT

YES ☐

NO ☒

REVIEWED BY COUNTY ATTORNEY'S OFFICE:

YES ☐

NO ☒

FINANCIAL SUMMARY:

BUDGETED ITEM: YES ☐

NO ☒

FUNDNG SOURCE: Accounting Unit:
Activity (If Applicable):

Account Number:

**COUNTY JUDGE
RECEIVED**

JAN 07 2010

DESCRIPTION OF LAWSON ACCOUNT: _____

Instructions to submit Agenda Request Form:

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

DISTRIBUTION:

Original Form Submitted with back up to County Judge's Office ☐ (✓ when completed)

If by E-Mail to ospindon@co.fort-bend.tx.us

If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

<input type="checkbox"/> Auditor (281-341-3774)	<input type="checkbox"/> Comm. Pct. 1 (281-342-0587)
<input type="checkbox"/> Budget Officer (281-344-3954)	<input type="checkbox"/> Comm. Pct. 2 (281-403-8009)
<input type="checkbox"/> Facilities/Planning (281-633-7022)	<input type="checkbox"/> Comm. Pct. 3 (281-242-9060)
<input type="checkbox"/> Purchasing Agent (281-341-8642)	<input type="checkbox"/> Comm. Pct. 4 (281-980-9077)
<input type="checkbox"/> Information Technology (281-341-4526)	<input type="checkbox"/> County Clerk (281-341-8697)
<input type="checkbox"/> Other:	<input type="checkbox"/> County Atty (281-341-4557)

RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify):

1-13-10 copy received

UNITED WAY OF GREATER HOUSTON
EMERGENCY FOOD & SHELTER PROGRAM
Phase XXVIII
COVER PAGE/CHECKLIST

Program Name: Emergency Food and Shelter Program (EFSP)

Name of Applicant Agency: Fort Bend County Social Services

Mailing Address: 4520 Reading Road, Suite A Rosenberg, TX Zip 77471

Physical Address: 4520 Reading Road, Suite A Rosenberg, TX Zip 77471

Telephone # 281-342-7300 Fax # 281-342-0557 Email: solomhop@co.fort-bend.tx.us

Individual to contact to schedule site visits, if necessary:

Name Hopie Solomon, Director of Social Services

Telephone # 281-342-7300 or 281-238-3506 Fax # 281-342-0557 Email: solomhop@co.fort-bend.tx.us

Total Amount of Funding requested: \$ 689,970.00

CHECKLIST FOR PROPOSAL SUBMITTAL

- X Cover Page and Checklist (this form)
- X Application
- X Copy of the Agency's Most Current Audit (Must be on **Accrual** Basis)
- X Fiscal Agent/Fiscal Conduit Agency Agreement (if applicable)
- Fiscal Agent Agreement (if applicable)
- X Copy of Fiscal Agent Audit (if applicable) (Must be on **Accrual** Basis)
- X Local Recipient Organization (LRO) Certification Form
- X Certification Regarding Lobbying Form

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

Please do not staple or bind your application.

**The deadline for proposals to be received at United Way is 5:00 P.M.,
Monday, January 11, 2010.**

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
OR CONSIDERED FOR FUNDING**

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

Date: January 6, 2010

Name of Agency: Fort Bend County Social Services

Jurisdiction in which services are to be provided (check only *one*).

Harris County _____ Fort Bend County X Waller County _____

(Complete separate application for additional jurisdictions):

Has Executive Officer or Program Contact number changed since your EFSP XXVII application?

Yes _____ No X N/A _____

Executive Officer: Robert E. Hebert, County Judge

Program Contact: Hopie Solomon, Director of Social Services

Mailing Address: 4520 Reading Road, Suite A

City/State/Zip Code: Rosenberg, TX 77471

Telephone No.: 281-342-7300 Fax No: 281-342-0557

Email address: solomhop@co.fort-bend.tx.us

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

Federal Taxpayer Identification Number: [REDACTED]

Annual Audit Conducted? Yes X No _____

Agency Fiscal Year: 10-01-2009 to 09-30-2010

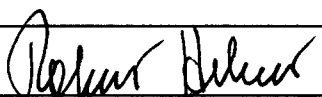
Date of Last Audit: March 31, 2009
(Copy of agency's audit or fiscal agent audit must be included) (Audit must be on accrual basis)

If Yes, Name and Address of Auditor:

Null-Lairson, P.C. Certified Public Accountants

11 Greenway Plaza, Suite 1515 Houston, TX 77046

If No, Name and Address of Fiscal Agent:



Signature of Executive Officer

Robert Hebert, Fort Bend County Judge

1-8-10
Date

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Statement of Need and Impact

AGENCY NAME: Fort Bend County Social Services

- I. a. Please provide a statement of need for EFSP funds.

Fort Bend County, along with many other counties in the United States, is facing a need of epic apportionment dealing with persons who have been and will be effected by the economy. Persons seeking assistance with rent/mortgage and utility has increased dramatically. A bad economy has a ripple effect that causes persons from all walks of life to seek out agencies like this one to keep themselves afloat. The EFSP funding will help expand our local funding giving us the ability to help more families needing assistance.

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

EFSP funds will be used in a non-targeted manner allowing expansion to our existing services of food, shelter and utilities assistance for residents of Fort Bend County. These funds will allow us to assist more residents meeting qualifications according to program guidelines and will allow us to assist more applicants on first-come-first serve basis.

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- II. Please attach a brief (no longer than two pages) 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.

Many years ago, Fort Bend County welfare/Social Services was created by Commissioners Court to fulfill the mandate of Article 2351 of the Vernon's Annotated Civil Statutes which directs Commissioners Court to provide for the support of paupers. Fort Bend County's efforts to assist the needy were isolated and sporadic. In the 1950's, the County Welfare Office was established and brought coordination to the effort. The Fort Bend County Social Services Department is in charge of helping county residents who are in need of basic assistance. Our agency provides food vouchers, shelter assistance, medication vouchers, utility assistance, pauper burials, case management, information and referrals.

These services are currently being provided in coordination with governmental and private-sector assistance programs.

- III. 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.**

We have a collaborate community organizational structure that works with homeless individuals and families.

- IV. Please provide the following information on your agency:

a. Total agency budget: \$ 1,257,290.00 b. Number of paid staff: 13

- 2.) EFSP funds are to be:
(Check category below)

 X Non Targeted
 Targeted for Abused Spouses
 Targeted for HIV Positive Clients

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- V. For the period of March 1, 2010 through September 30, 2010, please indicate the average number of service units you expect to provide with non-EFSP funds, the cost per service unit, 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	EFSP Service Units	Cost of EFSP Service Unit	EFSP Request
Food					
Served Meals	# <u>N/A</u>	\$ <u>N/A</u>	# <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other Food (no. of meals per person)	# <u>12,600</u>	\$ <u>1.15</u>	# <u>30,340</u>	\$ <u>1.15</u>	\$ <u>34,891</u>
Mass Shelter (on site)					
Nights	# <u>N/A</u>	\$ <u>N/A</u>	# <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Rent/Mortgage					
Bills Paid	# <u>32</u>	\$ <u>350.00</u>	# <u>530</u>	\$ <u>802.97</u>	\$ <u>425,574</u>
Utility Assistance					
Bills Paid	# <u>659</u>	\$ <u>150.00</u>	# <u>688</u>	\$ <u>343.97</u>	\$ <u>229,505</u>
Total EFSP					\$ <u>689,970</u>

- VI. Please describe the steps a client goes through when applying for EFSP assistance, including days and hours of services, required documentation, eligibility requirements and any limitations on assistance (include financial assistance limits if any that is, once per month, \$50 per family, etc.)

Food:

1. Applicants are seen on an appointment basis and some emergency walk-ins during regular working hours of eight to five, Monday thru Fridays, at two locations: 4520 Reading Road, Suite A, Rosenberg, Texas and 303 Texas Parkway, Suite 202, Missouri City, Texas.
2. Services are provided when a demonstration of need and eligibility requirements can be documented. The dollar amount of assistance is based upon a set formula that calculates the amount of assistance based upon the number of identified persons living in the household at the time the application is made.
3. Applicants must show proof of identification and proof of residency.
4. Applicants must show verification of all household member's social security cards and birth certificates.
5. Applicants must show proof of household income and how net income was exhausted. (Receipts of all bills paid)

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Mass Shelter:

N/A

Rent/Mortgage:

1. Applicant must show requirements for residency, identification, and social security cards on all household members, proof of household income and how income was exhausted.
2. Applicant must show current inability to pay rent/mortgage by submitting proof of the emergency need.
3. Applicant must also show landlord notice, coupon or mortgage letter.

Utility Assistance:

1. Applicant must show proof of resident requirement, identification (social security cards) on all household members, proof of household income and how it was exhausted.
2. Applicant must have a bill indicating payment is within 5 days of the due date or past due.
3. Applicant must show proof of his or her inability to pay the bill.

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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>

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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.

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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 XXVIII 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 XXVIII 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

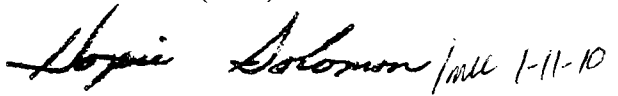
Name Fort Bend County Social Services
Contact Person Hopie Solomon
Phone Number 281-342-7300 or 281-238-3506
Title Director of Social Services
Address 4520 Reading Road, Suite A
City /Zip Rosenberg, TX 77471

FISCAL AGENT ORGANIZATION


Name Fort Bend County Auditor
Contact Person Robert Ed Sturdivant
Phone Number 281-341-3760
Title County Auditor
Address 309 South 4th Street, Suite 533
City /Zip Richmond, TX 77469

This certifies that Fort Bend County Auditor's Department (agency) agrees to serve as the fiscal agent for Fort Bend County Social Services (applicant agency), and receive and disburse funds from the Emergency Food and Shelter Program on behalf of the applicant.

Hopie Solomon, Director of Social Services
Applicant Contact Person (Print)

By: 
Signature/Date

Robert Ed Sturdivant, County Auditor
Authorized Signer for Fiscal Agent, Title (Print)

By: 
Signature/Date 1-8-10

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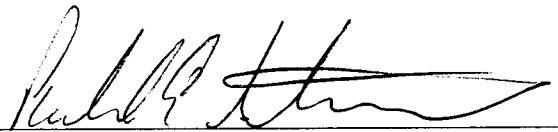
FISCAL AGENT/FISCAL CONDUIT AGENCY AGREEMENT

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

I certify the following:

1. That my public or private organization has the capability to provide emergency food and/or shelter services;
2. Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services;
3. Is nonprofit or an agency of government;
4. 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);
5. Has or will secure a Federal Employer Identification (FEIN)
6. If private, not-for-profit, has a voluntary board;
7. Will comply with the XXVIII Roles and Responsibilities Manual, particularly the Eligible and Ineligible Costs section;
8. Will provide all required information to the Fiscal Agent/Fiscal Conduit;
9. 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;
10. Will spend all funds and close-out the program by the end-of-program and return any unused funds;
11. Will comply with the Single Audit Act, Circular A-133
12. That this organization has no known Emergency Food and Shelter compliance exceptions in this or other jurisdiction.

Name: Robert Ed Sturdivant
Print


Signature

Title: County Auditor

Contact Person Robert Ed Sturdivant

Phone Number 281-341-3760

FEIN # [REDACTED]

Agency: Fort Bend County Auditor

Address 309 South 4th Street, Suite 533 Richmond, TX 77469

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LOCAL RECIPIENT ORGANIZATION CERTIFICATION FORM

(To be retained by Local Board)

As a recipient of Emergency Food and Shelter National Board Program funds made available for XXVIII and as the duly authorized representative of Fort Bend County Social Services, I certify that my public or private organization:

(NAME OF LRO)

- 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;
- Has an accounting system and will pay all vendors by LRO check, vendor issued credit card or LRO debit card;
- Conducts an independent annual audit if receiving \$25,000 or more in EFSP funds and will provide a copy of this audit to the Local Board;
- Understands that cash payments (including petty cash) are not eligible under EFSP;
- Has a Federal Employer Identification Number (FEIN);
- Practices non-discrimination (if an agency with a religious affiliation will not refuse service to an applicant based on religion, nor engages in religious proselytizing or religious counseling with Federal funds);
- If private, not-for-profit, has a voluntary board;
- Will comply with the Phase 28 Roles and Responsibilities Manual, particularly the Eligible and Ineligible Cost section, and will inform appropriate staff or volunteers of EFSP requirements;
- Will provide all required reports to the Local Board in a timely manner (e.g., Second Payment/Interim and Final Reports);
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled checks – front and back, invoices, receipts, etc.) on all expenditures for a minimum of three years after the end of program;
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program and returned any unused funds to the National Board (\$5.00 or more; make checks payable to United Way of America/Emergency Food and Shelter National Board Program);
- Will provide complete documentation of expenses to the Local Board, if requested, no later than one month following my jurisdiction's selected end-of-program;
- Will comply with the Office of Management and Budget Circular A-133 if expending \$300,000 or more in Federal funds;
- If applicable, will comply with lobbying prohibition certification and disclosure of lobbying activities if receiving more than \$100,000 in Emergency Food and Shelter Program funds; and
- Have no known Emergency Food and Shelter compliance exceptions in this or any other jurisdiction.

Please Check ☒ Have read, understand and agree to abide by the EFSP Responsibilities and Requirement Manual

Signature: Hopie Solomon

Print Name: Hopie Solomon

Title: Director of Social Services

Date: January 7, 2010

LRO ID#: 006

FEIN# [REDACTED]

Address: 4520 Reading Road, Suite A

City/State/Zip: Rosenberg, TX 77471

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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

19-7828-00-006

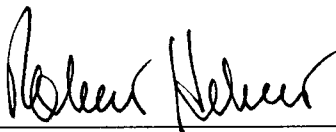
LRO ID Number

Robert E Hebert

Name (Please print or type)

County Judge

Title



Signature

1-8-10

Date

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

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