

**EMERGENCY FOOD AND SHELTER PROGRAM  
2011 - PHASE 29 APPLICATION**

**LOCAL EMERGENCY MANAGEMENT AGENCY:  
FIVE COUNTY ASSOCIATION OF GOVERNMENTS**

DRAFT - Not for Distribution



## EMERGENCY FOOD AND SHELTER PROGRAM

### Phase 29 Application Information

The Five County Emergency Food and Shelter Board is pleased to invite your agency to apply for Phase 29 of Emergency Food and Shelter Program (EFSP) funding.

#### **OVERVIEW**

The Emergency Food and Shelter Program (EFSP) was created by Congress to help meet the needs of hungry and homeless people by allocating federal funds for the provision of emergency food and shelter. The EFSP is a restricted federal grant designed to provide supplemental funds for agencies that provide supported services for the hungry and homeless.

The program is governed by a national board composed of representatives of the American Red Cross; Catholic Charities, USA; The Jewish Federations of North America; The National Council of the Churches of Christ in the U.S.A.; The Salvation Army; and United Way Worldwide. The Board is chaired by a representative of the Federal Emergency Management Agency (FEMA).

The program's objectives are to:

- Allocate funds to the neediest areas;
- Ensure fast response;
- Foster public/private sector cooperation;
- Ensure local decision making, and
- Maintain minimal, but accountable, reporting.

Locally, the program is a model of public-private cooperation. The local EFSP board is composed of representatives of the same organizations as those on the national board – with a local government official replacing the FEMA representative. The local board includes a homeless or formerly homeless person as a member. The national board awards funds to jurisdictions based upon a formula and local boards decide which agencies and services are to receive funds.

The intent of the EFSP is to supplement and expand existing food and shelter services available in the local community. It is a needs-based program and program dollars must not be ear-marked for particular clients. Funding is meant to serve and benefit the entire community..

As in previous years, Five County Association of Governments will act as the Fiscal Conduit for local organizations who secure food-related and shelter-related dollars.

Please review all the information to determine if your agency is interested in applying for funds. Applicants are encouraged to read the program guidelines. A complete copy of the EFSP Program Guidelines is available online at [www.efsp.unitedway.org](http://www.efsp.unitedway.org) in the information section

**Please also note that there are a number of changes to this year's application.**

**Applications must be typed. Handwritten applications will not be accepted** and revisions will be not accepted. An electronic submission is preferred; please submit the application as a PDF document. Applications submitted after the deadline and/or which are incomplete will **NOT** be accepted or reviewed.

Applications may be mailed or emailed (pdf) to the following address, however, must be received by: **ADD DATE & TIME.**

Please return them to:

Federal Emergency Food and Shelter Program  
Attention: Brenda McKee  
Five County Association of Governments  
1070 West 1600 South, Bldg B  
P.O. Box 1550  
St. George, Utah 84771-1550  
or email: [bmckee@fivecounty.utah.gov](mailto:bmckee@fivecounty.utah.gov)

For further information or questions, please contact Sherri Dial at 435-673-3548 or [sdial@fivecounty.utah.gov](mailto:sdial@fivecounty.utah.gov).

PLEASE NOTE: The Five County Emergency Food and Shelter Board's total award notice is not expected until the end of February 2011. Therefore, the Local Board will not know the amount of funds that can be awarded until that time. Consideration of all requests for funds will be contingent upon the actual award notification from the EFSP National Board. All applicant agencies must meet the requirements on the LRO Certification Form in order to receive funds. The minimum grant per LRO is \$500.00 and the maximum not more than one-third (1/3) of the local board's total allocation (2010 - Phase 28 Total EFSP Allocation: Washington County, \$66,268.00; Iron County, \$20,309.00; Beaver, Garfield, Kane Counties, \$4,500.00 (total for all three counties)

### **ELIGIBILITY REQUIREMENTS**

A local organization must meet the following criteria to be eligible for EFSP funding:

- Be a nonprofit or an agency of government;
- Have a checking account (cash payments are not allowed);
- Have an accounting system or fiscal agent approved by the Local EFSP Board;
- Have a Federal Employer Identification Number (FEIN), or be in the process of securing FEIN
- Conduct an independent annual review of funds;
- Currently providing services and using other agency resources in the area in which 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 required attendance at religious services as a condition of assistance, nor will such groups engage in any religious proselytizing in any program receiving EFSP funds);
- For private voluntary organizations, have a voluntary board; and,
- To the extent practicable, involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services.

Each Local Recipient Organization (LRO) will be responsible for certifying in writing to the Local Board that it has read, understands, and agrees to abide by the cost eligibility and reporting standards and any other requirements made by the Local Board. (EFSP Program Guidelines, page 69.)

EFSP dollars must be used for the purchase of food and shelter to supplement and expand currently available resources. **Funds are not to be used to substitute or reimburse ongoing programs or to start new programs.**

### **ELIGIBLE PROGRAM COSTS**

**(Applicants are encouraged to read the complete program guidelines. A copy is available online at [www.efsp.unitedway.org](http://www.efsp.unitedway.org). Eligible Program Costs: pages 34-45)**

#### **Food Purchases & Mass Feeding**

The Five County EFSP Board uses the “reimbursement of actual direct eligible costs plan” for mass food purchases and feeding, and bulk food purchases.

Eligible Food Purchases: (Hot Meals and Groceries). Purchase of consumable supplies essential to mass feeding (i.e., plastic cups, utensils, detergent, etc.) Purchase of small equipment **not exceeding \$300 per item** and essential to mass feeding (e.g., pots, pans, plates, utensils, microwave oven, dining table and chairs, toasters, blenders, etc.)

**Note: Gift Cards are eligible only if they can be marked/encoded “Food Only” or “Food & Diapers Only”. The same applies for food vouchers and gift certificates.** EFSP funding is intended to provide for basic, nutritional meals on an ongoing basis not non-nutritive items. The funding is not intended to be used for a singular event, special celebratory events, holiday baskets, etc. In addition, limited amounts of dessert items (i.e., cookies, snack food, candy, etc.) used as part of a daily meal plan may be purchased.

*Required Documentation for Food: Dated receipts/invoices/completed vouchers. Invoices and evidence of payment for the purchase of food/gift certificates/cards are required. Additionally, a single copy of the gift certificate/gift card indicating restrictions must be supplied along with the invoice.*

#### **Mass Shelter**

The Five County EFSP Board uses the “reimbursement of actual direct eligible costs plan” for mass shelter.

*Required Documentation for Mass Shelter: dated receipts/invoices for supplies purchased and from vendor relating to operation of facility.*

#### **Diapers**

For all service providers, the purchase of diapers is eligible as described below:

- a. For direct distribution to individuals;
- b. For residents of mass shelters;
- c. Vouchers to grocery stores may include diapers.

**Note: Local Boards must use discretion in selecting LROs to provide this service, taking into consideration the cost effectiveness of bulk purchasing.**

*(Documentation required: dated receipts/invoices for diapers purchased.)*

**Rent/Mortgage Assistance**

Eligible program costs include limited emergency rent or mortgage assistance principle and interest only (P&I) for individuals and households provided the all following conditions are met:

- a. Payment is in arrears or due within 5 calendar days;
- b. All other resources have been exhausted;
- c. The client is a resident of the home or apartment and responsible for the rent/mortgage on the home or apartment where the rent/mortgage is to be paid;
- d. Payment is limited to a maximum of one month's assistance;
- e. Assistance is provided only once by a single LRO in each award phase; and
- f. Payment must guarantee an additional 30 days service.

NOTE: Late fees, legal fees, deposits, and condo HOA fees are ineligible.

Eligible program costs include: First month's rent may be paid when an individual or household:

- a. Is transient and plans to stay in the area for an extended period of time; or
- b. Is moving from a temporary shelter to a more permanent living arrangement; or
- c. Is being evicted because one-month's payment will not forestall eviction in current housing.

First month's rent:

- a. Cannot be provided in addition to emergency rent/mortgage payment under item above;
- b. Can only be provided by a single LRO in a jurisdiction each award phase for an individual/household,
- c. Payment must guarantee an additional 30 days service.

*(Documentation required: dated and signed letters from landlords or current lease/rental agreement [must include amount of first month's rent and due date] and canceled checks. Documentation must support the payment made and is limited to a maximum of one month's assistance.) Note: First month's rent is the only situation in which the lease is acceptable documentation.*

**Utility Assistance**

For utility assistance, eligible program costs include:

1. Limited metered utility assistance (includes gas, electricity, water, and sewer service) for individuals or households. The client is 1) a resident of the home or apartment and 2) is responsible for the utility on the home or apartment where utility assistance is to be paid provided conditions "a" through "f" below are met:
  - a. Payment is in arrears or due within 5 calendar days;
  - b. All other resources have been exhausted (e.g., State's Low Income Home Energy Assistance Program);
  - c. Payment is limited **to a maximum of one month's usage** cost for each utility (e.g., gas, electric and water) for each individual or household;
  - d. The month paid is current amount, budget amount **or** part of the arrearage that is still owed at the time of payment and that is either from current award phase or for continuous service prior to award phase that remains past due; and
  - e. Each utility can be paid only once in each award phase for any individual or household; and
  - f. Payment must guarantee an additional 30 days service.

**Five County Emergency Food & Shelter Program  
Phase 29 Application**

Agency's Legal Name	
Agency Principal	
Agency Contact for Application Questions	
Agency Contact for EFSP, if funded	
Agency physical address	
Agency mailing address	
Agency address for services	
Agency phone number	
Agency fax number	
Agency email (for Principal above)	
Agency email (for Contact above)	
Agency web site	
Agency Federal Employee Identification Number (FEIN)	
Agency DUNS Number (9 digits)	
Amount of EFSP funding requested by program area (food, rent, utilities, etc.)	
Agency operating budget (total)	
Agency budget for the program area requested (food, rent, utilities, etc.)	
Provide copy of agency's most recent annual audit	
Is agency non-profit or unit of government?	
If non-profit – provide a roster of the agency's volunteer board	
Is agency debarred or suspended from receiving funds or doing business with the Federal government?	

Signature Page:

To the best of my knowledge and belief, the data in this proposal is true and correct and the governing body of the applicant has duly authorized the enclosed documents. I understand that incomplete applications or applications submitted after the deadline will not be accepted or reviewed. By signing below, the undersigned acknowledges having read and understood the program guidelines and will be able to fully comply with the provisions of these guidelines as well as any and all additional applicable federal, state and local requirements, including procurement and financial management.

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Board Chair's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**SECTION 1: EFSP APPLICATION CHECKLIST**

***(Please Note: Applications that do not meet ALL of the program requirements listed below or do not submit ALL the necessary documentation will not be accepted or reviewed. THERE WILL BE NO EXCEPTIONS.)***

Please submit the following documentation

- |                                                                                                                                                                                                 |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Attach a copy of your 501 (c)(3) tax-exempt status letter for your organization. If your organization does not have one, you must utilize the Federal Employer Identification Number (FEIN). | Attached <input type="checkbox"/> |
| 2. Attach a copy of your current Volunteer Board Member Roster. (Please provide a list of current Board members, their terms or office and their organizational and community affiliations)     | Attached <input type="checkbox"/> |
| 3. Attach a copy of organization's nondiscrimination policy for the provision of services <b>(This is not your nondiscrimination policy for employment or volunteer services.)</b>              | Attached <input type="checkbox"/> |
| 4. Attach a copy of organization's, or fiscal agent's accounting policies and procedures by which you would manage EFSP funding if you are awarded funds.                                       | Attached <input type="checkbox"/> |
| 5. Attach organization's independent annual review of funds; audit (if gross income is less than \$100,000) for the immediate past fiscal year.                                                 | Attached <input type="checkbox"/> |
| 6. Attach a copy of the most recent Board approved Agency Budget for this program.                                                                                                              | Attached <input type="checkbox"/> |
| 7. Attach a compilation of demographics of the population this program served during the last reporting year, as well as total for the program to date.                                         | Attached <input type="checkbox"/> |

Please return them to:

Federal Emergency Food and Shelter Program  
 Attention: Brenda McKee  
 Five County Association of Governments  
 1070 West 1600 South, Bldg B  
 P.O. Box 1550  
 St. George, Utah 84771-1550  
 or email: [bmckee@fivecounty.utah.gov](mailto:bmckee@fivecounty.utah.gov)

For further information or questions, please contact Sherri Dial at 435-673-3548 or [sdial@fivecounty.utah.gov](mailto:sdial@fivecounty.utah.gov).

**SECTION 2 – PROGRAM DESCRIPTION**

Agency Mission Statement: <ul style="list-style-type: none"> <li>•</li> </ul>	
Name of program for which you are requesting funding: <ul style="list-style-type: none"> <li>•</li> </ul>	
Provide a <b>brief</b> (50 word maximum) overview of the program for which you are requesting funds: <ul style="list-style-type: none"> <li>•</li> </ul>	
Specifically describe how you plan to use EFSP dollars (i.e., food purchase, equipment, etc.): <ul style="list-style-type: none"> <li>•</li> </ul>	
Target population to be served with EFSP dollars (e.g., homeless men, runaway adolescents, marginally poor, etc.): <ul style="list-style-type: none"> <li>•</li> </ul>	
Describe if this is a new, ongoing or expanded service: <ul style="list-style-type: none"> <li>•</li> </ul>	
Attach a set of the demographics of the population this program served during the last reporting year, as well as totals for the program to date. <ul style="list-style-type: none"> <li>•</li> </ul>	Attached <input type="checkbox"/> Please indicate the percentage of individuals and/or families served; each racial category; clients that can be considered “special populations.” (Special populations are identified by the EFSP National Board and include: Persons experiencing Domestic Violence, Persons with Mental Health Issues, Persons who are Physically Disabled, Persons who are Developmentally Disabled, and Other.) If your program serves a population group beyond those specified, please use the “Other” category and provide a description.
Program Eligibility. Please indicate if you use specific standardized tools, documentation, observations, or client self-report. <ul style="list-style-type: none"> <li>•</li> </ul>	
When/where will the service be delivered? (provide address, specific days and times):	

•
Describe how your agency collaborates with other agencies that serve the same population? Is there a written or formal relationship such as a Memorandum of Understanding (MOU)
•
What, if any, are the specific requirements that must be followed in order for a client to obtain services and/or remain in your program? (i.e., obtain employment, etc.):
•
Do you charge your clients for any portion of the program? If yes, what portion and how much do you charge?
•
Please describe how your agency ensures that EFSP funds are used only for their intended purposes:
•
If you received previous EFSP funding, was it necessary to reallocate or return funds and if so, when and why? How much was returned?
•
Is there any additional information that the Local Board should consider?
•
Describe how you will support this program and collaborate if you do not receive full funding or denied funding.
•

**SECTION 3: 2011 EFSP AGENCY REQUEST**

- Total amount requested \$\_\_\_\_\_.
- Please complete the table below and indicate number of units, cost per unit, and total amount of your request for each line item for which you are requesting funding.

**NOTE:** The Five County EFSP Board uses the “reimbursement of actual direct eligible costs plan” for mass shelter providers, mass food purchases and feeding, and bulk food purchases. However, it is suggested to estimate the “Total EFSP Request” use the “Per diem allowance” of \$7.50 per person per night for mass shelter providers and “Per meal allowance of \$2.00 per meal served.”

	A	B	C
FOOD SERVICES	NUMBER OF UNITS	COST PER UNIT	TOTAL EFSP REQUEST (A x B = C)
Bulk Food			
Congregate Meals			
Diapers			
Food/ Diaper Vouchers			
<b>TOTAL</b>			

	A	B	C
SHELTER SERVICES	NUMBER OF UNITS	COST PER UNIT	TOTAL REQUEST (A x B = C)
Hotel/Motel			
Rent/Mortgage			
Mass Shelter			
<b>TOTAL</b>			

	A	B	C
Metered Utilities	NUMBER OF UNITS	COST PER UNIT	TOTAL REQUEST (A x B = C)
Gas			
Electricity			
Water			
<b>TOTAL</b>			

- The intent of the Emergency Food and Shelter Program is to *supplement and expand current* available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Other funding sources must be in place for the programs for which you are applying and must be reported below.

For each EFSP line item for which you are requesting funding, please reflect other agency funds available and the source of this funding by filling in the table below:

	<b>Current Program Funds (Non-EFSP Funds) IN DOLLARS</b>	<b>Sources of Current Program Funds (Non-EFSP Funds) NAMES</b>	<b>EFSP Funds Requested IN DOLLARS</b>
<b>FOOD SERVICES</b>			
Bulk Food			
Congregate Meals			
Diapers			
Food/Diaper Vouchers			
<b>SHELTER SERVICES</b>			
Hotel/Motel			
Rent/Mortgage			
Mass Shelter			
<b>METERED UTILITIES</b>			
Gas			
Electric			
Water			
<b>TOTAL</b>			

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