

Emergency Food & Shelter Program (EFSP)

Phase 34

Application for Funding
Seminole County (1718)

Submittal Instructions:

Submit one (1) original application with all requested attachments by **4:30pm on Wednesday, 6/21/17** to Heart of Florida United Way, 1940 Traylor Blvd., Orlando, FL 32804. Additionally, email a signed copy of application with **ALL** attachments to: leah.mason@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 34

Application for Funding

Seminole County

Date: _____

Agency Name: _____

Agency Mailing 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 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 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 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.

Chief Professional Office Signature

Date

**EFSP Phase 34
Seminole County
Funding Request Breakdown**

NOTE: Only whole dollar amounts

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

Recipient organizations will submit all rent/mortgage/utility payment requests to Heart of Florida United Way, who will then issue payment directly to the vendor.

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

Note: All organizations receiving funding in the above categories will be required to send all staff involved to training at United Way prior to accessing the funds. For Phase 34, this training is scheduled for all day on 7/28/17

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

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 <small>Estimate based on \$2 per person, per meal</small>
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 <small>Estimate based on \$12.50 per person, per night</small>
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 <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
(Rent/Mortgage and Utility Funds Only)**

All caseworkers and/or staff providing services (screening and evaluation) using the **rent/mortgage and utilities** EFSP funds **must** attend training. Recipient organizations must also identify a designated trainer who will be responsible for training all caseworkers hired after the mandatory training date. This person will be responsible for reviewing and ensuring the accuracy of all paperwork submitted to Heart of Florida United Way's Emergency & Homelessness Services (EHS) Division on behalf of his/her organization.

Please complete the information below for all staff involved and the identified designated trainer. **Designated trainers are required to attend the Emergency Funds Network (EFN) monthly meetings. They must not send a substitute unless approved by HFUW. The other staff listed named below are invited and strongly encouraged to attend.**

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

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

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

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

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

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

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

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

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
			<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:		
	\$	\$