

**PRELIMINARY FUNDING NOTICE**  
***San Joaquin Emergency Food and Shelter Program Local  
Board***  
***December 2022***

On October 20, 2022, the Emergency Food and Shelter Program (EFSP) National Board released a notice indicating that they would be releasing guidelines for Phase 40 EFSP funds.

The San Joaquin EFSP Local Board will use the same process for allocating Phase 40 funds that have been used in the past. That allocation process uses a formula that divides Phase 40 dollars evenly between food and shelter providers and that specific allocations are based on the units of service provided by applicants in a prior base period. For the Phase 40 process that base period is the period from July 1, 2021 through June 30, 2022.

All emergency food and shelter providers in San Joaquin County are invited to complete the attached application. Agencies who have not applied before should make themselves familiar with the information available at the EFSP website: <https://www.efsp.unitedway.org>. **Applications should be returned to Najja Haynes (nhaynes@unitedwaysjc.org) by 3pm on Friday, January 20, 2023**

The number of service units for shelter providers will be based on entries in HMIS. Shelter providers entering HMIS data who believe the numbers provided are incorrect need to contact the Board Chair. Emergency shelter providers not entering data in HMIS will need to be able to document the number of shelter nights provided.

For questions regarding this process, contact Joseph Wood, EFSP Phase 40 Local Board Chair.

**FEDERAL EMERGENCY FOOD & SHELTER PROGRAM**  
**PHASE 40 – 2022 FEDERAL FISCAL YEAR**  
**APPLICATION FOR FUNDING**

Jurisdiction: San Joaquin County

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact: \_\_\_\_\_ E-Mail \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Duns Number: \_\_\_\_\_

Please include the following with your application:

- \_\_\_\_ IRS Tax Exemption Letter
- \_\_\_\_ Non-Discrimination Policy Statement regarding delivery of services
- \_\_\_\_ Evidence of your agency's compliance with the Drug Free Workplace Act of 1988
- \_\_\_\_ Volunteer Board Roster (Include: name, address, telephone, occupation)
- \_\_\_\_ A copy of your agency's most recent annual income/expense statement
- \_\_\_\_ A copy of your agency's most recent audit (or other verification of appropriate financial record keeping)
- \_\_\_\_ FOOD PROVIDERS ONLY: Monthly sample information on weight of an average food container from June 2022.

This application is for funds for (select one):

- \_\_\_\_ Emergency Shelter      \_\_\_\_ Food

NOTE: If this agency believes it qualifies to apply for funds under both categories, separate applications must be submitted.

Has this agency submitted more than one application for Phase 40 funding?

\_\_\_\_ Yes \_\_\_\_ No

Complete only the section identified on page one of this application; there is a separate section for Second Harvest Food Bank, and for Dept of Aging. For each item in that section, provide the actual number of total service units the agency provided between July 1, 2021, and June 30, 2022. Do not provide estimates. Be prepared to document the services you are claiming to have provided. This information should relate to your total agency services, not only the units of service provided from the EFSP funds.

**EMERGENCY SHELTER:**

For agencies required to use HMIS or a HUD-compatible comparable database, the number of shelter nights will be based on that data for 2021-22 (see attached). Agencies providing dormitories and a single room at the same site will be calculated on the number of shelter nights provided. Agencies providing emergency shelter only in separate rooms will be calculated separately.

For agencies not using HMIS, provide the following information.

Number of person shelter nights provided in mass shelter/dormitory settings in 2021-22 \_\_\_\_\_

How is this documented: \_\_\_\_\_

You may be asked to provide documentation of numbers served

Number of person shelter nights provided in separate rooms in 2021-22: \_\_\_\_\_

How is this documented: \_\_\_\_\_

You may be asked to provide documentation of numbers served

Number of person shelter days provided through one-time rent assistance in 2021-22: \_\_\_\_\_

(Calculate: total # of persons in households assisted times number of days each household was assisted). Note: this does not include motel/hotel vouchers.

How is this documented: \_\_\_\_\_

You may be asked to provide documentation of numbers served

**PREPARED FOOD:**

Number of prepared HOT MEALS provided: \_\_\_\_\_

How is this documented: \_\_\_\_\_

You may be asked to provide documentation of numbers served

Number of prepared COLD MEALS provided: \_\_\_\_\_

How is this documented: \_\_\_\_\_

You may be asked to provide documentation of numbers served **NOTE:**

**Snacks and beverages do not qualify as either packaged or cold meals.**

**UNPREPARED PACKAGED FOOD:**

Report the number of Supplemental Food Units provided through UNPREPARED FOOD PACKAGES as follows: (One unit is 1.25 pounds of food).

Total Poundage: \_\_\_\_\_ divided by 1.25 = \_\_\_\_\_ Supplemental Food Units

How is this documented: \_\_\_\_\_

For Unprepared Packaged Food Providers, Include a sample listing of typical foods provided in each box, bag, basket etc, with this application. Submit monthly sample information on weight of an average food container. (July 1, 2021 through June 30, 2022).

**Second Harvest Food Bank only:**

Number of pounds provided to non-recipient agencies in SJ County: \_\_\_\_\_

How is this documented: \_\_\_\_\_

Number of pounds provided to recipient EFSP agencies in SJ County: \_\_\_\_\_

How is this documented: \_\_\_\_\_

**Aging & Community Services only:**

Total Poundage \_\_\_\_\_

Total Reportable Poundage (Minus USDA Commodities)

\_\_\_\_\_

**EFSP PROGRAM DESCRIPTION**

1. Briefly describe your program and how these funds will be used to implement your programs.

2. Where will you carry out your programs?

3. Who will be helped?

4. Describe how your specific program(s) are carried out.

5. Describe how your organization has been involved in providing these services in the past year.



**Units of service****7-1-2021 to 6-30-2022**

<b>Agency</b>	<b>Facility/project</b>	<b>units</b>
Gospel Center Rescue Mission	GCRM overflow	10
Gospel Center Rescue Mission	Men's Lodge	20759
Gospel Center Rescue Mission	New Hope Family Shelter	2168
Haven of Peace	Haven of Peace	5226
Hope Ministries	Hope Family Shelter	9424
Hope Ministries	Raymus House	9168
Lodi House	Lodi House	4350
City of Manteca	Manteca shelter	9258
Central Valley Housing	RoomKey	No longer active
Dignity's Alcove	Dignity's Alcove - ES	174
McHenry House	McHenry House	7603
Ready to Work	Ready to Work - HEARTT	8636
Salvation Army - Lodi	Hope Harbor	12008
Stockton Self-help Housing	Stockton Self-help Housing	14689
Stockton Shelter	SSH Family & Women's shelter	7287
Stockton Shelter	SSH Men's Shelter	34817
Stockton Shelter	SSH overflow	10174
WC-YFS	DAWN House	
WC-YFS	Opportunity ES	
WC-YFS	Safe House	
WC-YFS	Serenity House	