



Mayor's Fund to End Homelessness Funding Application

For more information on the Mayor's Fund to End Homelessness, please visit:

<http://www.longbeach.gov/health/services/directory/mayors-fund/>

The City of Long Beach (City) works in collaboration with non-profit and other community partners to address the needs of those experiencing homelessness in our area. Through the City's model Continuum of Care system, sites such as the Multi-Service Center have been able to work together to assist individuals and families experiencing homelessness to achieve self-sufficiency.

However, there is still much work to be done. The Mayor's Fund to End Homelessness (Mayor's Fund) provides small grants to organizations in Long Beach that address significant service delivery needs that are not covered by existing funding and are not considered emergency needs. Donations to this fund could support a variety of critical needs, including:

- Relocation Assistance
- Shelter Services
- Transportation Assistance
- Critical infrastructure improvements and repairs
- Replacement of mission critical equipment
- Move-in Assistance
- Immediate shelter needs

The Mayor's Fund is financed by donations from residents, businesses and community organizations, with most funding coming from an annual campaign. Money disbursed from the Mayor's Fund must be used to benefit people experiencing homelessness in Long Beach.

All approved allocations are for single use only. Recurring funding is not available, but an organization can apply more than once. Allocations from the Mayor's Fund will only be granted to nonprofit or other community agencies serving people experiencing homelessness in the City.

Eligible Applicants:

- Must be a 501(c)(3) nonprofit organization or Long Beach based community group.
- Must have an address located within Long Beach.
- Must currently provide services to people experiencing homelessness in Long Beach.

Mayor's Fund Allocation Recipient Requirements:

- The Agency must submit monthly invoices for reimbursement and back-up documentation that supports the actual expenditures for the service activity allocated from the Mayor's Fund.
- For capital expenditures over \$10,000, HSAC reserves the right to request multiple bids

Mayor's Fund Allocation Process:

- To request funding, agencies must submit a proposal to the Homeless Services Advisory Committee (HSAC), which should include the following:
 1. Legal name of the agency requesting the allocation
 2. Agency's history of serving homeless populations in Long Beach, including services currently provided
 3. Statement of need; for what exactly the money will be used (itemized)
 4. A simple project budget with expenditures and requested funds
 5. Amount requested and impact of one-time Mayor's Fund allocation (grants typically range from \$2,500-\$10,000)

Proposals should be emailed to HomelessServices@longbeach.gov or submitted online via this form.

All proposals requesting Mayor's Fund allocations will be reviewed by the Homeless Services Advisory Committee (HSAC) and must be approved by the Long Beach Department of Health and Human Services. Funds to be disbursed using cost-based reimbursement and pending MOU execution between the submitting agency and the City via check from the City's agent within two weeks of approval. Upfront grant payments will be considered on an as-needed basis.

Funding Application

Organization

Beacon For Him

501(c)(3) Number

46-4951831

Name

Malissa

First

Christoffersen

Last

Email

info@beaconforhim.org

Phone

(562) 444-5175

Address

6285 East Spring Street

Address Line 1

#448

Address Line 2

Long Beach

City

California

State

90808

Zip Code

Organizational Experience:

State the number of years your organization has been serving people experiencing homelessness:

8

State the number of persons your organization serves in an average month:

250

Describe the services your organization provide:

Food, temporary hotel shelter, emergency expenses for families, housing application fees, and car expenses. Mentoring and emotional support to those suffering from homelessness. We work to connect people to services they need by networking with the city resources and other non-profits.

List all subpopulations served by your organization:

homeless population and low-income families, seniors, and all ethnic groups in the long beach area mainly Black and Hispanic.

This may include vererans, seniors, LGBTQ+, etc.

Request Information:

Amount of funding requested:

\$10,000.00

Summarize your proposed project:

Our highest need currently is funding for temporary hotel stays for families with no shelter options. It costs five-hundred and fifty dollars for a one-bed hotel room for one week and seven-hundred and fifty dollars for a two-bed one-week stay. We provide this service to families who have no other options from the city or shelters in the area. We have weekly expenses for our Monday Matters project dignity where we do homeless outreach at MacArther park every Monday. We pay for coffee and breakfast and other food items. We help families who are moving into housing with all the furniture and living necessities they need.

Keep responses to no more than one paragraph

Are you applying for funds on a reimbursement or payment in advance basis?

☐ Reimbursement ☒ Advance Payment

Reimbursement: Based on submittal of expense documentation (receipts or invoices and proof of payment)

Advance Payment: Only provided for up to 50% of the total grant award and a maximum of \$5,000 in total advance payment. Documentation accounting for the appropriate expenditure of advance payment must be submitted and approved before the release of remaining funds.

For advance payment requests, provide justification of this request including urgency and necessity:

This will provide urgently needed hotel stays for families who would otherwise be homeless. This provides safety for children and parents. We also give hotel stays to at-risk women who are unsafe on the street if no shelter options are available. We have encountered this request on a weekly basis.

Keep responses to 2-3 sentences

Supporting Documentation

Statement of Need (one-page maximum)

_Statement of Need.pdf

Explain the scope of the proposed project, the gap need that the proposed project will support, how the proposed project will fill that need, and the projected number of people impacted. Include a short summary of your organization's history, current services provided to people experiencing homelessness, and your capacity to support the proposed project.

Cost Breakdown of Proposed Project (one-page maximum)

Cost Breakdown of Beacon For Him Project.pdf

The Homeless Services Advisory Committee (HSAC) reserves the right to request three bids or quotes for capital expenses over \$10,000. If applying for advance payment, please provide any further justification for this request.

Non-Profit Entity Status Letter

501c3.pdf

<https://www.ftb.ca.gov/help/business/entity-status-letter.asp>

Proof of Address in Long Beach

proofaddress.jpeg

Examples include rent, utility bill, etc.

Other Supporting Documentation

Beacon For Him News Letter.pdf

Optional - Submit any other documentation supporting your application, such as quotes, specifications, flyers, information, or testimonials

Signature and Acknowledgement

By signing and submitting this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with all of the required policies set forth by the Homeless Services Advisory Committee and City of Long Beach if funded. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to exclusion from participating in future funding opportunities.

Submission of an application is not a guarantee of funding. Applications will be reviewed by the Homeless Services Advisory Committee and City of Long Beach Homeless Services Bureau staff.

Name

| | |
|---------|----------------|
| Malissa | Christoffersen |
| First | Last |

Signature

Date

11/16/2022

Matteo Chen