**Emergency Food and Shelter Program (EFSP) Phase 37 & CARES ACT**

**APPLICATION CHECKLIST**

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

Agency name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incomplete applications will not be considered and opportunities to supply missing information after the deadline will not be available. Submit a separate packet for each county. Please review the EFSP guidebook for eligible activities prior to contacting staff.**

**Agencies should be prepared to provide, if requested:**

* Up-to-date Board Membership roster with contact information for Board Chair
* Copy of agency’s current Secretary of State Registration ***OR*** if faith-based a letter from the S.C. Secretary of State’s Office stating your exemption (documents should be dated within the last twelve months).
* Request for funds for each funding category
* Full agency and program budget

**Complete the following chart on amounts requested for all Phase 37 funding**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County** | **$Amt Rent/Mortgage** | **$Amt Utilities** | **$Amt Shelter** | **$Amt Other Food** | **$Amt Served Meals** |
| Fairfield |  |  |  |  |  |
| Lexington |  |  |  |  |  |
| Richland |  |  |  |  |  |
| Newberry |  |  |  |  |  |

**Complete the following chart on amounts requested for all CARES Act funding**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County** | **$Amt Rent/Mortgage** | **$Amt Utilities** | **$Amt Shelter** | **$Amt Other Food** | **$Amt Served Meals** |
| Fairfield |  |  |  |  |  |
| Lexington |  |  |  |  |  |
| Richland |  |  |  |  |  |
| Newberry |  |  |  |  |  |

**Applications should be emailed to Vicki Rouse at** [**vrouse@uway.org**](mailto:vrouse@uway.org) **by Monday 5/18/20 4:00 p.m.**

**EMERGENCY FOOD AND SHELTER PROGRAM**

**APPLICATION FOR FUNDING – PHASE 37 & CARES ACT**

**AGENCY INFORMATION FORM**

**Please type responses – late, handwritten or incomplete applications will not be accepted.**

*NOTE: PLEASE COMPLETE AN APPLICATION FOR EACH COUNTY AND RESPOND TO QUESTIONS FOR EACH TYPE OF EXPENDITURE FOR WHICH YOU ARE APPLYING. NEW OR START-UP PROGRAMS ARE NOT ELIGIBLE.*

**PART ONE: AGENCY CONTACT INFORMATION**

If awarded, agency contact info will be provided to 2-1-1 and other agencies for referrals. Participation and recording EFSP services in the Homeless Management Information System of the Midlands Area Consortium for the Homeless is required.

1. AGENCY NAME:
2. MAILING ADDRESS:
3. AGENCY PHONE: FAX:
4. AGENCY FEDERAL EMPLOYER ID# AGENCY DUNS #:
5. CONTACT PERSON:
6. CONTACT’S E-MAIL:
7. CONTACT’S PHONE:

*(Contact person should be able to answer questions on application)*

**PART TWO: GENERAL AGENCY INFORMATION**

1. What year did your agency become a 501(c)(3):
2. Is agency debarred or suspended from receiving Federal Funds?
3. Has agency returned EFSP funds for any reason in the last three years or submitted late documentation? If yes, explain amount and reasons:
4. Does the agency have a Board of Directors?

If no, describe:

1. Do Board Members receive financial compensation?

If yes, describe:

1. What is the mission of the organization:
2. Describe services offered by your agency:
3. Are there fees for services offered?
4. Describe geographic area served:
5. How many unduplicated people were served last year through all services offered:
6. Describe level of agency case management or efforts to increase client overall stability such as screening and completing entitlement applications, referrals for housing, and other support services:
7. Describe the staffing of your current program and how staffing would be addressed if EFSP funds were awarded:
8. Is your agency faith-based?

If yes, describe any requirements related to church participation for services:

Also, describe what percentage of people served are members of your congregation and describe community outreach:

1. What is your agency’s annual budget?
2. When was agency Emergency Food and Shelter Program established?
3. Describe dollar amount resources available for direct services in program/department budget for the **category AND specific county** you are applying (do not included value of donated or in-kind resources or staff/administration costs):

**Phase 37 Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | A: Current non-EFSP program funds | Sources of current program non-EFSP | B: Phase 37 EFSP Application Amount | C:Total Amount Potentially Available in  **(A+B=C)** |
| **EXAMPLE - with explanations**  Other food (we have a food pantry at our agency) | $10,000  These funds are used for direct food costs at the food pantry and not staff costs or other services provided such as utility assistance. | Faith-based donations: $5,000  Government grants: $2,500  Private donations: $1,000  Foundations/United Way: $1,500 | $2,500  We are applying for this amount in Phase 37 for Other Food in XYZ County. | $12,500  This is the total amount potentially available if full EFSP Ph 37 amount is awarded. |
| Served Meals |  |  |  |  |
| Other Food |  |  |  |  |
| Shelter |  |  |  |  |
| Utilities |  |  |  |  |
| Rent/Mortgage |  |  |  |  |

CARES ACT Request

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | A: Current non-EFSP program funds | Sources of current program non-EFSP | B: CARES ACT EFSP Application Amount | C:Total Amount Potentially Available in  **(A+B=C)** |
| **EXAMPLE - with explanations**  Other food (we have a food pantry at our agency) | $10,000  These funds are used for direct food costs at the food pantry and not staff costs or other services provided such as utility assistance. | Faith-based donations: $5,000  Government grants: $2,500  Private donations: $1,000  Foundations/United Way: $1,500 | $2,500  We are applying for this amount in CARES ACT for Other Food in XYZ County. | $12,500  This is the total amount potentially available if full EFSP CARES ACT amount is awarded. |
| Served Meals |  |  |  |  |
| Other Food |  |  |  |  |
| Shelter |  |  |  |  |
| Utilities |  |  |  |  |
| Rent/Mortgage |  |  |  |  |

**Rent/Mortgage Request Questions**

*Rent/Mortgage requests must expand current client services provided with non-EFSP funding. You may not replace lost funding with EFSP. Other resources must be exhausted before using EFSP. EFSP may only provide for one month’s charges, cannot cover late fees, and must prevent eviction for at least 30 days.*

1. AMOUNT OF RENT/MORTGAGE FUNDS REQUESTED: $
2. LOCATION OF SERVICE (for this request):
3. DESCRIBE DAYS/HOURS OF OPERATION:
4. DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR:
5. DESCRIBE CAPS ON ASSISTANCE AND HOW FREQUENTLY CLIENTS MAY REQUEST ASSISTANCE:
6. LIST ELIGIBILITY CRITERIA USED FOR PROVIDING ASSISTANCE:
7. WHAT CLIENT SOFTWARE IS USED AND WHAT RECORDS ARE KEPT?
8. HOW DO YOU ENSURE THAT ASSISTANCE WILL HELP PREVENT EVICTION IN THE FUTURE?
9. HOW DO YOU ENSURE OTHER NON-EFSP RESOURCES ARE EXHAUSTED PRIOR TO USING EFSP FUNDS?
10. DESCRIBE PROPOSED NUMBER SERVED WITH PHASE 37 EFSP FUNDS WITH AVERAGE AMOUNT PER CLIENT DETAILED: Example: $400 per client X 50 clients = $20,000
11. DESCRIBE PROPOSED NUMBER SERVED WITH CARES ACT EFSP FUNDS WITH AVERAGE AMOUNT PER CLIENT DETAILED: Example: $400 per client X 50 clients = $20,000

**Utility Request Questions**

1. AMOUNT OF UTILITY FUNDS REQUESTED: $
2. LOCATION OF SERVICE (for this request):
3. DESCRIBE DAYS/HOURS OF OPERATION:
4. DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR:
5. DESCRIBE CAPS ON ASSISTANCE AND HOW FREQUENTLY CLIENTS MAY REQUEST ASSISTANCE:
6. LIST ELIGIBILITY CRITERIA USED FOR PROVIDING ASSISTANCE:
7. WHAT CLIENT SOFTWARE IS USED AND WHAT RECORDS ARE KEPT?
8. HOW DO YOU ENSURE THAT ASSISTANCE WILL HELP PREVENT LOSS OF UTILITIES IN THE FUTURE?
9. HOW DO YOU ENSURE OTHER NON-EFSP RESOURCES ARE EXHAUSTED PRIOR TO USING EFSP FUNDS?
10. DESCRIBE PROPOSED NUMBER SERVED WITH PHASE 37 EFSP FUNDS WITH AVERAGE AMOUNT PER CLIENT DETAILED:

Example: $100 per client X 50 clients = $5,000

1. DESCRIBE PROPOSED NUMBER SERVED WITH CARES ACT EFSP FUNDS WITH AVERAGE AMOUNT PER CLIENT DETAILED:

Example: $100 per client X 50 clients = $5,000

**Mass Shelter Request**

1. AMOUNT OF PHASE 37 SHELTER FUNDS REQUESTED: # \_\_\_\_\_\_\_\_ X $12.50 = $\_\_\_\_\_\_\_\_\_\_
2. AMOUNT OF PHASE 37 SHELTER FUNDS REQUESTED: # \_\_\_\_\_\_\_\_ X $12.50 = $\_\_\_\_\_\_\_\_\_\_
3. LOCATION OF SERVICE (for this request):
4. DESCRIBE DAYS/HOURS OF OPERATION:
5. DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR:
6. ARE SHELTER AND SERVICES AVAILABLE TO CLIENTS FREE OF CHARGE ON A CONTINUOUS, YEAR-ROUND BASIS?
7. IF APPLYING TO MAINTAIN BEDS PREVIOUSLY EXPANDED WITH EFSP EXPLAIN:
8. DESCRIBE CLIENT ELIGIBILITY REQUIREMENTS AND INTAKE PROCESS:
9. DESCRIBE NUMBER OF FACILITY BEDS AND AVERAGE LENGTH OF STAY:
10. DESCRIBE HOW CLIENTS ARE HELPED TO TRANSITION TO MORE STABLE HOUSING:

1. IF UNABLE TO ASSIST A CLIENT WITH SHELTER DESCRIBE REFERRAL PROCESS:

**Served Meals Request Questions**

1. AMOUNT OF PHASE 37 SERVED MEALS REQUESTED (describe calculation method i.e. actual vs. per diem of $2):
2. AMOUNT OF CARES ACT SERVED MEALS REQUESTED (describe calculation method i.e. actual vs. per diem of $2):
3. LOCATION OF SERVICE (for this request):
4. DESCRIBE DAYS/HOURS OF OPERATION:
5. DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR WITH SERVED MEALS:
6. DESCRIBE YOUR SERVED MEALS PROGRAM AND HOW EFSP WILL EXPAND CURRENT SERVICES :

**Other Food Request Questions**

1. AMOUNT OF PHASE 37 OTHER FOOD REQUESTED: $
2. AMOUNT OF CARES ACT OTHER FOOD REQUESTED: $
3. LOCATION OF SERVICE (for this request):
4. DESCRIBE DAYS/HOURS OF OPERATION:
5. DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR WITH FOOD:
6. DESCRIBE YOUR FOOD PROGRAM AND HOW EFSP WILL EXPAND CURRENT SERVICES:

**I certify all information is correct:**

SIGNATURE:

NAME:

TITLE:

DATE:

**APPLICATIONS MUST BE RECEIVED BY THE DEADLINE. LATE OR INCOMPLETE APPLICTIONS CANNOT BE ACCEPTED. APPLICATIONS MUST BE RECEIVED NO LATER THAN 4:00 P.M. ON Monday, 5/18/20**

**Email to:**

**Vicki Rouse**

[**vrouse@uway.org**](mailto:vrouse@uway.org)