http://efsp.unitedway.org/EFSP/images/banner.gif

**in Bulloch County, Georgia**

Thank you for expressing an interest in the Emergency Food and Shelter Program (EFSP). The EFSP is a restricted federal grant designed to provide supplemental funds for agencies that provide supportive services for the families/individuals facing a crisis (non-disaster) which has resulted in a temporary need for assistance with food/shelter/housing retention. **Applications accepted until 4pm on Monday, August 17, 2020** and can be sent via email to:

Carey Melton

United Way of Southeast Georgia

[cmelton@unitedwaysega.org](mailto:cmelton@unitedwaysega.org)

**Please note the following criteria for Local Recipient Organizations:**

* A nonprofit (501 c 3) or an agency of the government and have a local voluntary board if a nonprofit
* Must not be debarred or suspended from receiving Federal funding
* Have a checking account that is in a Federally insured bank
* Have an accounting system or fiscal agent approved by the Local Board
* Have a Federal Employer Identification Number (FEIN)
* Have a Dun & Bradstreet (D&B) number (DUNS Number)- Local Board can provide information on how to obtain
* Be providing services and using other agency resources in the area in which you are seeking funding
* Practice nondiscrimination
* Must maintain records according to guidelines set forth by the EFSP National Board
* Provide services within the intent of the program to supplement and extend food and shelter services
* Pay for all eligible program expenses by LRO check payable to the vendor, LRO vendor issued credit card, LRO debit card, or electronic payment from the LRO’s bank account.
* Submit reports to the Local Board by their due date.
* Submit final report form and documentation to the Local Board and retain a copy for your records
* Work with the Local Board to quickly clear up any compliance issues
* Comply with lobbying requirements
* Cooperate and comply with Local Board decisions regarding reallocation decisions

Phase 37 and CARES ACT Application for EFSP Program Funds

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| **Agency Legal Name** |  |
| **Agency Contact** | Name:  Email:  Phone: |
| **Agency Contact for EFSP** | Name:  Email:  Phone: |
| **Agency Physical Address (local)** |  |
| **Agency Mailing Address** |  |
| **Agency phone/fax/email** | Phone:  Fax:  Email: |
| **Agency website** |  |
| **Previously funded through EFSP?** | Yes No If yes, which Phase(s)? |
| **LRO number (if applicable)** |  |
| **Agency Federal Employer Identification Number (FEIN)** |  |
| **Agency DUNS number** |  |
| **Nonprofit or government agency?** | Yes No Nonprofit Government |
| **Is agency barred from receiving funds or doing business with the federal government?** | Yes No |
| **Agency operating budget (total)** | $ |
| **Agency budget for the service area requested** | $ |
| **Amount of funding requested by program area for FEMA funds**   |  |  |  | | --- | --- | --- | | **Category** | **Priority** | **Amount** | | **Mass Shelter** 5 or more beds  (maximum of $7.50 or $12.50 per day) |  |  | | **Served Meals** onsite meal programs, meals delivered |  |  | | **Other Food** food boxes, food pantries/food banks |  |  | | **Temporary Lodging** hotel/motel |  |  | | **Rent & Mortgage Assistance** past due/due within 5 days rent/mortgage or 1st month’s rent |  |  | | **Utility Assistance** electric, natural gas, propane, water (no telephone) |  |  | | **Total Phase 37 and CARES Act Request** (this jurisdiction) |  |  | | |

**Complete the budget forms specific to your request – only use the amount(s) / numbers you are requesting from FEMA funding**

1. **FOOD**
   1. **Estimated cost of purchase of food for feeding per person (maximum of $2.00 per day):**
   2. **Estimate number of meals provided from these funds:**

**Briefly describe how these funds will be used: (individual, mass, one time, on-going, etc.)**

1. **SHELTER**
   1. **Estimate cost of lodging for one night (maximum of $7.50 or $12.50 per person):**

* 1. **Estimate number of nights of lodging will be provided by FEMA funds:**
  2. **Estimate number of individuals/families serviced from these funds:**

**Briefly describe how these funds will be used: (MOU with local hotel, limit of nights per person, etc.)**

1. **EMERGENCY UTILITY ASSISTANCE**
   1. **Estimate number of individuals/families serviced from these funds:**

**Briefly describe how these funds will be used: (MOU with local EMC, gas or water supplier, etc.)**

1. **OTHER** 
   1. **Estimate number of individuals/families serviced from these funds and describe how the funds will be used:**

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| **Program Outputs from most recently closed fiscal year USE TOTAL PROGRAM NUMBERS**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Category** | **# of Individuals Served** | **Total bed nights** | **Meals Provided (For Other Food, provide an estimate)** | **# of bills paid** | **Total $ amount provided** | | **Mass Shelter** 5 or more beds |  |  | N/A | N/A | N/A | | **Served Meals** onsite meal programs, meals delivered |  | N/A |  | N/A | N/A | | **Other Food** food boxes, food pantries/food banks |  | N/A |  | N/A | N/A | | **Temporary Lodging** hotel/motel |  |  | N/A | N/A |  | | **Rent & Mortgage Assistance** past due/due within 5 days rent/mortgage or 1st month’s rent |  | N/A | N/A |  |  | | **Utility Assistance** electric, natural gas, propane, water (no telephone) |  | N/A | N/A |  |  | | **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  | |

**Please provide a brief description of your overall agency.**

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**What is your agency’s mission statement?**

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**Please describe how EFSP funds will be *supplemental* to your current services.**

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**Define the client eligibility requirements specific to determine / validate need for the use of FEMA funds.**

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**What other agencies provide similar assistance to residents in your jurisdiction?**

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**Does your agency collaborate with other agencies in providing this service?** Yes No

**If so, which ones?**

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**What are the other funding sources for this program? Please list sources and amounts.**

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**Briefly describe your organization's response to the coronavirus pandemic in the region. Include a description of services being provided and demographics of people being served. Please describe if the population your organization is serving in your COVID-19 response efforts is different from or expanded on the population you normally serve.**

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**If your agency targets specific client populations, please choose the top three from the list below:**

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| --- | --- |
| * Families with children under age 18 | * People with terminal illness/physical disability |
| * Adults aged 65 or older | * People with mental illness/substance addiction |
| * Single men aged 18-64 | * People who are mentally challenged |
| * Single women aged 18-64 | * No target populations |
| * Unaccompanied minors | * Veterans |
| * Domestic violence victims * Homeless individuals or families | * Other target population (please list)\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Signature certifies that your agency/organization meets the criteria as a Local Responsible Organization (LRO) to receive FEMA funds for the provision of food, shelter, utilities or emergency services as described by the National Board. An eligible LRO must: (1) be non-profit, (2) have an accounting system and conduct an annual audit, (3) practice nondiscrimination, (4) have demonstrated the capability to deliver emergency food and/or shelter programs, and (5) if they are a private voluntary organization, they must have a voluntary board.

**If funded, I agree to (a) expend monies only on eligible cost prior to May 31, 2021, (b) provide all required reports via FEMA software and to the local board as deemed necessary in a timely manner, and return any unused funds by *June 31, 2021.***

Please note that signing this form does not guarantee funding. The form is issued only to certify to the Local Board and National Board that your agency is eligible to receive Emergency Food and Shelter Funds.

To the best of my knowledge, the information contained in this application is correct.

**Agency Director/Authorized Staff**

Name and title (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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