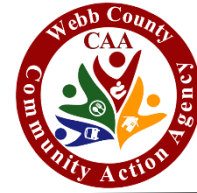




WEBB COUNTY  
COMMUNITY ACTION AGENCY  
520 REYNOLDS ST 2<sup>ND</sup> FLOOR LAREDO, TEXAS 78040  
TELEPHONE (956) 523-4182



---

## Letter of Intent to Apply

---

Date: 04/22/23

Honorable Tano Tijerina  
Webb County Judge  
Webb County Courthouse  
1000 Houston Street (3<sup>rd</sup> Floor)  
Laredo, Texas 78040

Re: Letter of Intent to apply for "2022 Emergency Food and Shelter Program Phase 40"

Dear Judge Tijerina:

In accordance with the Webb County Single Point of Contact (SPOC) Policy and Procedures – revised 3/29/17, please accept this "*Letter of Intent to Apply*" for grant funds under the Emergency Food and Shelter Program Phase 40. The Community Action Agency requests authorization to apply for a grant of \$10,000.00 from EFSP for the creation/continuation of emergency food assistance. Your favorable review of the following information required under the SPOC policy and authorization to develop and submit the grant proposal shall be appreciated.

### **General Information:**

A. Project Title: Emergency Food and Shelter Program Phase 40

B. Project Description: CAA seeks to address the hunger needs of the community using the Meals-on-Wheels/Elderly Nutrition Program; the primary goal is to Provide cooked meals to eligible individuals.

C. Contact Person: Maria G. Silva

D. Department/Office Telephone number: (956) 523-4605

E. All departments that request grant application authorization from the County Commissioner's Court are required to participate in the County Biometric Time Clock Plus system in order to ensure compliance with existing County policy. Please acknowledge compliance with the signature of the designated Contact Person:

\_\_\_\_\_  
*Contact Person/Signature*

F. For all grant-funded projects involving current county employees that propose grant funding for overtime will be required to use the County Biometric Time Clock Plus system and have GPS monitors in their vehicles, except for those involved in undercover work. Please acknowledge the intent to comply with the signature of the designated Contact Person:

\_\_\_\_\_

Contact Person/Signature

G. All future grant-funded programs involving current County employees will include only Full Time Equivalency (FTE) percentages in a project’s budget and will also apply to all future renewal projects; Please acknowledge this criteria with the signature of the designated Contact Person:

\_\_\_\_\_  
Contact Person/Signature

H. A complete hard copy of the grant application is required to be submitted to the Economic Development Department inclusive with the “Letter of Intent to Apply” at least two (2) weeks before the grant application is presented to the County Commissioners Court requesting authorization to submit the grant application to the State or Federal funding agency. The complete hard copy of the grant application shall include at a minimum - Project Narratives, Performance Statement, Budget, Personnel Budget breakdown and Budget Narratives. This policy will be effective February 27, 2017; If not provided at submission of the Letter of Intent, then it must be submitted with ample time for review and approval by the Grant Application Review Committee (GARC)? Extenuating circumstances for not adhering to this procedure must be provided in writing for review and approval. Please acknowledge this requirement with the signature of the designated Contact Person:

\_\_\_\_\_  
Contact Person/Signature

I. Any and all budget amendments, budget modifications and/or line item transfer requests that may arise from grant-funded activity shall be submitted through the Economic Development Department - Single Point of Contact (whether Competitive or Formula grants, County (Federal and State allocations) that use the Webb County General Fund first then receives reimbursement at a later time). The budget request will be forwarded for review by the Grant Application Review Committee (GARC) for possible placement on the Webb County Commissioner’s Court Agenda. Please acknowledge this requirement with the signature of the designated Contact Person:

\_\_\_\_\_  
Contact Person/Signature

|                         |                   |                   |
|-------------------------|-------------------|-------------------|
| J. Project Time Frames: | Start Date:       | <u>06/01/2023</u> |
|                         | Ending Date :     | <u>12/31/2023</u> |
|                         | Project Duration: | <u>2023</u>       |

K. Project Area: WEBB COUNTY

**Project Analysis:**

- 1) What County needs, services or problems will be addressed by this project? CAA seeks to service eligible households with cooked meals.
- 2) What is the grant matching amount of local funds or in-kind that will be proposed? Please identify specific sources of funds. No grant match

- 3) Will this proposed project add cost, services or any financial responsibility to the County's General Fund after the project ends? Please explain. No general fund requested
- 4) Will this project add employees to the county payroll if and when the grant is terminated? Please explain. No, employees are for grant needs.
- 5) Does this project propose any monetary grant-funded stipends, incentive pay, supplement pay or any other pay that exceeds County General Fund salary? These types of monetary compensation are strictly prohibited. No monetary compensation requested.
- 6) What are the operating and maintenance costs of the grant funded project activities that will be funded by the county? No general fund requested
- 7) How many citizens will be served and in what way? Please explain. The grant will provide service to approximately 460 Meals-on-Wheels and Elderly Nutrition Program eligible individuals.
- 8) Please provide the name of the department representative responsible for providing the Economic Development staff with the copy of the submitted grant application.  
Maria Silva

**Financial Analysis**

- A. Type of Request: Grant (  )    Loan (  )    Combination (  )
- |                              |                     |
|------------------------------|---------------------|
| Amount of Request:           | \$ <u>10,000.00</u> |
| Amount of Cash Match/In-Kind | \$ <u>0.00</u>      |
| Total Project Costs:         | \$ <u>10,000.00</u> |
- New (  )    Continuation (  )
- Funding Agency: Emergency Food and Shelter Program (EFSP)
- B. Is there any assurance that the grant will be continued/refunded by the funding agency? Please explain.  
No, annual applications are submitted depending on funding.
- C. What wording or commitments will be included in the grant application for 'continuity of activities', 'project sustainability plan' or 'funding of activities' after the grant has ended? Please explain in detail.  
No impact on the General Fund

**For Economic Development Department Office Use Only:**

**IV. APPLICATION REVIEW COMMENTS**

A. STAFF COMMENTS :

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_