

**Emergency Food and Shelter Program (EFSP) Phase 38
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 38 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 by 1/22/21 4:00 p.m.

**EMERGENCY FOOD AND SHELTER PROGRAM
APPLICATION FOR FUNDING – PHASE 38
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.

H. Are there fees for services offered?

I. Describe geographic area served:

J. How many unduplicated people were served last year through all services offered:

K. 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:

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

M. 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:

N. What is your agency's annual budget?

O. When was agency Emergency Food and Shelter Program established?

P. 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 38 Request

	<u>A</u> : Current non-EFSP program funds	Sources of current program non-EFSP	<u>B</u> : Phase 38 EFSP Application Amount	<u>C</u> : Total Amount Potentially Available in (A+B=C)
<p>EXAMPLE - with explanations</p> <p>Other food (we have a food pantry at our agency)</p>	<p>\$10,000</p> <p>These funds are used for direct food costs at the food pantry and not staff costs or other services provided such as utility assistance.</p>	<p>Faith-based donations: \$5,000</p> <p>Government grants: \$2,500</p> <p>Private donations: \$1,000</p> <p>Foundations/United Way: \$1,500</p>	<p>\$2,500</p> <p>We are applying for this amount in Phase 38 for Other Food in XYZ County.</p>	<p>\$12,500</p> <p>This is the total amount potentially available if full EFSP Ph 38 amount is awarded.</p>
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.

- A. AMOUNT OF RENT/MORTGAGE FUNDS REQUESTED: \$

- B. LOCATION OF SERVICE (for this request):

- C. DESCRIBE DAYS/HOURS OF OPERATION:

- D. DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR:

- E. DESCRIBE CAPS ON ASSISTANCE AND HOW FREQUENTLY CLIENTS MAY REQUEST ASSISTANCE:

F. LIST ELIGIBILITY CRITERIA USED FOR PROVIDING ASSISTANCE:

G. WHAT CLIENT SOFTWARE IS USED AND WHAT RECORDS ARE KEPT?

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

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

J. DESCRIBE PROPOSED NUMBER SERVED WITH PHASE 38 EFSP FUNDS WITH AVERAGE AMOUNT PER CLIENT DETAILED: Example: \$400 per client X 50 clients = \$20,000

Utility Request Questions

- A. AMOUNT OF UTILITY FUNDS REQUESTED: \$
- B. LOCATION OF SERVICE (for this request):
- C. DESCRIBE DAYS/HOURS OF OPERATION:
- D. DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR:
- E. DESCRIBE CAPS ON ASSISTANCE AND HOW FREQUENTLY CLIENTS MAY REQUEST ASSISTANCE:
- F. LIST ELIGIBILITY CRITERIA USED FOR PROVIDING ASSISTANCE:
- G. WHAT CLIENT SOFTWARE IS USED AND WHAT RECORDS ARE KEPT?
- H. HOW DO YOU ENSURE THAT ASSISTANCE WILL HELP PREVENT LOSS OF UTILITIES IN THE FUTURE?
- I. HOW DO YOU ENSURE OTHER NON-EFSP RESOURCES ARE EXHAUSTED PRIOR TO USING EFSP FUNDS?

J. DESCRIBE PROPOSED NUMBER SERVED WITH PHASE 38 EFSP FUNDS WITH AVERAGE AMOUNT PER CLIENT DETAILED:

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

Mass Shelter Request

A. AMOUNT OF PHASE 38 SHELTER FUNDS REQUESTED: # _____ X \$12.50 = \$ _____

B. LOCATION OF SERVICE (for this request):

C. DESCRIBE DAYS/HOURS OF OPERATION:

D. DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR:

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

F. IF APPLYING TO MAINTAIN BEDS PREVIOUSLY EXPANDED WITH EFSP EXPLAIN:

G. DESCRIBE CLIENT ELIGIBILITY REQUIREMENTS AND INTAKE PROCESS:

H. DESCRIBE NUMBER OF FACILITY BEDS AND AVERAGE LENGTH OF STAY:

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

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

Served Meals Request Questions

A. AMOUNT OF PHASE 38 SERVED MEALS REQUESTED (describe calculation method i.e. actual vs. per diem of \$2):

B. LOCATION OF SERVICE (for this request):

C. DESCRIBE DAYS/HOURS OF OPERATION:

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

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

Other Food Request Questions

- A. AMOUNT OF PHASE 38 OTHER FOOD REQUESTED: \$

- B. LOCATION OF SERVICE (for this request):

- C. DESCRIBE DAYS/HOURS OF OPERATION:

- D. DESCRIBE NUMBER OF UNDUPLICATED CLIENTS SERVED LAST YEAR WITH FOOD:

- E. 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 APPLICATIONS CANNOT BE ACCEPTED. APPLICATIONS MUST BE RECEIVED NO LATER THAN 4:00 P.M. ON 1/22/20

Email to:

Vicki Rouse

vrouse@uway.org