

FEMA PHASE 42 APPLICATION

Contract date will be shared once the date has been determined

Check List

Use this checklist to ensure all necessary information has been included. Please type or print the application neatly. Submit one (1) electronic copy.

- Cover Page/Check List
- Application Summary - FEMA Funding Service Plan
- IRS 501(c) (3)
- Organizational Chart
- Sponsoring Agency Management
- Board of Directors (Include Name, Position, Number of Years on Board)
- Certification/Certificates of Non-Discrimination
- Section II – Demonstrate Effectiveness
- Section III – Accounting and Fiscal Reporting
- Attach most recent financial report available
- Annual Audit (Mandatory if requesting \$50,000 or More – Attach with the electronic application)
- Local Organization Certification Form
- Make sure all forms are signed by Authorized Agency Representative
- Complete and return ONLY the components of the application where funds are requested
- Attach Resolution (If required by your Agency's Board)

**(Please return ONE (1) electronic copy
Community Action Partnership of Madera County
Attention: Jeannie Stapleton – jstapleton@maderacap.org
Applications are due on December 30, 2024, by 5:00 PM**

**APPLICATIONS THAT ARE MISSING REQUIRED ITEMS WILL BE CONSIDERED INELIGIBLE
AND WILL NOT BE CONSIDERED FOR FUNDING.**

**Community Action Partnership of Madera County
(Agency Name)**

**I ATTEST THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE AND
COMPLETE TO THE BEST OF MY KNOWLEDGE:**

Mattie Mendez
Authorized Signature of Applicant

1/9/2025
Date

Mattie Mendez, Executive Director

Please Use this Form as Your Cover Page With Your Application

FEMA PHASE 42 APPLICATION

Contract date will be shared once the date has been determined

Agency Name: Community Action Partnership of Madera County, Inc.

APPLICATION SUMMARY

FEMA Funding Service Plan

Total Amount Requested \$1,910.00

A. SERVED MEALS

Amount Requested

\$ _____

of Meals Served

Cost Per Meal Served

\$ _____

B. OTHER FOOD

Amount Requested

\$ _____

of Meals Served

Cost Per Meal Served

\$ _____

C. MASS SHELTER

Amount Requested

\$ _____

of Nights Lodging

Cost Per Night Lodging (per diem rate)

\$ _____

D. OTHER SHELTER

Amount Requested

\$ _____

of Nights Lodging

Cost Per Night Lodging (per diem rate)

\$ _____

E. SUPPLIES/EQUIPMENT (check one)

Food

Shelter

Both

Amount Requested

\$ _____

F. RENT/MORTGAGE ASSISTANCE

Amount Requested

\$ _____

of Families Served

G. UTILITIES

Amount Requested

\$ _____

of Families Served

H. ADMINISTRATION

\$1,910.00

FEMA PHASE 42 APPLICATION

Contract date will be shared once the date has been determined

SECTION I – GENERAL

Total FEMA funds requested (should equal total on cover): **\$1,910.00**

Agency Name: Community Action Partnership of Madera County, Inc.

Address: 1225 Gill Avenue

City: Madera, CA 93637

Telephone Number: 559-673-9173

Executive Director: Mattie Mendez

Telephone Number: 559-675-5749

Board Chair: Eric LiCalsi

Telephone Number: 559-474-0010

Contact Person: Jeannie Stapleton

Telephone Number: 559-675-5716

Year the Agency was founded? 1965

Has your agency received FEMA funds in the past?

Yes No

If so, please answer the following questions for the most recent grant received:

Phase Number: 41

Amount: \$2,000.00

Breakdown: Served Meals	\$
Other Food	\$
Mass Shelter	\$
Other Shelter	\$
Supplies/Equipment	\$
Rent/Mortgage Assistance	\$
Utilities	\$
Administration	\$2,000.00

Eligibility Questions:

Is the proposed program an expansion of services currently offered with "FEMA" funds?

Yes No

FEMA PHASE 42 APPLICATION

Contract date will be shared once the date has been determined

Does the agency have an IRS Classification

Government

Private

Non-Profit

Please attach IRS for 501(c)(3)

What is your agency's Federal Tax Identification Number: 94-1612823

What is your UEI (Unique Entity Identifier): V9D5YUNVFNA4

What is your agency's Dun & Bradstreet Number (DUNs): 034241133

Please attach your agency organizational chart. - Attachment B

Are services free of charge?

Yes

No

If no, please explain and list fees charged for services (use attachment if necessary):

Please indicate when your organization is available to assist people with FEMA funded services. (For example: Mon., Wed., Fri., 11 a.m. - 1:00 p.m.)

N/A this application is for administration expenses only.

If you have more than one site, please provide a listing with time.

Days:

Hours:

FEMA PHASE 41 APPLICATION

Contract date will be shared once the date has been determined

Does the agency have an IRS Classification

Government

Private

Non-Profit

Please attach IRS for 501(c)(3)

What is your agency's Federal Tax Identification Number: 94-1612823

What is your UEI (Unique Entity Identifier): V9D5YUNVFNA4

What is your agency's Dun & Bradstreet Number (DUNs): 034241133

Please attach your agency organizational chart. - Attachment B

Are services free of charge?

Yes

No

If no, please explain and list fees charged for services (use attachment if necessary):

Please indicate when your organization is available to assist people with FEMA funded services. (For example: Mon., Wed., Fri., 11 a.m. - 1:00 p.m.)

N/A this application is for administration expenses only.

If you have more than one site, please provide a listing with time.

Days:

Hours:

State of California
Secretary of State



I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of / page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

MAY 3 1 2006

BRUCE McPHERSON
Secretary of State

CERTIFICATE OF AMENDMENT OF
ARTICLES OF INCORPORATION

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

MAY 1 5 2006

The undersigned certify that:

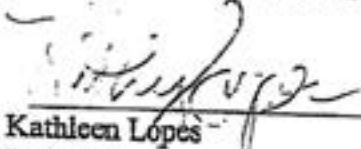
1. We are the President and Secretary of Madera County Community Action Agency, a California non-profit corporation (the "Corporation").
2. Article I of the Articles of Incorporation of the Corporation is amended to read as follows:

I

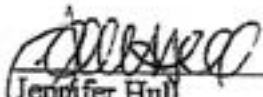
The name of the corporation is Community Action Partnership of Madera County, Inc.

3. We hereby certify that this amendment has been approved by the required vote of the members of the Corporation, which was unanimous.
4. The amendment has also been approved by the required vote of the Board of Directors of the Corporation, which was also unanimous.

We declare under penalty of perjury that the statements set forth in this certificate are true and correct of our own knowledge and that this certificate and declaration was executed on April 18, 2006 at Madera, California.



 Kathleen Lopes
 President



 Jennifer Hull
 Secretary



Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: JUL 17 2006

COMMUNITY ACTION PARTNERSHIP OF MADERA
COUNTY INC
1225 GILL AVE
MADERA, CA 93637

Person to Contact:
Gregory Renier
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
94-1612823

Dear Sir or Madam:

This is in response to your request of June 6, 2006, regarding your name change. We have updated our records as indicated above.

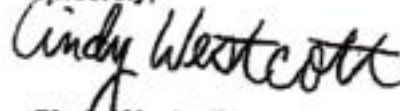
Our records indicate that a determination letter was issued in June 1968 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

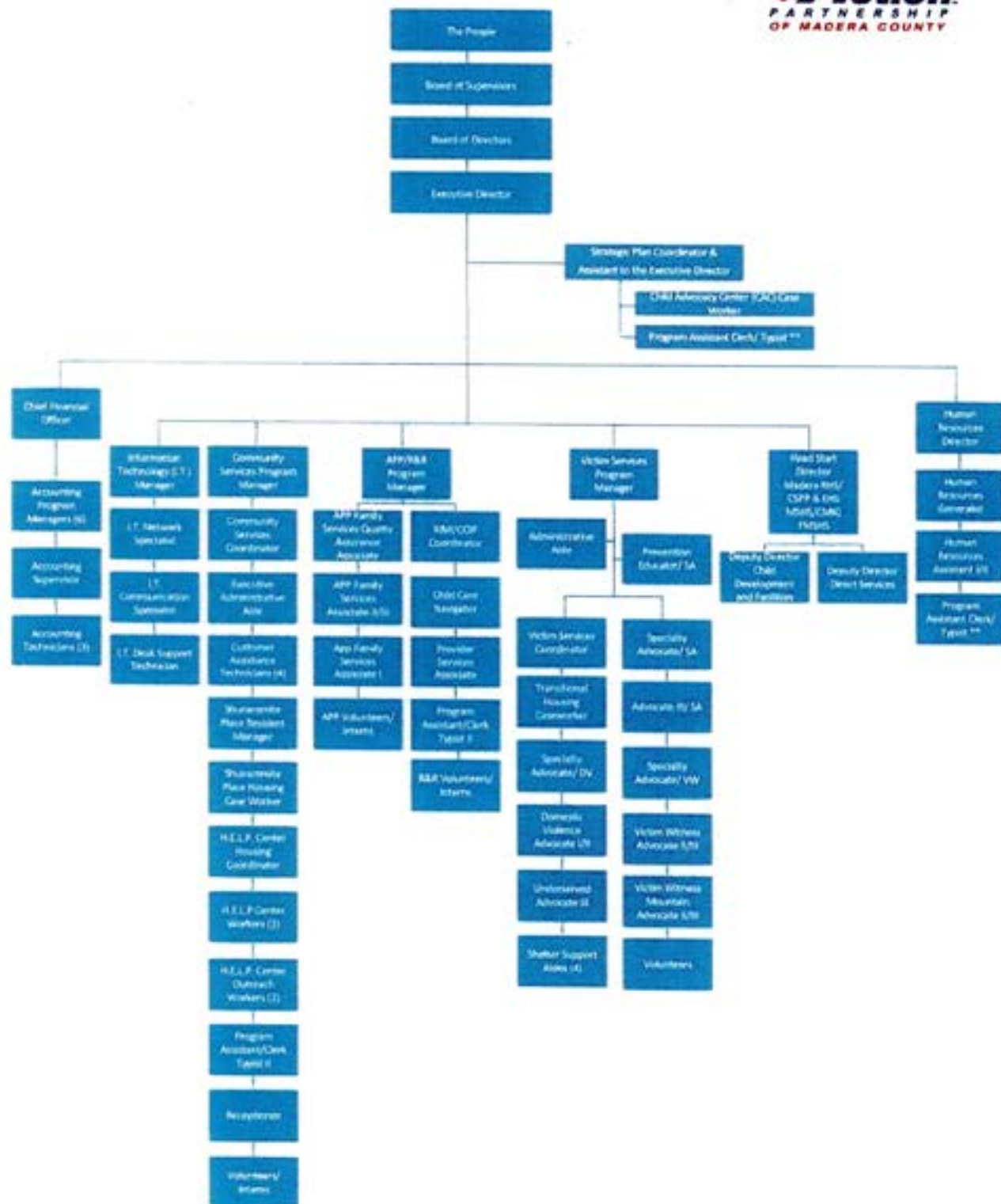
If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Westcott
Manager, Exempt Organizations
Determinations

Agency Structure



FEMA PHASE 42 APPLICATION

Contract date will be shared once the date has been determined

SPONSORING AGENCY MANAGEMENT

A. Board of Directors:

How often does your Board of Directors meet? Once a month every second Thursday

What is the average attendance? 10

Please attach a complete list of your Board of Directors including name, position on Board, years on Board and occupation.

B. Financial Information:

How often are your financial records audited? Once per year

By whom? Brown Armstrong – Certified Public Accountants

Are your financial officers bonded? Yes

For how much? \$ 360,000

C. Proposal written By: Mattie Mendez

Telephone: 559-673-9173

D. Please make sure that all mandatory attachments, including Certificate of Non-Discrimination, Local Organization Certification Form, List of Board of Directors, and Annual Audit are attached.

I CERTIFY THAT THIS APPLICATION AND THE INFORMATION PROVIDED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Mattie Mendez
Executive Director

[Signature]
Chairperson, Board of Directors

FEMA PHASE 42 APPLICATION

Contract date will be shared once the date has been determined

BOARD OF DIRECTORS

NAME	BUSINESS OR HOME ADDRESS	YEARS ON BOARD
Chairperson Eric LiCalsi- Attorney	Ashbury Avenue Madera, CA 93637	5 years
Vice Chairperson David Hernandez Madera Unified School District	1902 Howard Road Madera, CA 93637	4 years
Secretary Treasurer Tyson Pogue Madera County Sheriff	2725 Falcon Drive Madera, CA 93637	5 years
Steve Montes Madera City Council	Madera City Hall 205 West 4 th Street Madera, CA 93637	3 years
Leticia Gonzalez Board of Supervisors	Government Center 200 West 4 th Street Madera, CA 93637	2 years
Deborah Martinez Social Services	Department of Social Services 1620 Sunrise Avenue Madera, CA 93638	5 years
Otilia Vasquez Head Start Policy Council Representative	Park Street Madera, CA 93637	1 years
Molly Hernandez Early Childhood Education and Development	Mission Hills Terrace Chowchilla, CA 93610	1 year
Donald Holly Community Affairs Expertise	South B Street Madera, CA 93638	5 years
Jeff Toost City of Chowchilla	130 S. Second Street Chowchilla, CA 93610	2 years
Debi Bray Madera Chamber of Commerce	120 North E Street Madera, CA 93638	2 years
Martha Garcia Central Madera / Alpha Target Area	South A Street Madera, CA 93638	3 years
Richard Gutierrez Eastside / Parksdale Target Area	Pear Street Madera, CA 93638	2 years

FEMA PHASE 42 APPLICATION

Contract date will be shared once the date has been determined

Diana Palmer Fairmead / Chowchilla Target Area	Front Street # C Chowchilla, CA 93610	2 years
Aurora Flores Monroe / Washington Target Area	Greenway Madera, A 93638	5 years

FEMA PHASE 42 APPLICATION

Contract date will be shared once the date has been determined

Certification of Non-Discrimination

The benefits and services of Community Action Partnership of Madera County, Inc., (CAPMC) are provided without regard to race, color, religion, national origin, citizenship, sex, marital status, gender identity, sexual orientation, age, disability, Vietnam-era veteran status, other protected veteran status, newly separated veteran status, or special disabled veteran status. If you believe you have been discriminated against, you have the right to file a written complaint.

Filing a Complaint

Complaints must be filed within 180 days of any incident at the address below and should contain:

- Your name, address, and telephone number
- Name and address of the department/program that may have discriminated against you
- Date and description of the incident
- Names, titles (if known) and addresses of the people who may have knowledge of the incident.

Other Courses of Action

If you file a complaint with CAPMC, and you are not satisfied with the results of its investigation, you may request a hearing with the CAPMC Board of Directors. At the hearing, you will be given a chance to present your complaint in person. If you want to request a hearing, you may contact the Assistant to the Executive Director at the address below. The request must be made in writing and filed within 30 days after you receive the findings of the investigation by CAPMC.

Where to File a Complaint

Grant Management and Compliance Administrator / Executive Director Support
Community Action Partnership of Madera County
1225 Gill Avenue
Madera, CA 93637

*Approved by Community Action Partnership of Madera County
Board of Directors - February 8, 2007*

FEMA PHASE 42 APPLICATION

Contract date will be shared once the date has been determined

SECTION II - DEMONSTRATE EFFECTIVENESS

- A. Briefly describe your agency's past services in the areas of food, shelter, and related services for the poor. Describe the impact and effectiveness of your effort.**

The Community Action Partnership of Madera County, Inc., (CAPMC) was established in 1965 as a result of the Economic Opportunity Act (EOA) of 1964. The EOA was signed into law by President Lyndon B. Johnson to support his declaration of an unconditional "War on Poverty." Each county in the United State has designated a community action agency to be responsive to the needs of the low-income individuals and families by providing programs and services that assist them in becoming stable and self-reliant.

Community Action Partnership of Madera County (CAPMC), formerly known as the Madera County Action Committee, Inc., was chartered in 1965, and falls under the direction of the Board of Supervisors.

CAPMC has received local and national recognition for implementing cost effective programs to serve the low-income residents of Madera, Mariposa, Merced, and Fresno counties since its inception in 1965. As the region continues to grow and change, CAPMC is also transforming itself to best serve those in need. CAPMC continues to examine its current programs to ensure that they meet the highest levels of efficiency and effectiveness. As an agency, the staff regularly seeks to launch innovative programs that complement and broaden our existing ones, and search for the best practices from other agencies in our community action network. CAPMC continues to maintain the financial integrity of its programs to maximize resources to the greatest benefit of community action program participants and other community stakeholders.

CAPMC has received FEMA funding for over thirty-five (35 years). The LIHEAP Program has received funds to assist low-income residents of Madera County for approximately 20 years. For Phase 41 funding, CAPMC was allocated \$2,000 for administrative cost to process the agendas and minutes for the meetings as well as completing the reporting to the National Board.

FEMA PHASE 42 APPLICATION

Contract date will be shared once the date has been determined

SECTION III - ACCOUNTING AND FISCAL REPORTING ABILITY

- A. Does the agency have an operating accounting system? X Yes No
- B. Attach the most recent financial report available and the final report/audit, if available, for your most recent fiscal year completed.
- C. Who handles the accounting system for the agency? Specify name of staff, professional title, volunteer, or accounting firm. Donna Tooley, Chief Financial Officer
- D. Describe the administrative procedures you will employ to ensure accurate reports and fiscal control and alleviate duplication of services offered by other agencies.

CAPMC uses AccuFund (an accounting software) to monitor allocation of funds and expenditures. A full-time Accountant/Program Manager is designated to oversee the Community Services Department and submit monthly financial reports to the Program Manager, Executive Director, and Board of Directors for review.

CAPMC's Fiscal Department operates a computer accounting system. A general ledger with account designated solely for FEMA funds is established and maintained.

**Community Action Partnership of Madera County, Inc.
Consolidated Revenue and Expense
October 31, 2024**

F-4B

	<u>Year-To-Date</u> <u>Actual</u>
<u>Revenues</u>	
4110- GRANT INCOME-FEDERAL	9,715,368.82
4120- GRANT INCOME-STATE	2,894,264.59
4130- GRANT INCOME-AREA	406,543.93
4210- DONATIONS	7,825.76
4220- IN KIND CONTRIBUTIONS	1,222,901.56
4315- CHILD CRE REVENUE-STATE	1,721.20
4320- INTEREST INCOME	110.76
4350- RENTAL INCOME	21,588.28
4370- MERCHANDISE SALES	409.00
4390- MISCELLANEOUS INCOME	817.32
4900- INDIRECT COST REIMBURSEMENT	1,043,398.97
	<hr/>
Total Revenues	15,314,950.19
<u>Expenses</u>	
5010- SALARIES & WAGES	5,732,606.37
5012- DIRECTOR'S SALARY	45,938.41
5020- ACCRUED VACATION PAY	341,154.55
5112- HEALTH INSURANCE	540,683.13
5114- WORKER'S COMPENSATION	150,955.99
5116- PENSION	302,278.54
5122- FICA	443,646.95
5124- SUI	11,458.26
5125- DIRECTOR'S FRINGE	23,273.26
5130- ACCRUED VACATION FICA	21,786.73
6110- OFFICE SUPPLIES	28,296.73
6112- DATA PROCESSING SUPPLIES	172,535.09
6121- FOOD	210,925.51
6122- KITCHEN SUPPLIES	29,869.00
6130- PROGRAM SUPPLIES	205,723.91
6132- MEDICAL & DENTAL SUPPLIES	28,012.75
6134- INSTRUCTIONAL SUPPLIES	6,430.66
6140- CUSTODIAL SUPPLIES	48,075.96
6142- LINEN/LAUNDRY	18.50
6143- FURNISHINGS	33,285.36
6150- UNIFORM RENTAL/PURCHASE	429.89
6170- POSTAGE & SHIPPING	4,106.29

6180- EQUIPMENT RENTAL	62,146.60
6181- EQUIPMENT MAINTENANCE	27,988.03
6221- EQUIPMENT OVER > \$5000	301,871.32
6310- PRINTING & PUBLICATIONS	9,811.28
6312- ADVERTISING & PROMOTION	9,715.94
6320- TELEPHONE	154,805.44
6410- RENT	549,336.52
6420- UTILITIES/ DISPOSAL	205,606.89
6432- BUILDING REPAIRS/ MAINTENANCE	103,292.12
6433- GROUNDS MAINTENANCE	127,857.44
6436- PEST CONTROL	9,779.02
6437- BURGLAR & FIRE ALARM	12,052.71
6440- PROPERTY INSURANCE	30,030.81
6510- AUDIT	24,937.50
6520- CONSULTANTS	42,255.19
6522- CONSULTANT EXPENSES	6,265.75
6524- CONTRACTS	4,610.03
6530- LEGAL	33,026.30
6540- CUSTODIAL SERVICES	52,501.00
6555- MEDICAL SCREENING/DEAT/STAFF	4,810.00
6610- GAS & OIL	19,779.59
6620- VEHICLE INSURANCE	28,697.55
6640- VEHICLE REPAIR & MAINTENANCE	17,709.26
6712- STAFF TRAVEL-LOCAL	12,835.24
6714- STAFF TRAVEL-OUT OF AREA	45,528.41
6722- PER DIEM - STAFF	2,286.00
6730- VOLUNTEER TRAVEL	1,102.12
6742- TRAINING - STAFF	49,933.44
6744- TRAINING - VOLUNTEER	3,180.00
6810- BANK CHARGES	461.37
6832- LIABILITY INSURANCE	19,718.83
6834- STUDENT ACTIVITY INSURANCE	1,380.45
6840- PROPERTY TAXES	8,581.07
6850- FEES & LICENSES	55,753.38
6851- CPR FEES	750.00
6852- FINGERPRINT	1,297.00
6875- EMPLOYEE HEALTH & WELFARE	26,963.05
7110- PARENT ACTIVITIES	401.81
7111- PARENT MILEAGE	1,379.10
7112- PARENT INVOLVEMENT	1,401.62
7114- PC ALLOWANCE	2,760.00
7116- POLICY COUNCIL FOOD ALLOWANCE	1,276.18
7210- TRANSPORTATION VOUCHERS	770.92
7224- CLIENT RENT	31,717.65
7226- CLIENT LODGING/SHELTER	29,996.04
7230- CLIENT FOOD	97.80
7240- DIRECT BENEFITS	2,572,269.92

7245- DIRECT BENEFITS - STATE	1,721.20
8110- IN KIND SALARIES	1,052,746.79
8120- IN KIND RENT	161,993.52
8130- IN KIND - OTHER	8,161.25
9010- INDIRECT COST ALLOCATION	<u>1,043,398.97</u>

Total Expenses 15,360,241.26

Excess Revenue Over (Under) Expenditures (45,291.07)

FEMA PHASE 42 APPLICATION

Contract date will be shared once the date has been determined

LOCAL RECIPIENT ORGANIZATION CERTIFICATION FORM (To be retained by Local Board)

As a recipient of Emergency Food and Shelter National Board Program funds made available for Phase 40 and as the duly authorized representative of (Name of LRO) **Community Action Partnership of Madera County**, I certify that my public or private organization:

- Is not debarred or suspended from receiving Federal Funds,
- 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 not-for-profit or an agency of government, possess a 501(c) (3),
- Has an accounting system, and will pay all vendors by LRO check, LRO vendor issued credit card or LRO debit card,
- Will conduct an independent annual review / audit if receiving \$50,000 or more in EFSP funds.
- Understands that **cash payments** (including petty cash) are **not eligible** under EFSP.
- Has a Federal Employer Identification Number (FEIN),
- Has a Dun & Bradstreet (DUNS) Number,
- Has a Unique Entity Identifier,
- Practices non-discrimination (LROs with a religious affiliation will not refuse service to an applicant based on religion, nor engage in religious proselytizing in any program receiving Emergency Food and Shelter Program funds),
- Will not charge a fee to clients for EFSP funded services,
- Has a voluntary board if private, not-for-profit,
- Will comply with the Phase 42 Responsibilities & Requirements Manual, particularly the Eligible and Ineligible Costs section, and **will** inform appropriate staff or volunteers of EFSP requirements,
- **Will provide all required reports to the Local Board in a timely manner;** (e.g., Second Payment/Interim and Final Reports),
- Will expend monies only on eligible costs and keep complete documentation (copies of front and back, invoices, receipts, etc.) on all expenditures for a minimum of three years after end of program, and for compliance issues until resolved,
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program and return any unused funds to the National Board (\$5.00 or more; make checks payable to the United Way Worldwide/Emergency Food and Shelter National Board Program),
- Will provide complete documentation of expenses to the Local Board, if requested; no later than one month following my jurisdiction's selected end-of-program date,
- Will comply with the Office of Management and Budget Circular A-133 if expending \$500,000 or more in Federal funds,
- Will comply with lobbying prohibition certification and disclosure of lobbying activities if receiving \$100,000 or more in EFSP funds, if applicable, and
- Has no known EFSP compliance exceptions in this or any other jurisdiction.

Please check: Have read, understand, and agree to abide by the EFSP Responsibilities and Requirements Manual

Signature: Mattie Mendez

Print Name: Mattie Mendez

Title: Executive Director

Date: _____

LRO ID#: 076000

FEIN#: 94-1612823

Unique Entity Identifier V9D5YUNVFNA4

ADDRESS: 1225 Gill Avenue City: Madera State: CA Zip: 93637

Phone #: 559-673-6173 Email: mmendez@maderacap.org