

The Way Home

August 1, 2019

LRO 782800-006
 Fort Bend Social Services
 301 Jackson St
 Richmond, TX 77469

To whom it may concern:

The Emergency Food and Shelter Program (EFSP) Phase 36 funding to jurisdictions has been awarded and our Local Board Plan for Local Board (LB) Number 782800 for Houston/Fort Bend and Harris Counties has been approved.

The Local EFSP Board, which consists of those agencies requiring participation per Federal Regulation, has submitted the recommendation for funding to Local Recipient Organizations (LROs) in our community. That recommendation was submitted in the Local Board Plan and as was previously stated, was approved at the national level. The Phase 34 EFSP program conducted in the Houston/Fort Bend and Harris Counties has been approved for the following amount and in the following categories:

Category	Amount
Rent/Mortgage	\$150,000.00
Utilities	\$96,750.00
Other Food	\$49,082.00
Total:	\$295,832.00

The amounts listed above are restricted for use in the respective categories to which they have been awarded. Any reallocation of these funds among categories requires prior written approval. The Local Board has the authority to reallocate funds during the program year to meet the needs of the community. Requests for reallocations should be in writing and emailed to the Local Board Contact, Michael Fraley, at mfraley@homelesshouston.org.

Reports regarding Phase 36 expenditures will be required from each LRO for monitoring purposes.

Consideration of continued EFSP funding will be based on funds available as well as satisfactory performance by Phase 36 LROs. Performance factors assessed by the Local Board will include but are not limited to:

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- Expenditures of funds by program end date;
- Accurate and on-time submission of reports;
- Accurate submission of program audit materials;
- Adherence to audit timetable;
- Adherence to EFSP regulations

Payments will be made on National EFSP's timeline pending clearance of all compliance exceptions and document requests. As stated, the Phase 36 Spend Period for our jurisdiction ends March 31, 2020. All LRO expenditures and payments must be within the spend period. Our LB has the option to extend our Phase 36 spending period, and that will be determined at a later date.

Please sign and return a scanned copy of this letter to Michael Fraley at mfraley@homelesshouston.org. If you have any questions, please contact her via phone or email as listed. Thank you for the service you provide to those in need in the community.

Sincerely,

Christy Lambright

Christy Lambright
Chair, Local EFSP Board

CC: Michael Fraley, Local Board Contact

I certify that I am duly authorized to bind the listed agency to the terms of this agreement and do hereby agree to and accept the terms set forth above.

K P George
Name (Printed)
K P George
Signature

Fort Bend County Judge
Title (Printed)
8-13-2019
Date

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2019-528945

Date Filed:
 08/14/2019

Date Acknowledged:
 08/14/2019

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Coalition for the Homeless
 Houston, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend Social Services Department

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

G006-EFSP36
 2019 Award

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)