**Emergency Food & Shelter Program (EFSP)**

**Phase 36 APPLICATION**

**United Way of Tulare County, Project Administrator**

**1601 E. Prosperity Ave.**

**Tulare, CA 93274**

**Contact: Rosemary Caso**

**559-685-1766**

[rosemary@unitedwaytc.org](mailto:lynn@unitedwaytc.org)

**Please read instructions carefully as there are required attachments.**

**Mission**

The mission of the Tulare County EFSP Local Board is to assist individuals and families who are in a state of emergency by supplementing and expanding the work of local service providers, thereby contributing to a better quality of life in Tulare County.

**Background:**

The Emergency Food and Shelter Program (EFSP) was created in 1983 to supplement and expand the work of local social service agencies, both nonprofit and governmental, in an effort to help people with economic emergencies. EFSP funds may be used to provide economic assistance in the long term, even if the current circumstances may have been impacted by an earlier disaster occurrence. EFSP funds must be used to supplement feeding, sheltering, including transitional sheltering, rent/mortgage and utility assistance efforts only.

EFSP is governed by a National Board that selects jurisdictions for funding. Each jurisdiction has a local board that governs the funds allocated to the jurisdiction.

**Local EFSP Board:**

The Board convenes to determine the highest need and best use of EFSP funds and to select Local Recipient Organizations (LROs) that will provide emergency food and shelter services based on the changing needs of the community.

**Application Requirements**

**INSTRUCTIONS:**

1. You may obtain an application on July 12, 2019
2. **Deadline** for submitting applications is **August 9, 2019 by 2:00 pm**
3. Applications may be mailed or delivered to: **Rosemary Caso**

Email: rosemary@unitedwaytc.org

Fax: 559-685-9541

Mail: 1601 E. Prosperity Ave., Tulare, CA 93274 or hand delivery

**NOTE: It is your responsibility to confirm by written receipt that your application was received by United Way.**

1. Organizations that have had chronic problems clearing audits by the EFSP National Board may apply but will be closely reviewed and monitored.
2. Please answer all questions and provide all requested information. Incomplete applications will not be considered.
3. Application must be typed.
4. **Required** A**ttachments:**
   * Current list of organization’s Board of Directors and designated officers.
   * Audit report, or Accountant’s Annual Review, or an IRS form 990.
   * Fiscal agent agreement. (if applicable)
   * Liability Insurance Certificate
   * Original copy of application, plus two copies of the application packet, including all required attachments. \* One copy of audit, review, or IRS 990 will be sufficient.

**\*\* All attachments must be received by the deadline for the application to be considered complete.**

**\*\*Application will not be accepted after August 9, 2019 by 2:00p.m**. **by mail or delivered in person.**

**ELIGILIBITY CRITERIA:**

Organization must meet the following criteria to be eligible to apply for EFSP funds.

* Services are provided by a nonprofit organization, worship center, or government agency which has provided continuous services in Tulare County for a minimum of 3 years.
* Must have a Data Universal Number System (DUNS).
* Must have a Federal Employer Identification Number (FEIN).
* Must have an established, active governing board with no less than seven members, the majority of whom are not related by blood or marriage.
* Organizations will have a well-established bookkeeping and accounting system with the capacity to segregate and account for EFSP funds separately from other organization funds.
* The books of the organization are reviewed or have board oversight.
* Must carry adequate liability insurance.
* Must have confidentiality safeguards in place to protect the privacy of files and client records.
* EFSP funding request may not **exceed 25%** of other non-EFSP funds expended by your organization in the most current completed year.
* Must have a written non-discriminatory policy.
* Must have the flexibility to respond to emergencies that may occur outside of established business days and hours.
* Work collaboratively with other EFSP funded organizations and the Local Board.
* If the applying Organization has a fiscal agent, an agreement between organization and fiscal agent must be attached to this application.

**Categories and eligible costs covered by EFSP**

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| **Category** | **Sample eligible items** | **Sample Ineligible items** |
| **Served Meals** | Any food used in served meals (cold or hot); costs of transporting food to site or client per meal schedule ($2.00/meal). | Any items not related to actual feeding of a client. Staff events/functions. |
| **Other Food** | Food vouchers, food boxes, grocery orders, restaurant vouchers, etc., food purchased for food banks or food pantries, gift certificates (limited), transportation cost. | Tobacco, alcohol, paper products, Any non-food items. Excessive meal cost. Excessive snack food items. Staff events / functions. |
| **Mass Shelter** | Direct expense associated with housing a client (e.g. supplies, linens, etc.); transportation cost; daily per diem schedule at a rate of $12.50. | Year-round ongoing costs (rent, pest-control, garbage pick-up, utilities); salaries of employees. |
| **Other Shelter** | Any reasonable hotel/motel or non-profit facility acting as a vendor; Single Room Occupancy (SRO); actual charge by vendor per night; 30 day limit. | An LRO receiving funds may not act as a vendor for themselves or another funded LRO. Motel stays beyond 30 days per phase. Prepayments for hotel/motel. |
| **Rent / Mortgage** | Past due rent or mortgage payment- Principal & Interest (P&I); current rent or mortgage due within 10 calendar days; first month’s rent; lot fee for mobile homes. **Limited to one month’s cost for an individual/family.** | Payments for rent/mortgage exceeding one month’s cost; deposits; down-payment for purchase of home; late fees; legal fees; taxes insurance & escrow accounts. **Payments on modified mortgage loans are not allowed.** |
| **Utilities** | Past due bills, or current due within 10 calendar days for gas, electricity, oil, water. May pay budgeted or actual amount. **Limited to one month’s amount that is part of the arrearage at the time of payment or current one month amount.** One-time delivery of firewood, coal, propane. **Applicant(s) must apply for LIHEAP with CSET prior to being served with EFSP funds.** | Payments for utilities exceeding one month’s cost; deposits; cable; or satellite TV bills; phone bills; internet services. |
| **Emergency Repairs** | Emergency repairs are only allowed in support of **per meal schedule or per diem schedule for mass feeding sites or mass shelter.** | Rehabilitation for expansion, routine maintenance, or to prepare facility to open as direct cost. |

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| **ORGANIZATION PROFILE** | | | | | | | | | | | | |
| **Organization Name** | | |  | | | | | | | | | |
| **Address** | | |  | | | | | | | | | |
| **Mailing address** | | |  | | | | | | | | | |
| **Phone** | | |  | | | | **Fax** | | |  | | |
|  | | | | | | | | | | | | |
| **Primary contact** | | |  | | | | | | | | | |
| **Email** | | |  | | | | | **Phone** | |  | | |
| **Secondary contact** | | |  | | | | | | | | | |
| **Email** | | |  | | | | | **Phone** | |  | | |
|  | | | | | | | | | | | | |
| **Type of Organization (check those that apply)** | | | | | | | | | | | | |
| 501(C)(3) | | | | Faith Base Organization | | | | | Other : \_\_\_\_\_\_\_\_\_\_ | | |  |
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| **DUNS NUMBER :** | | | |  | | **FEIN NUMBER:** | | | | |  | |
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| **Applying for EFSP funds: (Please check one )** | | | | | | | | | | | | |
|  |  | **Independently** | | | | | | | | | | |
|  |  | **Through a Fiscal Agent** | | | | | | | | | | |
|  | **Name of Fiscal Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| 1. **Must meet eligibility criteria** 2. **Must complete and sign Certification form.** | | | | | | | | | | | | |
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| **Organization’s Mission:** | | | | | | | | | | | | |
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| 1. **List the days and hours when services are provided.** | | | | | | | | | | | | |
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| 1. **What geographical area does your organization currently serve?** | | | | | | | | | | | | |
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| 1. **Unduplicated number of households served in your most recently completed year.** | | | | | | | | | | | | |
| **Non –EFSP client(s):** | | | | |  | | | | | | | |
| **EFSP client(s):** | | | | |  | | | | | | | |
| **Total client(s) served:** | | | | |  | | | | | | | |

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| 1. **Agencies annual operating expenses – this funding req** | | | **$** |
| 1. **Total spent in direct services** | | | **$** |
| 1. **Amount of EFSP funds requested** | | | **$** |
| **Note: EFSP funding request may not exceed 25% of item 5 (non-EFSP funds)** | | | |
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| 1. **The organization must have demonstrated capacity to provide services; have an established client in-take process; knowledgeable staff and/or volunteers to maintain required documentation and prepare interim as well as final reports.** | | | |
| **Please check those items that apply:** | | | |
|  |  | **We have two or more staff/volunteers responsible for the client application process.** | | |
|  |  | **One person is responsible for all of the above functions.** | | |

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| **GRANT BUDGET** | | | | |
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| **EFSP Categories** | | | | |
| **Served Meals** | $ |  | **Other Food:** | $ |
| **Mass Shelter** (Rate @ $12.50) | $ | **Other Shelter:** | $ |
| **Rent/Mortgage** | $ | **Utilities:** | $ |
| **Emergency Repair**  (Mass Shelter & Mass Feeding Only – Must be board approved) | $ |  |  | |
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| **All expenses are subject to monitoring and/or audit by the EFSP Local Board and/or EFSP National Board.** | | | | |
| **PROGRAM NARRATIVE** | | | | |
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| 1. **Describe how EFSP funding will be used to expand and/or supplement existing services.** | | | | |
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| 1. **Describe your intake procedures.** | | | | |
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| 1. **What specific eligibility criteria is used to provide EFSP services to an applicant?** | | | | |
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| 1. **Please list other organizations in your service area that provide similar services and specify how you collaborate with those organizations to minimize duplication of services.** | | | | |
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### BOARD CERTIFICATION OF EFSP GRANT APPLICATION

I understand that funding is contingent upon the Tulare County Local Board’s receipt of EFSP funds and submitting this application does not guarantee that funds requested will be awarded. As a potential recipient of Emergency Food and Shelter National Board Program funds made available for Phase 36 and as the duly authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_, I certify the following:

* Is not debarred or suspended from receiving Federal funds,
* Has the capability to provide emergency food and/or shelter services
* Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services,
* Is nonprofit or an agency of government,;
* Will not use EFSP funds as a cost-match for other Federal funds or programs,
* Has an accounting system , and will pay all vendors by an approved method of payment,
* Conduct an independent annual review if receiving $25,000-$49,999/an independent annual audit if receiving $50,000 or more in EFSP funds, and abide by OMB Circular A-133 if receiving $500,000 or more in Federal funding,
* Has not received an adverse or no opinion audit,
* Understands that cash payments (including petty cash) are not eligible under EFSP,
* Has provided a Federal Employer Identification Number (FEIN) to EFSP,
* Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP,
* Practices non-discrimination (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds),
* Will not charge a fee to clients for EFSP funded services,
* Has a voluntary board if private, not-for-profit,
* Will comply with the Phase 36 Responsibilities & Requirements Manual, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements,
* Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports),
* Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks -- front and back, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of­program date, and for compliance issues until resolved.
* Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds to the National Board ($5.00 or more; checks made payable to United Way Worldwide/Emergency Food and Shelter National Board Program, 701 North Fairfax Street, Suite 320, Alexandria, VA 22324),
* Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date,
* Will comply with the Office of Management and Budget Circular A-133 if expending $500,000 or more in Federal funds,
* Will comply with lobbying prohibition certification and disclosure of lobbying activities if receiving $100,000 or more in EFSP funds, if applicable, and
* Have no known EFSP compliance exceptions in this or any other jurisdiction.
* Understand that unresolved compliance issues may result in de-obligation of funding prior to deadline for second check requests; and
* Understand that the Local Board members may elect to conduct a site visit / provide technical assistance to your organization.

As President/Officer of our organization, I hereby attest that to the best of my knowledge, all information contained herein is true, correct, and complete.

**Accepted:**

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| Board President / Officer |  | Signature |
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| Primary Contact/ Name | Signature |
|  |  |
| Agency | LRO No. |
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**FISCAL AGENT/FISCAL CONDUIT AGENCY RELATIONSHIP CERTIFICATION**

***This certification must be signed by each Fiscal Agent/Conduit agency at the beginning of each funding cycle and must be retained by the Local Board and Fiscal Agent/Fiscal Conduit.***

As a recipient (through the fiscal agent/conduit noted below) of Emergency Food and Shelter National Board Program (EFSP) funds made available for Phase 36 and as the duly authorized representative of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, I certify that my public agency has read, understands, and agrees to abide by the EFSP Phase 36 Responsibilities and Requirements Manual.

* Is not debarred or suspended from receiving Federal funds,
* Has the capability to provide emergency food and/or shelter services,
* Will not use EFSP funds as a cost match for other Federal Funds or programs,
* Has fiscal agent/fiscal conduit approved by the Local Board: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Fiscal Agency/Fiscal Conduit)**
* Practices non-discrimination (agencies with a religious affiliation; will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds),
* Has provided a Federal Employer Identification Number (FEIN) to EFSP,
* Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP,
* Will not charge a fee to clients for EFSP funded services,
* Has a voluntary board if private, not-for-profit,
* Will comply with the Phase 36 Responsibilities & Requirements Manual, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements,
* Will provide all required information to the Fiscal Agent/Fiscal Conduit,
* Will incur expenses for eligible program costs and will submit complete, accurate documentation on all expenditures to the Fiscal Agent/Fiscal Conduit for payment to the vendors,
* Will spend all funds and close-out the program by the jurisdiction's selected end-of-program date, and
* Have no known EFSP compliance exceptions in this or any other jurisdiction.
* Comply with all Local EFSP eligibility criteria.

I certify that as the authorized representative of this public or private agency; I have read, understand, and agree to abide by the EFSP Responsibilities and Requirements Manual.

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| **Name** |  | **Authorized signature for Fiscal Agent /Fiscal Conduit** |
|  |  |  |
| **Name** |  | **EFSP applicant organization contact** |