**EFSP Phase 40 Emergency Food and Shelter Program Funding Grant Application**

United Way of Pasco County is now accepting applications for funding from the Emergency Food and Shelter National Board Program which is Federal funds awarded through the Department of Homeland Security.

Qualified local 501(c)3 non-profits, governmental units, and other health and human service agencies are invited to submit applications for funding. Funds are to be used for programs in Pasco County which will improve the lives of Pasco residents.

A local board, representing local government entities, provider agencies, and funding bodies will determine how the funds are to be distributed among local emergency food and shelter agencies in Pasco County within the grant parameters.

Under the terms of the grant from the National Board and implemented locally, local government or private organizations chosen to receive fund must:

* Be nonprofit or government agency.
* 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 UNIQUE ENTITY IDENTIFIER (UEI)- (*Instructions on obtaining your UEI can be found on https://www.unitedwaypasco.org/funding-opportunities*).
* 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.
* To the extent practicable, involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services.

Required attachments to submit with this application:

1. 501(c)(3) Tax Exempt Status Letter
2. Current Board Member Roster
3. Agency’s Non-discrimination Policy for the Provision of Services
4. Most Recent Audit
5. The audited financial statement's management letter or a letter from your organization's CPA indicating no management letter was issued.
6. Most Recent Board-approved Agency Budget

**Please Note:** The attachments are required by EFSP National; therefore, no exceptions can be made and no applications with missing documentation may be considered by the Local Board.

**Please submit typed application only.**

**Submit completed allocations and supporting documents to**

**CommunityImpact@UnitedWayPasco.org by 11:59 PM on May 19th, 2023.**

For more information, please visit <https://www.unitedwaypasco.org/funding-opportunities>

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| **Agency Information** |
| Agency Name: |  |
| Mailing Address: |  |
| UNIQUE ENTITY IDENTIFIER (UEI):(Instructions on obtaining your UEI can be found on <https://www.unitedwaypasco.org/funding-opportunities>) |  |
| Agency EIN / Federal Employer ID Number (XX-XXXXXXX): |  |
| CEO/Executive Director Name: |  |
| CEO/Executive Director E-mail: |  |
| CEO/Executive Director Phone Number: |  |
| Contact Person for application: |  |
| Contact Person Title:  |  |
| Contact Person E-mail: |  |
| Contact Person Phone Number: |  |
| Agency Website URL:  |  |
| Previous EFSP Awardee (Y/N):  |  |
| Does your agency have any current holds or compliance issues with EFSP (Y/N)If yes, please explain:If yes, your agency will need to be cleared of any and all holds and compliance issues before funding can be awarded.  |  |

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| **Additional Agency Information** |
| Please provide the Mission Statement of the organization: |  |
| Describe the agency’s accounting process by which you would manage EFSP funding and what procedures your agency has implemented to prevent fraud and misuse of funds should they be awarded: |  |
| Does your agency attempt to involve homeless individuals and families in the provision of emergency food and shelter services (through employment, volunteer program, etc.):Yes, or no? If yes, provide a description of how they are involved. If no, provide a description of how you plan to involve them through this program to the extent practical. |  |
| Are your facilities and services compliant with the American with Disabilities Act:Yes, or no?If no, provide a description of how you plan to become compliant: |  |
| Is your Agency/Organization debarred or suspended from receiving funds or doing Business with the Federal Government: Yes, or no?If yes, please explain: |  |

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| **Agency Program Information** |
| Program Name: |  |
| Program's target population: |  |
| Number of clients to be served with EFSP funding: |  |
| Provide a general description of program activities (food, shelter, financial assistance, personal protective equipment) and processes used by the agency to deliver services: |  |
| How will the EFSP funds be used to enhance the current services? |  |
| Please describe program collaboration with all local partnerships: |  |
| List all the proposed service locations for the program for which EFSP funds are being requested: |  |
| Describe the eligibility criteria for individuals requesting services and how is this documented: |  |
| How will services be coordinated with other programs within your agency and within the community? |  |
| Please describe what procedures your agency has implemented to prevent fraud and misuse of EFSP funds, should they be awarded? |  |

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| **Mass Shelter Applicants Only:** |
| What is your shelter bed capacity? |  |
| What is your bed utilization for last fiscal year? |  |
| How many bed nights will be funded by EFSP funds? |  |

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| **For Rent and Mortgage Assistance Only:** |
| Is your agency receiving funds from the HEART Program Yes, or No?If yes, how will EFSP funding be used? |  |

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| **EFSP Budget Narrative** |
| Spending Period end date for Phase 40 12/31/2023. Does your organization have the process and ability to expend funds if released late during the calendar year or term of phase? Y/N |  |

**EFSP REQUEST SUMMARY**

**We recommend referencing the EFSP Reference Guides for detailed information on spending rules and the appropriate documentation needed before submitting your request. EFSP Reference Guides can be found at the bottom of webpage** [**https://www.unitedwaypasco.org/funding-opportunities**](https://www.unitedwaypasco.org/funding-opportunities)**.**

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| **EFSP Requests** |
| Amount Requesting for **Served Meals**: |  |
| Amount Requesting for **Other Food**: |  |
| Amount Requesting for **Mass Shelter**: |  |
| Amount Requesting for **Other Shelter**: |  |
| Amount Requesting for **Supplies and Equipment**: |  |
| Amount Requesting for **Rent/ Mortgage**: |  |
| Amount Requesting for **Utility Assistance**: |  |

**EFSP PLANNING AND BUDGETING INFORMATION**

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| **Food Services** | **Est. Number of Units Needed** | **(B)****Average Cost Per Unit** | **(C)****Total EFSP Request** **(A x B = C)** | **Units Served Previous Year**  |
| **Served Meals** |  |  |  |  |
| **Other Food** |  |  |  |  |

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| **Shelter Services** | **Number of Units (Bed/ # Nights in Hotel)** | **Average Cost Per Unit** | **Total EFSP Request** **(A x B = C)** | **Previous Year Units Served** |
| **Mass Shelter** |  |  |  |  |
| **Other Shelter** |  |  |  |  |

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| **Financial Services** | **Number of Units**  | **Average Cost Per Unit** | **Total EFSP Request** **(A x B = C)** | **Previous Year Units Served** |
| **Rent/ Mortgage** |  |  |  |  |
| **Utility Assistance** |  |  |  |  |

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| **Type of Supplies** | **Number of Units** | **Average Cost Per Unit** | **Total EFSP Request** **(A x B = C)** | **Supplies Cost from Previous Year**  |
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| **Total** |  |  |  |  |

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| **Grand Total** | **Total EFSP Request**  |
| Total EFSP Request |  |