

TO: Local Recipient Organizations (LRO’s)

FROM: Michael Weiner, Chair

Emergency Food & Shelter Board of Erie County

DATE: May 12, 2020

SUBJECT: EFSP Phase 37 and Phase CARES (COVID-19 supplemental funds) Application

On behalf of Erie County’s Local Board, we are pleased to announce the availability of funding for Phase 37 and Phase CARES of the Emergency Food and Shelter Program (EFSP). Included with this document, you will find criteria for eligibility and the Phase 37 and Phase CARES application(s). A copy of the EFSP manual, Key Changes & Program Clarifications document, and all program updates from the National Board can be found on the Emergency Food and Shelter Program website at <https://www.efsp.unitedway.org/efsp/website/index.cfm>.

There have been some changes which are noted in the Key Changes and Clarification document, so please ensure it is read along with the Phase  EFSP Manual and Phase 36 Addendum and Phases 37 and CARES Addendum and ensure they are understood. Please review all the information provided to determine if your agency is eligible for and interested in applying for funds.

**Completed applications and appropriate documentation are due on May 21, 2020 no later than 5:00pm. Please make sure to submit a PDF version of your application via email (email all documents in ONE attachment) and a hard copy to the address listed below**:

Nicole Juzdowski

Program Director-Investments

United Way of Buffalo & Erie County

742 Delaware Avenue

Buffalo, NY 14209

**Email:** **nicole.juzdowski@uwbec.org**

**IMPORTANT NOTICE**

Funding for EFSP is made available through the Department of Homeland Security (DHS)/Federal Management Agency. Consideration of all funding requests is based upon the actual award notification from the EFSP National Board. In an effort to release funding to agencies quickly, the National Board has decided to allow the release of first payments for agencies awarded funds in Phases 37 and CARES prior to the receipt of the Phases 35 and 36 Final Reports.  Phases 35 and 36 Final Reports, along with instructions, will be made available in the near future, but agencies will not have to submit them in advance of first payment releases.

All Local Recipient Organization (LRO) Certifications, Fiscal Agent/Fiscal Conduit Relationship Certification Forms, Lobbying Certifications, Second Payment Requests, Final Reports and Spending Period End Date Extension Requests must be electronically signed using DocuSign. You do not need a DocuSign account to electronically sign EFSP documents and there is no cost for using DocuSign for EFSP documents. Please review the updated Website User Guide for step-by-step instructions for submitting forms on the EFSP website and electronically signing. The User Guide may be found on the EFSP website, (www.efsp.unitedway.org).

**Criteria for Local Recipient Organizations**

A local organization must meet the following criteria to be eligible for 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 Board;
* Have a Federal employer identification number (FEIN), or be in the process of securing FEIN (note: contact local IRS office for more information on securing FEIN and the necessary form [SS-4] (Website: [www.irs.gov](http://www.irs.gov));
* Conduct an independent annual audit if receiving $100,000 or more in EFSP funds; conduct an annual review if receiving $50,000 to $99,999 in EFSP funds;
* Be providing services and using other agency 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 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.*

**The purpose of the Emergency Food and Shelter program is to supplement and expand the ongoing work of local service organizations who provide food and shelter (mass shelter, rent or mortgage) services.**

Funds can be requested for the following items:

1. **Food**

For food, food for hot meals, groceries, food vouchers, seeds, gift certificates for food. Food funding is intended to provide for basic, nutritional meals on an ongoing basis, not non-nutritive items (limited dessert items). The food funding is not intended to be used for a singular event, special celebratory events, holiday baskets etc. NOTE: Gifts cards/ certificates/vouchers are eligible only if they can be marked/encoded “Food Only”. There must be an agreement with the vendor that only food will be allowed and no cash returned to clients.

**Required Documentation for Food:** Dated receipts/invoices/completed vouchers and cancelled checks. 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.

1. **Mass Shelter**

For mass shelter providers (five beds or more in one location) the local board uses the per diem allowance of $12.50 per person per night. The per diem allowance may be used to cover costs such as shelter rent, utilities, and staff salaries.

**Required Documentation for Mass Shelter:** Schedules showing daily rate of $12.50 and number of persons sheltered by date with totals; supporting documentation must be retained on-site, e.g., service recorders and sign-in logs.

1. **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 following conditions are met:

* Payment is in arrears or due within 5 calendar days
* All other resources have been exhausted
* 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
* Payment is limited to a maximum of one month’s assistance
* Assistance is provided only once by a single LRO in each award phase
* Payment must guarantee an additional 30 days service

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

**Documentation Required for Rent/Mortgage Assistance:** dated and signed letters from landlords (must include amount of one month’s rent and due date), mortgage letters and/or copy of loan coupon showing monthly mortgage amount and due date and cancelled checks. Documentation must support the payment made and is limited to a maximum of one month’s assistance.

**NEW ELIGIBLE COSTS**

 **LRO's may use Phases 37 and CARES funding to purchase Personal Protective Equipment (PPE)**. For all service providers, the purchase of PPE specifically intended to prevent or mitigate the transmission of communicable diseases is permitted. PPE must fall within the guidelines of the CDC, FDA, or state and local health requirements, as applicable to each LRO.

**Additional factors regarding eligibility include:**

• PPE expenditures are limited to 10% of an LRO’s award (Phases 37 and CARES). If an LRO receives an award for both phases, then 10% may be used from each phase.

• PPE may be directly distributed to LRO staff and volunteers to conduct and deliver services and/or clients to receive services.

• EFSP funds cannot be used to purchase PPE for general distribution to the public or for use outside of an LRO’s mission area. While LROs can use funding to purchase PPE, **funding cannot be used for COVID-19 testing**.

* **Program Expenditures**

All EFSP guidelines must be followed when making expenditures with the funds. Duplication of service cannot occur during the spending period. Since Phase 37 and Phase CARES are running concurrently, LRO's will need to ensure that they do not duplicate expenditures for clients in the rent/mortgage category. This means clients may receive assistance one time per phase in those categories. Please refer to the Clarification Guidance document for examples.

**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)**

**PHASE 37 – Erie County Application**

**Please provide typewritten responses.**

|  |  |
| --- | --- |
| Name of Agency/Organization: |  |
| Organizational Mailing Address: |  |
| Executive Director: |  |
| Executive Director’s Phone Number: |  |
| Executive Director’s Email: |  |
| Agency Contact Person: |  |
| Contact Person’s Phone Number: |  |
| Contact Person’s Email: |  |
| Agency Website: |  |
| Federal Employer ID# (FEIN): |  |
| Data Universal Number System (DUNS #): |  |
| Congressional district where agency is physically located: |  |
| Congressional district where agency’s EFSP funded services are provided: |  |
| Is agency debarred/suspended from receiving funds/doing business with the Federal government: |  YES NO |
| Is agency a non-profit or unit of government: |  Non-Profit Unit of Government |
| If non-profit, please provide roster of agency’s volunteer board: |  Please provide attachment |
| Copy of agency’s most recent annual audit: |  Please provide attachment |

1. **ORGANIZATION DESCRIPTION**

Provide a brief (2-3 paragraphs) description of your organization and its mission.

1. **FUNDING REQUEST**

Has yourorganization received EFSP funding in the past? YES NO

Please identify the total amount of funding requested in each category and the number of additional people you anticipate being able to serve over the course of one year, should you receive the full amount. A description of each category is provided on Page Three of this application.

|  |  |  |  |
| --- | --- | --- | --- |
| CATEGORY | Amount Requested | Estimated Number of Additional Individuals Served (If Appropriate)\*include the # of children | Estimated Number of Additional Families Served (If Appropriate) |
| FOOD  | $ |  |  |
| Please include the estimated number of meals served. (The average meal cost should be between $1.00-$5.00 per meal) |  |  |  |
| **TOTAL FOOD REQUEST** | **$** |  |  |
|  MASS SHELTER | $ |  |  |
| RENT/MORTGAGE ASSISTANCE | $ |  |  |
| **TOTAL SHELTER REQUEST** | **$** |  |  |

Emergency Food and Shelter Program (EFSP) dollars must be supplemental to resources already available and expand program offerings. Please list all other anticipated funding sources for each of the program(s) for which you seek funding.

|  |  |  |  |
| --- | --- | --- | --- |
| **Program** | **Funding Source** | **Amount** | **Purpose** |
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| **PLEASE COMPLETE SECTIONS III THROUGH VIII FOR EACH PROGRAM FOR WHICH YOU ARE REQUESTING Phase 37 FUNDS.** |

1. **PROGRAM DESCRIPTION**

Please check the box describing the type of emergency food and/or shelter assistance offered, provide program name, and briefly describe the program for which you are seeking funds.

⬜ Food

⬜ Mass Shelter

⬜ Rent/Mortgage Assistance

Program Name:

Provide a brief Program Description and Services.

1. **CLIENT ENGAGEMENT**

Please describe the target population for your program and their specific needs.

How long has your program provided emergency food and/or shelter services to this population locally?

Please check if your program currently employs any efforts to increase use of the items listed below.

* Nutrition programs such as Food Stamps or Women, Infants, and Children (WIC)
* Income supports such as Temporary Assistance to Needy Families (TANF) and/or Earned Income or other tax credits
* Financial assistance such as budgeting assistance, financial education, or non-predatory practices
* Access to stable and permanent housing situations
* Housing stability of clients such as anti-eviction, homelessness prevention, or connections to housing subsidies and supports
1. **POPULATION SERVED**

Please complete the chart below describing the general characteristics of program clients **using your most recent year of data**. **This information is being gathered for descriptive purposes only.**

|  |  |
| --- | --- |
|  | Total Number of Clients Utilizing the Program |
|  |  |
| % | Unaccompanied Adult Males |
| % | Unaccompanied Adult Females |
| % | Unaccompanied Minors |
| % | Families with Children |
| **100%** | **Total** |
|  |  |
| % | Native Americans |
| % | African Americans or Black |
| % | Asian American |
| % | European Americans or White |
| % | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **100%** | **Total** |
|  |  |
| % | Hispanic or Latino |
| % | Non-Hispanic/Latino |
| **100%** | **Total** |
|  |  |
| % | Persons experiencing Domestic Violence |
| % | Persons with Mental Health Issues |
| % | Persons who are Physically Disabled |
| % | Persons who are Developmentally Disabled |
| % | Persons living with HIV/AIDS |
| % | Persons who are Elderly |
| % | Persons who are Veterans |
| % | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **GEOGRAPHIC REACH**

List the **top five (5) zip code areas** currently served by the program identified above using your most recent year of data. **This information is being gathered for descriptive purposes only.**

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1. **PAST PERFORMANCE**

Please provide information on the past three years of program performance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Total Number of Clients Seeking Assistance | Total Number of Clients Who Had Needs Met | Total Percentage of Clients Who Had Needs Met | **To calculate “Total Percentage” please divide “Total Number of Clients Who Had Needs Met” by “Total Number of Clients Seeking Assistance” and multiply by 100** |
| 2019\*(Month/Year to Month/Year) |  |  |  |
| 2018\*(Month/Year to Month/Year) |  |  |  |
| 2017\*(Month/Year to Month/Year) |  |  |  |

\*Twelve month time period

This certification must be signed by the Organization’s Executive Leader (i.e., President, Executive Director, or Chief Executive Officer).

**By submitting this application, I certify that any dollars secured through the Emergency Food and Shelter Program will be used to supplement and expand currently available services and will not be used to replace any program funding lost. I also certify that I have reviewed and approve the submission of this application and can attest to its accuracy.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature and Title)**

**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)**

**PHASE CARES – Erie County Application**

**Please provide typewritten responses.**

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| Name of Agency/Organization: |  |
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| Executive Director: |  |
| Executive Director’s Phone Number: |  |
| Executive Director’s Email: |  |
| Agency Contact Person: |  |
| Contact Person’s Phone Number: |  |
| Contact Person’s Email: |  |
| Agency Website: |  |
| Federal Employer ID# (FEIN): |  |
| Data Universal Number System (DUNS #): |  |
| Congressional district where agency is physically located: |  |
| Congressional district where agency’s EFSP funded services are provided: |  |
| Is agency debarred/suspended from receiving funds/doing business with the Federal government: |  YES NO |
| Is agency a non-profit or unit of government: |  Non-Profit Unit of Government |
| If non-profit, please provide roster of agency’s volunteer board: |  Please provide attachment |
| Copy of agency’s most recent annual audit: |  Please provide attachment |

**ORGANIZATION DESCRIPTION**

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**POPULATION SERVED**

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| --- | --- |
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|  |  |
| % | Unaccompanied Adult Males |
| % | Unaccompanied Adult Females |
| % | Unaccompanied Minors |
| % | Families with Children |
| **100%** | **Total** |
|  |  |
| % | Native Americans |
| % | African Americans or Black |
| % | Asian American |
| % | European Americans or White |
| % | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **100%** | **Total** |
|  |  |
| % | Hispanic or Latino |
| % | Non-Hispanic/Latino |
| **100%** | **Total** |
|  |  |
| % | Persons experiencing Domestic Violence |
| % | Persons with Mental Health Issues |
| % | Persons who are Physically Disabled |
| % | Persons who are Developmentally Disabled |
| % | Persons living with HIV/AIDS |
| % | Persons who are Elderly |
| % | Persons who are Veterans |
| % | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| % | COVID-19 specific  |

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**(Signature and Title)**