

Phase 32  
**Emergency Food and Shelter Program (EFSP)**  
**Application for Funding**

**COVER PAGE/CHECKLIST**

Program Name: Emergency Food and Shelter Program

Name of Applicant Agency: Fort Bend County

Mailing Address: 301 Jackson St. Richmond, TX Zip 77469

Physical Address: 4520 Reading Road, Suite A-900 Rosenberg, TX Zip 77471

Congressional district where agency is physically located (2-digit Number) 9 & 22

Congressional district where your agency's EFSP services are provided (2-digit Number) 9 & 22

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

Telephone # 281-238-3502 Fax # 281-238-3318 Email: anna.gonzales@fortbendcountytexas.gov

Individual to contact to schedule site visits, if necessary:

Name Anna Gonzales

Telephone # 281-238-3506 Fax # 281-238-3318 Email: anna.gonzales@fortbendcountytexas.gov

Total Amount of Funding requested: \$216,030.00

**CHECKLIST FOR PROPOSAL SUBMITTAL**

<u>X</u>	Cover Page and Checklist (this form)
<u>X</u>	Application
<u>N/A</u>	Copy of the Agency's Current Roster of Volunteer Board
<u>X</u>	Copy of the Agency's Most Current Audit (Must be on <b>Accrual</b> Basis)
<u>N/A</u>	Fiscal Agent/Fiscal Conduit Agency Agreement (if applicable)
<u>N/A</u>	Fiscal Agent Agreement (if applicable)
<u>N/A</u>	Copy of Fiscal Agent Audit (if applicable) (Must be on <b>Accrual</b> Basis)
<u>X</u>	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 pm, Friday October 10, 2014.**

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**Phase 32**  
**Emergency Food and Shelter Program (EFSP)**  
**Application for Funding**

Date: October 1, 2014 Name of Agency Fort Bend County

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 Phase 30 application?

Yes \_\_\_\_\_ No X N/A \_\_\_\_\_

Executive Officer: Robert E. Hebert

Program Contact: Anna Gonzales

Mailing Address: 301 Jackson St.

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

Telephone No.: 281-238-3506 Fax No: 281-238-3318

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: October 1, 2012 – September 30, 2013

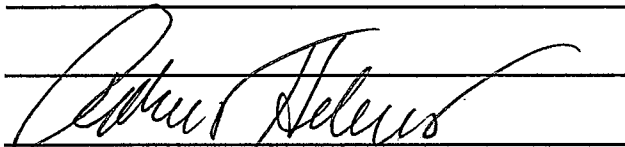
Date of Last Audit: March 18, 2014  
(Copy of agency's audit or fiscal agent audit must be included) (Audit must be on accrual basis)

If Yes, Name and Address of Auditor:

Sanderson, Knox & Co. L.L.P.

130 Industrial Blvd., Suite 130 Sugar Land, TX 77478

If No, Name and Address of Fiscal Agent:



Signature of Executive Officer

10-7-2014  
Date

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## Statement of Need and Impact

AGENCY NAME: Fort Bend County

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

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 fiscal year 2014 (October 2013 through September 2014) Fort Bend County Social Services (FBCSS) served 307 clients with rent/mortgage assistance, 1023 with utility assistance and 324 with food assistance. In addition to these services FBCSS implemented the Benefits Bank program whereby clients were assisted in completing the SNAP, TANF, CHIP, Medicaid and Medicare applications. A total of 204 clients were assisted with this service. Of the clients served in the same fiscal year, 64% reported living at or below 100% of the poverty level (\$23,550.00 annually for a family of 4). Of the total clients served by FBCSS, 26% were 61 years of age or older. Of the applicants requesting assistance, 92% had not received services by the department in the past. 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 2012 reported that 21% (approximately 55,510) of Fort Bend County's children are food insecure, ie, they do not receive three nutritious meals a day.

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

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 32 will be used to enhance services to Fort Bend County Residents by 75% in rent and mortgage assistance, 68% in utility assistance and 145% 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.

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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.

Fort Bend County Social Services has been in existence for 64 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 "Walk With Pride" (WWP) Shoe Program for school age children whose household incomes are at or below 150% of the poverty level. It should be noted that a subsection (10%) of the target population served in the WWP reported incomes of \$17,039.00 annually. (The federal poverty guidelines define a family living in poverty at 150% for a family of 4 is \$35,775.00). The purpose of Fort Bend County Social Services is to provide short term assistance to residents in need.

- 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.**

Currently Fort Bend County Social Services works in partnership with the Harris/Fort Bend Coalition for the Homeless. More recently, 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, AccessHealth, 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 129 clients presenting themselves as homeless or needing emergency shelter. As a result, 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 gap 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:

Of the 129 clients served, 115 completed the survey:

Descriptive Statics of the population served is below.

- 87% of the clients reported living in the Rosenberg area, 13% reported living in the Missouri City area.
- 90% of the clients reported that their needs were met.
- 98% of the clients reported English as their primary language.
- 35% of the clients reported as African American, 32% as Caucasian, 22% as Hispanic, 7% as Other, 2% as Asian and 2% of the clients did not answer the question
- 73% of the clients reported being unemployed while 25% reported having employment.

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- **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.):
  - 37% of the clients reported job loss/eviction
  - 21% of the clients reported "OTHER". "OTHER" responses are in parenthesis (Walked out of CPS-man didn't answer phone, I am homeless and need a good extended stay hotel or in relationship w/one to get back, CPS issues, Social Security cut (now it's getting raised), income tax garnished, husband unemployed (looking for work) ended up getting evicted, Violent crime of aggravated assault by a complete stranger, leading up to fleeing my home seeking protective shelter, Child support on hold, Robbed of all monies, Loss of home, Custody CPS, boyfriend went to jail-paramedic license expired to long, rejected renewal, My dad kicked me out ( & my 6 month old daughter), I do not know why other than stress, Asked to move, Can't live with family, background bad).
  - 15% of the clients reported domestic violence
  - 7 % of the clients reported medical expenses
  - 6% of the clients reported divorced/separated
  - 14% responded less than 5% (Mental health, Relocated, Substance abuse, Fire/Home, Incarcerated and No answer)
- **Question #2-** What services or gap in services have not been available to you?
  - 53% of the clients reported "OTHER". "OTHER" responses are in parenthesis (Unemployment benefits, Hard transition from Hope Bridge to the normal life, Not sure, No one ever denies me from anything, N/A (not applicable), Fort Bend County Sheriff didn't have a clue as to where I could find help, Fort Bend County Social Services, Nothing has been available to me until now-never asked for anything).
  - 27% of the clients did not answer the question
  - 10% of the clients reported housing
  - 10% responded less than 3% (Healthcare benefits, Permanent housing, Local shelters, Child care, Medicines and Food)
- **Question #3-**How can Fort Bend County Social Services help you today?
  - 56% of the clients reported a shelter/hotel stay
  - 19% of the clients reported temporary housing
  - 13% of the clients reported rental assistance
  - 6% of the clients reported food
  - 6% 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?
  - 53% of the clients reported "OTHER". "OTHER" responses are in parenthesis (Assist with shelter, Keeping me somewhere to stay, I could be living in my car or streets, They're there for me whenever they are able to assist, I don't know, Unknown, Yes, a room stay, They helped me pay rent so it helped, Fort Bend County Sheriff could/should have made a defined resource for me as I willing removed myself from the residence of our daughter, World has to change, Give Civil Claims Court mandated legal aid in home Equity scandalous activities, Housing info for families who have been evicted, By coming in for assistance sooner, Provide shelter, More resources, They couldn't, Assistance with rent, Caring enough to look at my veterans psychological situation, View existing locations & addresses of batter/abuser prior to a safety plan of action, etc. Knowing how to expedite & when of transitioning left me on the streets of Fort Bend).
  - 21% of the clients did not answer the question
  - 10% of the clients reported funding for housing
  - 9% of the clients reported advertising/information
  - 3% of the clients reported job locators
  - 3% of the clients reported immediate assistance

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- 1% of the clients reported rehab services

The results of this survey are being utilized to make program decisions, expand program services and begin providing comprehensive services to individuals and families presenting themselves as homeless. As a result of this survey, FBCSS has implemented the Transitional Supportive Housing Program and the Unmet Emergency Needs Program to specifically meet the needs of clients and break down barriers that often keep individuals and families in a “homeless or living in a constant crisis situation.” This information will also be presented to community stakeholders and the Fort Bend County Homeless Coalition.

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IV. Please provide the following information on your agency:

a. Total agency budget: \$978,142.48 b. Number of paid staff: 12.5

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 November 1, 2014 through April 30, 2015 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
Food						
Served Meals	# <u>N/A</u>	\$ <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) 2.31 x 3 meals=6.93 x14 days=97.00	# <u>104</u>	\$ <u>97.00</u>	\$ <u>9,901.80</u>	# <u>250</u>	\$ <u>97.00</u>	\$ <u>24,250.00</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>	\$ <u>N/A</u>
Rent/Mortgage Bills Paid	# <u>173</u>	\$ <u>350.00</u>	\$ <u>59,782.72</u>	# <u>140</u>	\$ <u>747.00</u>	\$ <u>104,580.00</u>
Utility Assistance Bills Paid	# <u>385</u>	\$ <u>150.00</u>	\$ <u>51,709.41</u>	# <u>400</u>	\$ <u>218.00</u>	\$ <u>87,200.00</u>
Total EFSP Funds Requested						\$ <u>216,030.00</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:

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, Fort Bend County proof of residency, photo identification, and proof of need by 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

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sources have been exhausted. The dollar amount of assistance provided 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, TX. 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

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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.

**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 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  
Applicant Contact Person (Print)

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

By: N/A  
Signature/Date

By: N/A  
Signature/Date

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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 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-133
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

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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

782800006

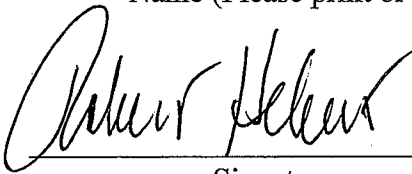
LRO 9 Digit ID Number

Robert E. Hebert

Name (Please print or type)

County Judge

Title



Signature

10-7-2014

Date

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

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