

**EMERGENCY FOOD AND SHELTER PROGRAM
APPLICATION FOR FUNDING – PHASE 39**

AGENCY INFORMATION FORM

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

PART ONE: AGENCY CONTACT INFORMATION

AGENCY NAME:

MAILING ADDRESS:

AGENCY PHONE:

FAX:

AGENCY FEDERAL EMPLOYER ID#

AGENCY DUNS #:

CONTACT PERSON:

CONTACT'S E-MAIL:

CONTACT'S PHONE:

PART TWO: GENERAL AGENCY INFORMATION

What year did your agency become a 501(c)(3):

Is your agency debarred or suspended from receiving Federal Funds?

Has agency returned EFSP funds for any reason in the last three years or submitted late documentation? If yes, explain amount and reasons:

Does the agency have a Board of Directors?

Do Board Members receive financial compensation?

If yes, describe:

What is the mission of the organization:

Describe services offered by your agency:

Are there fees for services offered?

Describe geographic area served:

How many unduplicated people were served last year through all services offered (unduplicated refers to only counted once):

Describe level of agency case management or efforts to increase client overall stability such as screening and completing entitlement applications (SNAP, WIC, etc), referrals for housing, and other support services:

Describe the staffing of your current program and how staffing would be addressed if EFSP funds were awarded:

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:

What is your agency's total annual budget?

When was agency Emergency Food and Shelter Program established?

Describe dollar amount resources available for direct services for the **category AND county** you are applying (do not include value of donated or in-kind resources or staff/administration costs):

	<u>A</u> : Current non-EFSP program funds	Sources of current program non-EFSP	<u>B</u> : Phase 39 EFSP Application Amount	<u>C</u> : Total Amount Potentially Available in (A+B=C)
EXAMPLE Other food (we have a food pantry at our agency)	\$10,000 Funds are used for direct costs.	Faith-based donations: \$5,000 Government grants: \$2,500 Private donations: \$1,000 Foundations/United Way: \$1,500	\$2,500	\$12,500 This is the total amount potentially available.
Served Meals				
Other Food				
Shelter				
Utilities				
Rent/Mortgage				

REQUEST FOR FUNDS – RENT/MORTGAGE

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 three month's charges, cannot cover late fees, and must prevent eviction for at least 30 days.

PART ONE: SERVICE AREA AND FUNDING CATEGORY

COUNTY FOR WHICH YOU ARE SEEKING FUNDS:

AMOUNT OF RENT/MORTGAGE FUNDS REQUESTED: \$

LOCATION OF SERVICE (for this request):

DESCRIBE DAYS/HOURS OF OPERATION:

DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR:

DESCRIBE CAPS ON ASSISTANCE AND HOW FREQUENTLY CLIENTS MAY REQUEST ASSISTANCE:

LIST ELIGIBILITY CRITERIA USED FOR PROVIDING ASSISTANCE:

WHAT CLIENT SOFTWARE IS USED AND WHAT RECORDS ARE KEPT?

HOW DO YOU ENSURE THAT ASSISTANCE WILL HELP PREVENT EVICTION IN THE FUTURE?

HOW DO YOU ENSURE OTHER NON-EFSP RESOURCES ARE EXHAUSTED PRIOR TO USING EFSP FUNDS?

DESCRIBE PROPOSED NUMBER SERVED WITH PHASE 39 EFSP FUNDS WITH AVERAGE AMOUNT PER CLIENT
DETAILED: Example: \$400 per client X 50 clients = \$20,000

REQUEST FOR FUNDS – UTILITIES

Utility 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 three month's charges, cannot cover late fees, and must prevent disconnection for at least 30 days.

PART ONE: SERVICE AREA AND FUNDING CATEGORY

COUNTY FOR WHICH YOU ARE SEEKING FUNDS:

AMOUNT OF UTILITY FUNDS REQUESTED: \$

LOCATION OF SERVICE (for this request):

DESCRIBE DAYS/HOURS OF OPERATION:

DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR:

DESCRIBE CAPS ON ASSISTANCE AND HOW FREQUENTLY CLIENTS MAY REQUEST ASSISTANCE:

LIST ELIGIBILITY CRITERIA USED FOR PROVIDING ASSISTANCE:

WHAT CLIENT SOFTWARE IS USED AND WHAT RECORDS ARE KEPT?

HOW DO YOU ENSURE THAT ASSISTANCE WILL HELP PREVENT LOSS OF UTILITIES IN THE FUTURE?

HOW DO YOU ENSURE OTHER NON-EFSP RESOURCES ARE EXHAUSTED PRIOR TO USING EFSP FUNDS?

DESCRIBE PROPOSED NUMBER SERVED WITH PHASE 39 EFSP FUNDS WITH AVERAGE AMOUNT PER CLIENT
DETAILED:

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

REQUEST FOR FUNDS – SHELTER

*Shelter requests must expand current services provided with non-EFSP funding. EFSP must provide additional nights of shelter you otherwise would not be able to provide. **You may not replace lost funding with EFSP.** Use the per diem client rate of \$12.50.*

PART ONE: SERVICE AREA AND FUNDING CATEGORY

COUNTY FOR WHICH YOU ARE SEEKING FUNDS:

AMOUNT OF SHELTER FUNDS REQUESTED: # _____ X \$12.50 = \$ _____

LOCATION OF SERVICE (for this request):

DESCRIBE DAYS/HOURS OF OPERATION:

DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR:

ARE SHELTER AND SERVICES AVAILABLE TO CLIENTS FREE OF CHARGE ON A CONTINUOUS, YEAR-ROUND BASIS?

IF APPLYING TO MAINTAIN BEDS PREVIOUSLY EXPANDED WITH EFSP EXPLAIN:

DESCRIBE CLIENT ELIGIBILITY REQUIREMENTS AND INTAKE PROCESS:

DESCRIBE NUMBER OF FACILITY BEDS AND AVERAGE LENGTH OF STAY:

DESCRIBE HOW CLIENTS ARE HELPED TO TRANSITION TO MORE STABLE HOUSING:

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

REQUEST FOR FUNDS – OTHER FOOD

Other food requests must expand current services provided with non-EFSP funding. You may not replace lost funding with EFSP. Other food may include food vouchers, food boxes, food purchased for food banks/pantries.

PART ONE: SERVICE AREA AND FUNDING CATEGORY

COUNTY FOR WHICH YOU ARE SEEKING FUNDS:

AMOUNT OF OTHER FOOD REQUESTED: \$

LOCATION OF SERVICE (for this request):

DESCRIBE DAYS/HOURS OF OPERATION:

DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR WITH FOOD:

DESCRIBE YOUR FOOD PROGRAM AND HOW EFSP WILL EXPAND CURRENT SERVICES:

REQUEST FOR FUNDS – SERVED MEALS

Served meals requests must expand current services provided with non-EFSP funding. You may not replace lost funding with EFSP. Served meals may include: per diem (\$3 per meal) or actual costs associated with an on-going feeding program such as a soup kitchen. Funding may not be used for a singular event such as a holiday meal. Funds cannot be used for excessive snacks or dessert items.

PART ONE: SERVICE AREA AND FUNDING CATEGORY

COUNTY FOR WHICH YOU ARE SEEKING FUNDS:

AMOUNT OF SERVED MEALS REQUESTED (describe calculation method i.e. actual vs. per diem): \$

LOCATION OF SERVICE (for this request):

DESCRIBE DAYS/HOURS OF OPERATION:

DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR WITH SERVED MEALS:

DESCRIBE YOUR SERVED MEALS PROGRAM AND HOW EFSP WILL EXPAND CURRENT SERVICES :