

TO: Local Recipient Organizations (LRO’s)

FROM: Michael Weiner, Chair

Emergency Food & Shelter Board of Erie County

DATE: May 2018

SUBJECT: EFSP Phase 35 Application

On behalf of Erie County’s Local Board, we are pleased to announce the availability of funding for Phase 35 of the Emergency Food and Shelter Program (EFSP). Included with this document, you will find criteria for eligibility and the Phase 35 application. A copy of the Emergency Food and Shelter Program manual and Phase 35 Key Changes & Program Clarifications document can be found on the United Way of Buffalo & Erie County’s website at <https://www.efsp.unitedway.org/efsp/website/index.cfm>. Program updates as they are released by the Emergency Food and Shelter National Board will also be posted on the website.

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 25, 2018 (postmarked or if sending via email please make sure to send all documents in one attachment, preferably in a PDF) 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**

**Should you have any questions, please call Nicole Juzdowski at 887-2606.**

**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. However, Local Recipient Organizations (LROs) failing to report and document expenditures under all previous phases of the program will not be eligible for Phase 35 funding until any known outstanding program compliance exceptions are reconciled. The required final reports must be received prior to the release of funding.

**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 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.

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

PHASE 35 – Erie County Application

**Please provide typewritten or word-processed 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 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** |
| 2017\*(Month/Year to Month/Year) |  |  |  |
| 2016\*(Month/Year to Month/Year) |  |  |  |
| 2015\*(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)**