

Emergency Food & Shelter Program (EFSP)

Phase 33

Application for Funding
Osceola County (1684)

Submittal Instructions:

Submit one (1) original application with all requested attachments by **4:30pm on Monday, September 12, 2016** to Heart of Florida United Way, 1940 Traylor Blvd., Orlando, FL 32804. Additionally, email a signed copy of application with **ALL** attachments to: lorri.highet@hfuw.org.

NO EXCEPTIONS

Applications will **not** be accepted after the submission deadline. No handwritten applications will be accepted. 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:

- Proof of Incorporated/recognized status in the State of Florida 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 for the most recent fiscal period
 - Management Letter or letter from CPA indicating no management letter was issued
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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 By-Laws.

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.

Chief Volunteer Officer (type or print)

Chief Professional Officer (type or print)

Chief Volunteer Officer Signature (sign in blue ink)

Chief Professional Officer Signature (sign in blue ink)

Date

Date

Emergency Food & Shelter Program (EFSP)

Phase 33

Application for Funding

Osceola County

Date: _____

Agency Name: _____

Agency Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Congressional District (3-digit number): _____ **County:** _____

DUNS #: _____ **Federal Taxpayer ID#:** _____

Agency Fiscal Year
(MM/DD/YY): _____ to _____

President/Board Chair Information
Name: _____ Phone: _____

Chief Professional Officer Information
Name: _____ Title: _____
Email: _____ Phone: _____

Agency Contact Person Information
(for EFSP Process)
Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

Agency's Mission Statement:

**Local EFSP Board Policy & Procedure
Organization Eligibility**

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;
- 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 Florida as a nonprofit organization, Tax Exempt Status under Internal Revenue Code 501(c)(3), List of Agency's Board Members, Last Independent Annual Audit 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 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.

Chief Professional Office Signature

Date

**EFSP Phase 33
Osceola 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	\$	

Note: All rent/mortgage/utility payment requests will be submitted to Heart of Florida United Way, who will then issue payment directly to the vendor.

* Count one bill for each household (family or single individual) to be served.

Additional Service Categories

Category	Funding Requested	Number of Meals to be Provided <small>Estimate based on \$2 per person, per meal</small>
Other Food (Pantry)	\$	

Note: All food purchases will need to be submitted to Heart of Florida United Way, who will then issue payment directly to the food vendor.

Category	Funding Requested	Number of Beds at Facility	Number of Bed Nights <small>Estimate based on \$12.50 per person, per night</small>
Mass Shelter	\$		

Category	Funding Requested	Number of Meals to be Provided <small>Estimate based on \$2 per person, per meal</small>
Meals Served	\$	

Overall Funding Request Total	\$	
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Training and Implementation of Phase

All caseworkers and/or staff providing services (screening and evaluation) for rent/mortgage, & utilities must attend the yearly mandatory training. The Designated Trainer will train all caseworkers hired after the mandatory training date.

Please complete the information below for the identified designated trainer, who will train all caseworkers or staff hired after the mandatory training date and be responsible for ensuring accuracy of paperwork submitted to Heart of Florida United Way's Emergency & Homelessness Services (EHS) Division. **Designated trainers for agencies awarded rent/mortgage and/or utilities funds are required to attend the Emergency Funds Network (EFN) meetings.**

Designated Trainer Information: Name: _____ Title: _____
Qualification: _____ % of time: _____

Please provide the name of other staff, titles, qualification, and percent of time dedicated to this service:

Staff Information: Name: _____ Title: _____
Qualification: _____ % of time: _____

Staff Information: Name: _____ Title: _____
Qualification: _____ % of time: _____

Staff Information: Name: _____ Title: _____
Qualification: _____ % of time: _____

Staff Information: Name: _____ Title: _____
Qualification: _____ % of time: _____

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Qualification: _____ % of time: _____

Staff Information: Name: _____ Title: _____
Qualification: _____ % of time: _____

Staff Information: Name: _____ Title: _____
Qualification: _____ % of time: _____

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:

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
			<input type="checkbox"/> Housing/Utilities <input type="checkbox"/> Mass Shelter <input type="checkbox"/> Meals <input type="checkbox"/> Food Pantry
			<input type="checkbox"/> Housing/Utilities <input type="checkbox"/> Mass Shelter <input type="checkbox"/> Meals <input type="checkbox"/> Food Pantry
			<input type="checkbox"/> Housing/Utilities <input type="checkbox"/> Mass Shelter <input type="checkbox"/> Meals <input type="checkbox"/> Food Pantry
			<input type="checkbox"/> Housing/Utilities <input type="checkbox"/> Mass Shelter <input type="checkbox"/> Meals <input type="checkbox"/> 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 <u>This Program</u>
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”.

NOTE: Do not include funds that are received through Heart of Florida United Way’s Emergency & Homelessness Services (EHS) Division (such as ENF, EUAP, FEF, FNF, and OUC); HFUW will provide this information to the EFSP Boards. Additionally, do not include EFSP funds previously received or projected to receive.

Program Funding Source(s)	Last Fiscal Year	Current Fiscal Year
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:		
	\$	\$