

Stephanie Sosa

From: Stephanie Sosa
Sent: Thursday, July 13, 2023 1:32 PM
To: Cherrybush20@yahoo.com
Cc: HomelessServicesAdmin
Subject: RE: Mayor's Fund to End Homelessness Funding Application - Cherry BushUrban Community Outreach, Inc. (UCO)

Hello Cherry,

Thank you for applying for the Mayor's Fund for Homeless Action. We are missing a copy of the non-profit entity status letter and I do have a few additional questions before sending this over to the Sub Committee for review.

1. How did UCO come about?
2. Where was UCO located before using the space on Cedar?
3. It seems like there is a request to support the meal service program, please provide and explain a little further what the meal service program is?
4. Please provide a copy of the Meal Service Program Budget at UCO? This should include all the requested items for comparison.
5. Where and how do you source the food?
6. What types of supplies are being requested?
7. How many individuals are served by the meal service program per month? How many hot meals are provided a month if the number is different?
8. Is the chef a full-time employee?
9. How does the Executive Director work directly with meal service program? If so, how many hours are allocated to the program (i.e, serve, source, etc) Not a question but if salaries are approved, we will require supporting documentation of payroll register, worker comp and time and activity report.
10. For the phone and internet service reimbursement, to whom will it be billed to? (I ask since a utility bill was not provided, should we expect a contract between First Congregational and UCO stating the agreement?
11. What is UCO transporting and to where?
12. Since the Mayor's Fund is not used to provide gap/emergency funding; are you expecting to add an additional 500 meals to the service or anything more than last year?
13. Without the funds would you be able to still provide meal service?
14. What are the expected volunteers needed? What is the expected stipend per hour?

Once we receive a response and the necessary documents, we will move forward with the analysis.

Please keep in mind that the Mayor's Fund is not to cover "gaps" in funding but instead gaps in services being provided to the unhoused. The process can be somewhat lengthy and HSAC and the Subcommittee meet once a month to review the following applications.

Advanced payment can only go up to 50% of the request amount, or, a maximum of \$5,000.

If you have any questions, please reach out to me.

Thank you,

Stephanie Sosa
Contracts and Grants Associate
Pronouns: She, Her, Hers

Health and Human Services Department
1301 W. 12th Street | Long Beach, CA 90813
Office: 562.570.4182



From: HomelessServices <HomelessServices@longbeach.gov>
Sent: Wednesday, July 5, 2023 10:18 AM
To: Stephanie Sosa <Stephanie.Sosa@longbeach.gov>; Alvin Teng <Alvin.Teng@longbeach.gov>
Subject: FW: Mayor's Fund to End Homelessness Funding Application - Cherry BushUrban Community Outreach, Inc. (UCO)

Walter Smith
Outreach Dispatcher
Health and Human Services Department
Multi-Services Center
1301 W. 12th Street | Long Beach, CA 90813
Office: 562.570.4522 | Fax: 562.570.8234



From: City of Long Beach Homeless Services Bureau <notifications@cognitoforms.com>
Sent: Monday, July 3, 2023 10:13 PM
To: HomelessServices <HomelessServices@longbeach.gov>
Subject: Mayor's Fund to End Homelessness Funding Application - Cherry BushUrban Community Outreach, Inc. (UCO)

-EXTERNAL-

City of Long Beach Homeless Services Bureau

Mayor's Fund to End Homelessness Funding Application

[View full entry at CognitoForms.com.](#)

[Open Form](#)

Entry Details

Funding Application

ORGANIZATION	Urban Community Outreach, Inc. (UCO)
501(C)(3) NUMBER	26-0589430
NAME	Cherry Bush
EMAIL	Cherrybush20@yahoo.com
PHONE	(562) 243-5279
ADDRESS	241 Cedar Avenue, Long Beach, California 90802

Organizational Experience:

STATE THE NUMBER OF YEARS YOUR ORGANIZATION HAS BEEN SERVING PEOPLE EXPERIENCING HOMELESSNESS:	15
STATE THE NUMBER OF PERSONS YOUR ORGANIZATION SERVES IN AN AVERAGE MONTH:	500
DESCRIBE THE SERVICES YOUR ORGANIZATION PROVIDE:	Weekly meal services, groceries, housing placement, monthly doctor/nurse consultations, and provision of hygiene kits, clothing, sleeping bags/blankets
LIST ALL SUBPOPULATIONS SERVED BY YOUR ORGANIZATION:	The unhoused and economically disadvantaged.

Request Information:

AMOUNT OF FUNDING REQUESTED:	\$12,000.00
SUMMARIZE YOUR PROPOSED PROJECT:	Funding would support three months of UCO's weekly meal service operations allowing the organization to serve approximately 500 meals per

month to the unhoused and economically disadvantaged.

ARE YOU APPLYING FOR FUNDS ON A REIMBURSEMENT OR PAYMENT IN ADVANCE BASIS?

Advance Payment

FOR ADVANCE PAYMENT REQUESTS, PROVIDE JUSTIFICATION OF THIS REQUEST INCLUDING URGENCY AND NECESSITY:

Funding availability has been very limited post-pandemic and UCO relies entirely on donations and grant awards. In order to continue to sustain its current operations, funding is requested in advance to ensure its ongoing success serving the unhoused and economically disadvantaged. Current ongoing expenses exceed incoming revenue.

Supporting Documentation

STATEMENT OF NEED (ONE-PAGE MAXIMUM)

STATEMENT OF NEED.docx

COST BREAKDOWN OF PROPOSED PROJECT (ONE-PAGE MAXIMUM)

PROJECT BUDGET.docx

NON-PROFIT ENTITY STATUS LETTER

PROOF OF ADDRESS IN LONG BEACH

Scan_20230626 (2).pdf

OTHER SUPPORTING DOCUMENTATION

Signature and Acknowledgement

NAME

Cherry Bush

SIGNATURE

Captured

DATE

6/26/2023