

**EMERGENCY FOOD AND SHELTER PROGRAM
LOCAL PROVIDER APPLICATION FOR
AMERICAN RESCUE PLAN ACT HUMANITARIAN ASSISTANCE FUNDING**

This application must be completed in its entirety. Any missing information may cause an application to be disqualified. The funds may only be used to reimburse for food and shelter services provided **in the eligible timeframe (see ARPA Guidance)** for individuals and families encountered by the U.S. Department of Homeland Security (DHS). Daily logs are required to be submitted to the applicable Local Board along with this application. Documentation (proof of payment, e.g., canceled check, agency debit or credit card and receipts/invoices) or expenditure spreadsheets may also be required with this application.

DEADLINE FOR SUBMISSION OF APPLICATION: Friday, April 30, 2021 (11:59 PM)

This application will be submitted to:

(Local Board point of contact, organization name, mailing address, email address)

No applications received after the deadline will be considered for an award.

JURISDICTION ID AND NAME: ** El Paso County (803600)

LRO ID AND NAME: ** General Assistance (803600-014)

REQUEST AMOUNT: \$55,440.00

APPLICANT INFORMATION

Point of Contact Information (Name/Title/Phone/Fax/Email):

Name/Title: Ricardo A. Samaniego/ County Judge

Applicant Phone/Fax/Email:

Phone: 915-546-2098

Fax: 915-543-3888

Email: cjdjudge@epcounty.com

Applicant's Physical Address: 500 E. San Antonio Street Room 301

Congressional District Where Applicant is Physically Located: 16 & 23

Applicant's Mailing Address: 500 E. San Antonio Street Room 301

Applicant's Federal Employer Identification Number (FEIN): 74-6000762

Applicant's Data Universal Number System (DUNS): 09-897-0403

Agency's Website: www.epcounty.com

Is the applicant debarred or suspended from receiving funds or doing business with the Federal government?
Please check appropriately.

☐ YES

☒ NO

(An applicant debarred or suspended from receiving federal funds, may not apply for this funding opportunity.)

FUNDING REQUEST

Total Eligible Unduplicated/Unique Migrant Clients Served (best of knowledge):

3920

Total Amount of Reimbursement Funds Requested (must be itemized below): \$

\$55,440.00

Period When Services Were Provided: Begin Date:

04-01-2022

End Date:

06-30-2022

To be considered for reimbursement, applicants must itemize all expenses below.

PER CAPITA RATE: All expenses will be reimbursed at the per capita rate of \$28.50 per person on a one-time only basis. Please include the daily log of unique migrants served with this application.

Total Number of Unique Migrants Served: _____

Request Amount: _____

PER MEAL/PER DIEM RATES: All food expenses will be reimbursed at the per meal rate of \$3.00 per meal and all in-pass shelter expenses will be reimbursed at the per diem shelter rate of \$12.50 per night of shelter. Please include the daily meal log of meals provided and daily shelter log of shelter nights provided to migrants with this application.

Total Number of Meals Served: _____

Request Amount: \$ _____

Total Shelter Nights Provided: _____

Request Amount: \$ _____

If hotel/motel shelter nights were provided and your organization requests reimbursement based on actual costs, please indicate below. Daily log, spreadsheet, proof of payment or receipts must be provided with this application to support these services.

Hotel/Motel Nights of Shelter Provided (for migrants): _____ Request Amount: \$ _____

Number of Migrants served: _____

PRIMARY ELIGIBLE REIMBURSEMENTS: All Primary Services expenses will be reimbursed based on actual costs, please indicate below. Daily log, spreadsheet and proof of payment or receipts must be provided with this application for these services.

FOOD AND SHELTER:

- FOOD (served/congregate meals or bags/boxes of groceries)

TOTAL REQUEST: \$ _____

Total Number of Migrant Clients Served in Food Services: _____

Total Meals Served: _____

ITEMIZED ELIGIBLE REIMBURSEMENTS \$:

Total Amount for Served/Congregate Meals \$ _____

Total Amount for Bags/Boxes of Foods: \$ _____

Food Bank - Cost of Food Purchased: \$ _____

Food Bank as Indirect Provider:

Total Pounds of Food Given to Other Agencies: _____ Maintenance Fee: \$ _____ Cost of Food: \$ _____

Total Amount for Food Storage Containers, Cookware, Utensils, T-Shirt Bags: \$ _____

Basic First Aid/ Over-The-Counter Medication (e.g. band-aids, aspirin): \$ _____

Hygiene Items (e.g. baby wipes, diapers, toiletries, undergarments): \$ _____

Facility Utilities (electricity, gas, water): \$ _____

Maintenance & Housekeeping (repair and cleaning supplies): \$ _____

Contracted services (security, laundry, trash pickup): \$ _____

Personal Protective Equipment (PPE): \$ _____

• SHELTER (mass/local shelter facilities or motels) Total TOTAL REQUEST: \$ _____
Migrant Nights (duplicated): _____
Total Migrants Unduplicated Served in Shelter: _____ Average Length of Stay Before Departing: _____
ITEMIZED ELIGIBLE REIMBURSEMENTS \$: _____
Basic First Aid/ Over-The-Counter Medication (e.g. band-aids, aspirin): \$ _____
Hygiene items (baby wipes, diapers, toiletries, undergarments): \$ _____
Cots and Beds, including pillows: \$ _____
Linens (e.g. sheets, towels, wash cloths, etc.) \$ _____
Shelter Utilities (electricity, gas, water): \$ _____
Maintenance & Housekeeping (repair and cleaning supplies): \$ _____
Contracted Services (security, laundry, trash pickup): \$ _____
Personal Protective Equipment: \$ _____
Hotel/Motel Stay (for migrants): \$ _____

SECONDARY ELIGIBLE REIMBURSEMENTS (based on funding availability): All Secondary Services expenses will be reimbursed based on actual costs. Please fill in the information below. Daily log, spreadsheet and proof of payment or receipts must be provided with this application for these services.

Total Migrant Clients Receiving the Following Services: _____ TOTAL REQUEST: \$ _____

ITEMIZED ELIGIBLE REIMBURSEMENTS \$:

Health/Medical, including Health Screenings: \$ _____
COVID-19 Testing: \$ _____
Associated Care for quarantining and Isolation: \$ _____
Mental Health \$ _____
Legal Aid: \$ _____
Translation Services: \$ _____
Clothing, Shoes/Shoelaces, Belts: \$ _____

TRANSPORTATION (based on funding availability): All Transportation Services expenses will be reimbursed based on actual costs, or mileage rate. Please fill in the information below. Daily log, spreadsheet and proof of payment or receipts must be provided with this application for these services.

ITEMIZED ELIGIBLE REIMBURSEMENTS \$:

Local Transportation (including contracted and/or vehicle rental, gas, insurance, drivers): \$ **\$55,440.00**
Long-Distance Transportation (bus tickets, airline tickets, and train tickets to sponsor): \$ _____
Mileage using the Federal rate of 56 cents per mile for local transportation, in lieu of actual fuel costs
Total Miles Traveled _____ \$ _____
Parking (e.g., local street, airport): \$ _____
Contracted Services (e.g., charter bus): \$ _____

EQUIPMENT AND ASSETS (based on funding availability):

Equipment and Assets Costs: \$ _____

ADMINISTRATIVE REIMBURSEMENTS (based on funding availability):

Administrative Costs: \$ _____

Please use this space to provide any comments that may be beneficial to support your organization's request for reimbursement of expenditures made in this application.

The County of El Paso (COEP) has collaborated with local organizations to welcome migrants in a safe, humane, and orderly manner.

An identified need that arose from conversations with local government and non-government organizations was the need for transportation. The COEP has been contributing to humanitarian relief by contracting Project Amistad to provide migrant transport from port to shelter or shelter to airport, train station, and charter bus station.

The logistical assistance of contracting transportation services through Project Amistad, allows for continued and expedited movement of migrants in our region being released directly by DHS to Annunciation House. This collaboration and support allows for rapid processing and movement of migrants to families in other parts of the nation and to mitigate COVID spread.

Due to the County and State emergency declaration because of COVID-19 and to preserve and protect the public health and safety, the County used its statutory authority under Sec 262.024 of the Local Government Code which provides the Commissioners Court discretionary exemptions from the competitive bidding process to retain the professional services of Project Amistad for the transportation of migrants.

I hereby certify that the information provided in this application and all supporting documentation complies with all funding requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing these emergency supplemental funds. All appropriate staff and volunteers have been informed of the requirements for these funds. The Local Board has been provided, and we have retained, a copy of this application for our records.

I certify that the information provided in this application and all supporting documentation that will be submitted to the Local Board for consideration of a grant/award under the U.S. Department of Homeland Security's/Federal Emergency Management Agency's Emergency Food and Shelter Program is accurate.

Authorized Official Name and Title of the Agency: Ricardo A. Samaniego

Signature:

**

Date:

08-22-22

SUPPLEMENTAL FUNDING REIMBURSEMENT REPORT

El Paso County (803600)
General Assistance (803600-014)
Ricardo A. Samaniego
6314 Delta Drive El Paso, TEXAS 79905

This **Supplemental Funding Reimbursement Report** must be completed to report on the funds your agency spent to provide humanitarian relief to families and individuals encountered by the U.S. Department of Homeland Security (DHS). This information is required prior to the release of funds to reimburse your agency for any expenditures made. **Please be sure to complete the form in its entirety.**

In addition to completing and submitting this report, your agency will need to provide daily logs. Also, as necessary, spreadsheets, and documentation (proof of payment or receipts) must be submitted in support of expenditures reported for provided assistance. **Your request for reimbursement cannot be submitted if this report, daily logs, and required spreadsheets, and documentation, as necessary, are not included.**

After the required information has been submitted to the Emergency Food and Shelter Program (EFSP) National Board, it will be reviewed quickly so that payment may be released to your agency, if awarded funds. If you have any questions regarding this report, or the required information that must accompany it, please reference the **Supplemental Funding Guidance** or **pre-recorded presentation** on the EFSP website, **Supplemental Funding Information**. You may also contact EFSP staff at suppfund@www.unitedway.org or 703.706.9660, option 6.

REPORT ON THE AMOUNT SPENT BY YOUR AGENCY

	Amount
A. Primary Services, Per Capita Rate	\$
B. Primary Services, Per Meal Rate	\$
C. Primary Services, Per Diem Shelter Rate	\$
D. Congregate Meals	\$
E. Bags/Boxes of Food	\$
F. Food Bank - Cost of Food Purchased	\$
G. Food Bank - Indirect Provider (food by poundage)	\$
H. Basic First Aid/OTC	\$
I. Food Storage Containers/Cookware/Utensils/T-Shirt bags	\$
J. Hygiene Items	\$
K. Cots and Beds	\$
L. Linen	\$
M. Agency/Facility Utilities	\$
N. Local Transportation	\$
O. Mileage at Federal rate of 56 cents per mile	\$
P. Parking (local street, airport)	\$
Q. Maintenance/Housekeeping	\$
R. Personal Protective Equipment (PPE)	\$
S. Clothing, Shoes/Shoelaces	\$
T. Contracted Services	\$
U. Equipment and Assets Services	\$
V. Hotel/Motel Stay	\$
W. Long Distance Transportation	\$
X. Health/Medical, including Health Screenings	\$
Y. COVID-19 Testing	\$
Z. COVID-19 Associated Medical Care During Quarantine/Isolation	\$
AA. Mental Health	\$
AB. Legal Aid	\$
AC. Translation Services	\$
AD. Administrative Services	\$
Total Reported:	\$

\$55,440.00

I hereby certify that the information provided in this report and all supporting documentation complies with all funding requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing these emergency supplemental funds. All appropriate staff and volunteers have been informed of EFSP requirements for these funds. The Local Board has been provided, and we have retained, a copy of this report for our records.

I certify that the information provided in this report and all required logs, spreadsheets and supporting documentation, as necessary, that will be submitted to the Local Board for consideration of a grant/award under the U.S. Department of Homeland Security's/Federal Emergency Management Agency's Emergency Food and Shelter Program is accurate.

Signature/Title of Agency Official: _____

Date: _____

08-22-2022

CERTIFICATIONS:

Local Recipient Organization Certification

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM SUPPLEMENTAL FUNDING, LOCAL RECIPIENT ORGANIZATION CERTIFICATION

By signing this Local Recipient Organization (LRO) Certification Form, our agency certifies we have read and understand the American Rescue Plan Act (ARPA) Funding Guidance, including the Grant Agreement Articles, Financial Terms and Conditions, and Other Terms and Conditions as well as the Eligible and Ineligible Costs and Documentation sections and agree to comply with all program requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program including those not specifically stated in the Supplemental Funding Guidance. All appropriate staff and volunteers have been informed of the ARPA requirements. The Local Board has been provided, and we have retained, a copy of this form for our records.

I certify that my public or private agency:

- Has the capability to provide emergency food and/or shelter services.
- Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services.
- Is nonprofit or an agency of government.
- Will not use EFSP funds as a cost-match for other Federal funds or programs.
- Is nonprofit or an agency of government.
- Will not use EFSP funds as a cost-match for other Federal funds or programs.
- Has an accounting system, and will pay all vendors by an approved method of payment.
- Has not received an adverse or no opinion audit.
- Is not debarred or suspended from receiving Federal funds.
- Has provided a Federal Employer Identification Number (FEIN) to EFSP.
- Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP.
- Practices non-discrimination (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds).
- Will not charge a fee to clients for EFSP funded services.
- Has a voluntary board if private, not-for-profit.
- Will provide all required reports to the Local Board in a timely manner, (i.e., Second Payment/Interim Request and Final Reports).
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks -- front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds (\$5.00 or more) to the National Board.
- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.
- Will not use EFSP funding for any lobbying activities and if receiving \$100,000 or more, will provide the "Certification Regarding Lobbying" and, if applicable, will complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not use EFSP funds to support access to classified national security information.

Certification Regarding Lobbying

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM SUPPLEMENTAL FUNDING 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, an officer or employee of Congress, or an employee of 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 a 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.

This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.

El Paso County General Assistance

LRO Name

803600014

LRO ID Number (9 digits)

Ricardo A. Samaniego

Representative Name

(Digitally signed by)

Representative Signature

08-22-2022

Date (month/day/year)

NOTE: Standard Form LLL and instructions are available at www.grants.gov