Submittal Instructions:

# Emergency Food & Shelter Program (EFSP)

Phase 36 Application for Funding Randolph County (5460)

Submit one (1) original application with all requested attachments by 5:00 p.m. on Friday, July 5, 2019 to United Way of Randolph County, PO Box 576., Moberly, MO 65270 or email a signed copy of application with ALL attachments to: [atina@unitedwayrandolphcounty.org.](mailto:atina@unitedwayrandolphcounty.org.)

NO EXCEPTIONS

Applications will not be accepted after the submission deadline. Submitted applications will not be reviewed for funding and will be returned to agency if:

* Any portion of this application is altered or incomplete
* Attachments are not submitted
* Directions are not followed

Required Attachments (if you are not already an United Way partner agency):

Proof of Incorporated/recognized status in the State of Missouri as a nonprofit organization Proof of Tax Exempt Status under Internal Revenue Code 501(c)(3)

List of Organization’s Board Members

Last Independent Annual Audit or Financial Review for the most recent fiscal period

Management Letter or letter from CPA indicating no management letter was issued

Agency Name:

Certification

Our signatures acknowledge that the information contained in this funding application is accurate to the best of our knowledge. In addition, our signatures certify that this request is consistent with our organization’s Mission, Articles of Incorporation, and Bylaws.

In accepting Emergency Food & Shelter National Program funds, the agency certifies that it will practice non-discrimination with regard to client assistance.

Furthermore, acceptance of emergency food and shelter program funds constitutes acceptance to comply with all criteria, policies and procedures of the national and local boards.

Executive Director

Executive Director Signature

Date

# Emergency Food & Shelter Program (EFSP)

Phase 36 Application for Funding

Randolph County

Date:

Agency Name:

Agency Mailing

Address: City: State: Zip Code:

DUNS #: Federal Taxpayer ID#:

Agency Fiscal Year

(MM/DD/YY): to

President/Board Chair Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Name: |  | Title: |  |
| Email: |  | Phone: |  |
| Name: |  | Title: |  |
| Phone: |  | Fax: |  |

Chief Professional Officer Information

Agency Contact Person Information

(for EFSP Process)

Email:

Agency’s Mission Statement:

Eligibility

Local EFSP Board Policy & Procedure Organization Eligibility

Under the terms of the grant from the National Board, local agencies chosen to receive funds must:

* Be nonprofit or an agency of government;
* Not be debarred or suspended from receiving Federal funding;
* Have a checking account. (Cash payments are not allowed);
* Have an accounting system or fiscal agent approved by the Local Board;
* Have a Federal Employer Identification Number (FEIN)
* Have a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and provide along with other required associated information
* Conduct an independent annual audit if receiving $100,000 or more in EFSP funds; conduct an annual accountant's review if receiving $50,000 to $99,999 in EFSP funds.
* Conduct annual audit, if expending $750,000 or more in Federal funds, in compliance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 2 CFR 200 of the Office of Management and Budget;
* Be providing services and using its other resources in the area in which they are seeking funding and must not charge a fee to clients;
* Practice nondiscrimination (those agencies with a religious affiliation wishing to participate in the program must not refuse services to an applicant based on religion or require attendance at religious services as a condition of assistance, nor will such groups engage in any religious proselytizing in any program receiving EFSP funds;
* Have a voluntary board if private, not-for-profit; and,
* To the extent practicable, involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services.

Additionally, interested agencies must provide proof of the following with the application: Incorporated/recognized status in the State of Missouri as a nonprofit organization, Tax Exempt Status under Internal Revenue Code 501(c)(3), List of Agency’s Board Members, Last Independent Annual Audit or Financial Review for the most recent fiscal period, and Management Letter or letter from CPA indicating no management letter was issued. Qualifying agencies are urged to apply.

Failure to comply with all Board Policies and Procedures will be subject to denial or removal of funds.

Funds are to be used on an ongoing basis to supplement and extend existing food and shelter services, not as a substitute for other program funds or to start new programs.

By signing below, I certify that my agency meets the above eligibility requirements.

Executive Director Signature Date

EFSP Phase 36 Randolph County

Funding Request Breakdown

NOTE: Only whole dollar amounts

Direct Assistance to Individuals/Families (funds paid out on behalf of the client)

|  |  |  |
| --- | --- | --- |
| Category | Funding Requested | Number of Bills to be Paid\* |
| Rent/Mortgage (Housing Assistance) | $ |  |
| Utilities | $ |  |

Other Food

Recipient organizations will purchase the food used for their programs and make payment to their vendor(s) within 90 days. Their receipts and check clearances for these purchases will be required for reimbursement for their EFSP funds.

|  |  |  |
| --- | --- | --- |
| Category | Funding Requested | Number of Meals to be Provided  Estimate based on $2 per person, per meal |
| Other Food (Pantry) | $ |  |

Mass Shelter

Recipient organizations will use their own funds up front to operate their shelter services and will be reimbursed at the rates specified below.

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Funding Requested | Number of Beds at  Facility | Number of Bed Nights  Estimate based on $12.50 per person, per night |
| Mass Shelter | $ |  |  |

Meals Served

Recipient organizations will use their own funds up front to operate their meal service program and will be reimbursed at the rates specified below.

|  |  |  |
| --- | --- | --- |
| Category | Funding Requested | Number of Meals to be Provided  Estimate based on $2 per person, per meal |
| Meals Served | $ |  |

$

Overall Funding Request Total

Agency Information

Brief description of agency:

List of agency services:

Please provide a statement of your capability and capacity to provide these emergency programs, such as the screening and evaluation of applicants, in accordance with the national emergency food and shelter guidelines.

Program Information Section

\*\*\* Please complete one (1) Program Information Section for each program accessing EFSP funding during this phase \*\*\*

Name of Program:

Brief program description and services. \*\*\*Make sure to include what year this program was established:

List below all geographic locations where this program will provide EFSP funded services:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | Days and Hours of  Operation | # of households served  per week at site | Type of Services Provided | |
|  |  |  | Housing/Utilities Meals | Mass Shelter Food Pantry |
|  |  |  | Housing/Utilities Meals | Mass Shelter Food Pantry |
|  |  |  | Housing/Utilities Meals | Mass Shelter Food Pantry |
|  |  |  | Housing/Utilities Meals | Mass Shelter Food Pantry |

# of Unduplicated clients served by this program last year (historical):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Clients Served & Direct Assistance Provided Through Program | | | |
| Service Category | # of Clients Served During Last Program  Year (Historical) | Direct Assistance Paid to Vendors for Category  (Historical) | # of Clients to be Served Current Year  (Projection) | Direct Assistance Paid to Vendors for Category  (Projection) |
| Rent/Mortgage |  | $ |  | $ |
| Utilities |  | $ |  | $ |
| Other Food |  |  |  |  |
| Mass Shelter |  |  |
| Meals Served |  |  |

|  |  |
| --- | --- |
|  | EFSP Funds Requested Per Category For This Program |
| Rent/Mortgage | $ |
| Utilities | $ |
| Other Food | $ |
| Mass Shelter | $ |
| Meals Served | $ |

Program Budget

Please provide the sources of funding and amounts for each of the categories included in your EFSP Application. Be as specific as possible (ex. XYZ Foundation - $XXXX), but do not include individual donor names – those can be listed together and labeled “Individual donors”.

|  |  |  |
| --- | --- | --- |
| Program Funding Source(s) | Last Fiscal Year | Current Fiscal Year |
|  |  |  |
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| TOTAL PROGRAM REVENUE: | $ | $ |

NOTE: EFSP funds are intended to SUPPLEMENT existing services. If no additional funding sources are identified above, application will not be considered.

|  |  |  |
| --- | --- | --- |
| Program Expenses | Last Fiscal Year | Current Fiscal Year |
| Program Personnel: | | |
| Professional Staff Salaries |  |  |
| Support Staff Salaries |  |  |
| Employee Benefits |  |  |
| Payroll Taxes/Other |  |  |
| Program Occupancy: | | |
| Building Lease/Rent |  |  |
| Maintenance |  |  |
| Occupancy and Utilities |  |  |
| Insurance |  |  |
| Program Operations: | | |
| Office Supplies |  |  |
| Office Expense/Computer |  |  |
| Communication |  |  |
| Printing |  |  |
| Professional Fees/Outside Consultants |  |  |
| Staff Travel |  |  |
| Miscellaneous Expenses |  |  |
| Direct Assistance for Clients (rent, utilities, etc.) |  |  |
|  | | |
| TOTAL PROGRAM EXPENSES: | $ | $ |