PHASE 40 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION
Federal Emergency Management Agency/Glynn County, Georgia

APPLICATION SUBMISSION DEADLINE: February 24, 2023 5:00 pm
Applications and questions may be submitted to Justin Callaway at justin@uwcga.org.
Incomplete submissions will not be reviewed. Applications MUST be submitted via email to the above address by the deadline. Late proposals will not be accepted. NO EXCEPTIONS.

AGENCY INFORMATION

All applicants are to complete this section. Only submit this section once, even if requesting participation in multiple EFSP categories. You are encouraged to respond to each question thoroughly yet concisely.

Legal Name: _____

Physical Address: _____

Mailing Address: _____

Service Provided Address: _____

Phone: _____ Fax: _____

Local Recipient Organization (LRO) Number (if applicable): _____

Counties Served: _____

Congressional District Where Agency is Physically Located: _____

Congressional District Where Services Are Provided: _____

FEIN: _____ UEI Number: _____

Website Address (if available): _____

Is your organization a non-profit organization or government entity? _____

Is your agency debarred or suspended from receiving funds or doing business with the Federal government? ☐ YES ☐ NO

Executive Director/CEO

Name: _____

E-mail Address: _____

Phone: _____ Fax: _____

EFSP Program Contact

Name: _____

E-mail Address: _____

Phone: _____ Fax: _____

1. How many years has the agency been in existence? _____

2. How many years has the agency provided emergency support services? _____

3. What is the agency's overall mission and goals? (500 character maximum) _____

_____

_____

4. Briefly describe services the agency provides to the community. (750 character maximum)

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5. If applying for the categories Mass Shelter, Other Shelter, Rent/Mortgage, and Utility Payments, are you a member of the Glynn County Homeless Coalition?

☐ Yes   ☐ No   ☐ N/A

If not, indicate why not? (500 character maximum) _____

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6. ClientTrack was created to avoid duplication of services provided to an individual by multiple agencies. EFSP requires immediate entry of client data at the time of services and prior to the issuance of any funds.

Is the agency an active user of ClientTRACK?

☐ Yes   ☐ No

If not, explain why not? (500 character maximum) _____

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Does the agency utilize ClientTRACK beyond EFSP?

☐ Yes   ☐ No

If not, explain why not? (500 character maximum) _____

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7. How does the agency provide services to people with disabilities, including those who require reasonable accommodation as required by the Americans with Disabilities Act (ADA)? *(For example, describe the agency's policies and procedures to assist clients who require a Sign Language Interpreter, assistance in filling out forms, wheelchair accessibility, and/or accessibility for service animals in the proposed EFSP-funded program services locations.)* (500 character maximum) _____

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REQUEST FOR FUNDING

	CATEGORY	UNITS OF SERVICE	UNIT COST	TOTAL REQUEST
A	Served Meals			
B	Other Food			
C	Mass Shelter			
D	Other Shelter			
E	Rent/Mortgages			
F	Utility Payments			
G	Total Request (Add A through F)			

EFSP FUNDING HISTORY

1. Has your agency ever received EFSP funding?

☐ Yes   ☐ No

If your agency has received funding, provide the following information for the past two phases.
*This amount should reflect any approved redistribution of funds.

Funding Category	Phase ___				Phase ___			
	Amount of EFSP Funding requested	Units of service proposed	Amount of EFSP funding received*	Units of service provided with EFSP funding	Amount of EFSP Funding requested	Units of service you proposed	Amount of EFSP funding received*	Units of service provided with EFSP funding
Served Meals								
Other Food								
Mass Shelter								
Other Shelter								
Rent/Mortgage								
Utility								
Total								

2. Did your agency have any EFSP compliance issues that required the agency to return used funds?

☐ Yes   ☐ No   ☐ N/A

If yes, how much was returned? _____

Please explain. (500 character maximum) _____

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3. Did the agency voluntarily return unused funds?

☐ Yes ☐ No ☐ N/A

If yes, how much was returned? _____

Please explain. (500 character maximum) _____

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4. Are you aware of any current or future compliance issues that would prevent your agency from receiving funding?

☐ Yes ☐ No ☐ N/A

Please explain. (500 character maximum) _____

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APPLICATION CONTINUES ON FOLLOWING PAGE

CATEGORY NARRATIVE: SERVED MEALS

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to respond to each question thoroughly yet concisely. Read the questions thoroughly and include only narrative that answers the question directly.

1. **Target Population** (500 character maximum)

   a. Describe the primary target population served by this program, i.e., demographic data and geographic area served.
   b. Describe the eligibility requirements for the "served meals" program and how the program ensures that everyone, not just the agency's clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

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2. **Program** (500 character maximum)

   a. Provide a description of the program services, in relation to the funding category.
   b. Describe how the program's staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients.

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3. **Success and Results** (500 character maximum)

   a. Describe how the EFSP funds will be used to enhance or expand current services.

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4. **Accounting and Financial Stability** (500 character maximum)

   a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency's documentation requirements for EFSP funds, internal controls, and staff responsible for financial management.
   b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

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5. **Budget**

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

   Total Program Budget $_____

   Complete the table below and indicate the amount of the current fiscal year (FY) program budget line-item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding EFSP Funding		Phase 40 Funding Request	
	Current FY Amount Budgeted	**Number of Units to be Provided**	**EFSP Funding Request**	**Number of Added Units**
Congregate meals (Unit = 1 Person)				
Home Delivered Meal (Unit = 1 Person)				

Note: EFSP funding is intended to provide for daily, basic, nutritional meal costs on an ongoing basis. The funding is not intended to be used for a singular event, special events/celebratory events/holiday meals, etc. Also, dessert items (i.e., cookies, snack food, candy, etc.) used as part of a daily meal plan may be purchased in limited amounts. **The daily per served meal allowance is exactly $3**.

CATEGORY NARRATIVE: OTHER FOOD

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to respond to each question thoroughly yet concisely. Read the questions thoroughly and include only narrative that answers the question directly.

1. **Target Population** (500 character maximum)

   a. Describe the primary target population served by this program, i.e., demographic data and geographic area served.
   b. Describe the eligibility requirements for the "other food" program and how the program ensures that everyone, not just the agency's clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

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2. **Program** (500 character maximum)

   a. Provide a description of the program services, in relation to the funding category.
   b. Indicate if the food pantry is a brick-and-mortar facility or a mobile food service.
   c. Indicate whether the agency receives USDA commodities.
   d. Describe how the program's staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients.

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3. **Success and Results** (500 character maximum)

   a. Describe how the EFSP funds will be used to enhance or expand current services.

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4. **Accounting and Financial Stability** (500 character maximum)

   a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency's documentation requirements for EFSP funds, internal controls, and staff responsible for financial management.
   b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

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5. **Budget**
   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 program for which you are applying.

   Total Program Budget $_____

   Complete the table below and indicate the amount of the current fiscal year (FY) program budget line item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding EFSP Funding		Phase 40 Funding Request	
	Current FY Amount Budgeted	**Number of Units to be Provided**	**EFSP Funding Request**	**Number of Added Units**
Pantry/Bulk Food (Unit = Pounds/Bags)				
Gift Cards/Certificates (Unit = Household)				

Note: EFSP funding is intended to provide for basic, nutritional meals on an ongoing basis and not for non-nutritive items. The "other food" category is intended to allow agencies such as food pantries and food banks to pay for the purchase of food items, food vouchers and food gift cards/certificates to assist in the feeding of eligible clients. The funding is not intended to be used for a singular event, special celebratory events, holiday baskets, etc. Also, dessert items (i.e., cookies, snack food, candy, etc.) used as part of a daily meal plan may be purchased in limited amounts.

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CATEGORY NARRATIVE: MASS SHELTER

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to respond to each question thoroughly yet concisely. Read the questions thoroughly and include only narrative that answers the question directly.

1. **Target Population** (500 character maximum)

    a. Describe the primary target population served by this program, i.e., demographic data and geographic area served.
    b. Describe the eligibility requirements for the "mass shelter" program and how the program ensures that everyone, not just your clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

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    _____
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2. **Program** (500 character maximum)

    a. Provide a description of the program services, in relation to the funding category.
    b. Provide the program's shelter bed capacity and how many bed nights will be funded by EFSP funds.
    c. Describe how the program will ensure the safety and quality of the living environment.
    d. Describe how the program's staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients.

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3. **Success and Results** (500 character maximum)

    a. Describe how the EFSP funds will be used to enhance or expand current services.

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4. **Accounting and Financial Stability** (500 character maximum)

   a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency's documentation requirements for EFSP funds, internal controls, and staff responsible for financial management.
   b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

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5. **Budget**

   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 program for which you are applying.

   Total Program Budget $_____

   Complete the table below and indicate the amount of the current fiscal year (FY) program budget line-item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding EFSP Funding		Phase 40 Funding Request	
	Current FY Amount Budgeted	**Number of Units to be Provided**	**EFSP Funding Request**	**Number of Added Units**
Mass Shelter (Unit = 1 Bed)				

   Note: EFSP funding is intended to be utilized to supplement the costs of operating a homeless shelter of 5 beds or more and expand the services provided and/or the number of clients served. **The per diem allowance per person per night is exactly $12.50**.

CATEGORY NARRATIVE: OTHER SHELTER

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to respond to each question thoroughly yet concisely. Read the questions thoroughly and include only narrative that answers the question directly.

1. **Target Population** (500 character maximum)

   a. Describe the primary target population served by this program, i.e., demographic data and geographic area served.
   b. Describe the eligibility requirements for the "other shelter" program and how the program ensures that everyone, not just the program's clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

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2. **Program** (500 character maximum)

   a. Provide a description of the program services, in relation to the funding category.
   b. What criteria are used in choosing the hotels/motels?
   c. Describe the program's methods in monitoring the hotels/motels used by the clients.
   d. Describe how the program's staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients.

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3. **Success and Results** (500 character maximum)

   a. Describe how the EFSP funds will be used to enhance or expand current services.

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4. **Accounting and Financial Stability** (500 character maximum)

   a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency's documentation requirements for EFSP funds, internal controls, and staff responsible for financial management.
   b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

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5. **Budget**
   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 program for which you are applying.

   Total Program Budget $_____

   Complete the table below and indicate the amount of the current fiscal year (FY) program budget line-item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding EFSP Funding		Phase 40 Funding Request	
	Current FY Amount Budgeted	**Number of Units to be Provided**	**EFSP Funding Request**	**Number of Added Units**
Hotel/Motel (Unit = Household)				

   Note: EFSP funding is intended to allow agencies to provide off-site emergency lodging (room and tax only) in a hotel/motel or other off-site shelter facility of eligible clients. Agencies may not operate as vendors for themselves or other LROs; self-billing is not eligible with this funding. EFSP funding may now provide up to 90 days of assistance for clients per phase if it is necessary to prevent homelessness.

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CATEGORY NARRATIVE: RENT/MORTGAGE

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to respond to each question thoroughly yet concisely. Read the questions thoroughly and include only narrative that answers the question directly.

1. **Target Population** (500 character maximum)

   a. Describe the primary target population served by this program, i.e., demographic data and geographic area served.
   b. Describe the eligibility requirements for the "rent/mortgage" program and how the program ensures that everyone, not just the program's clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

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2. **Program** (500 character maximum)

   a. Provide a description of the program services, in relation to the funding category.
   b. Describe how the program's staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients.

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3. **Success and Results** (500 character maximum)

   a. Describe how the EFSP funds will be used to enhance or expand current services.

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4. **Accounting and Financial Stability** (500 character maximum)

    a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency's documentation requirements for EFSP funds, internal controls, and staff responsible for financial management.

    b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

5. **Budget**

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 program for which you are applying.

Total Program Budget $ _____

Complete the table below and indicate the amount of the current fiscal year (FY) program budget line-item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding EFSP Funding		Phase 40 Funding Request	
	Current FY Amount Budgeted	**Number of Units to be Provided**	**EFSP Funding Request**	**Number of Added Units**
Rent/Mortgage (Unit = Household)				

Note: EFSP funding is intended to provide rent or mortgage assistance to include principal and interest only. LROs may now pay up to 90 days (3 months) for clients per phase if it is necessary to maintain housing. Itemized payment details will be required. These funds may NOT be used for Deposit Fees, Late Fees, or Condo Fees.

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CATEGORY NARRATIVE: UTILITY

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to respond to each question thoroughly yet concisely. Read the questions thoroughly and include only narrative that answers the question directly.

1. **Target Population** (500 character maximum)

   a. Describe the primary target population served by this program, i.e., demographic data and geographic area served.
   b. Describe the eligibility requirements for the "Utility" program and how the program ensures that everyone, not just the program's clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

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2. **Program** (500 character maximum)

   a. Provide a description of the program services, in relation to the funding category.
   b. Describe how the program's staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients.

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3. **Success and Results** (500 character maximum)

   a. Describe how the EFSP funds will be used to enhance or expand current services.

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4. **Accounting and Financial Stability** (500 character maximum)

   a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency's documentation requirements for EFSP funds, internal controls, and staff responsible for financial management.
   b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

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5. **Budget**

   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 program for which you are applying.

   Total Program Budget $_____

   Complete the table below and indicate the amount of the current fiscal year (FY) program budget line-item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding EFSP Funding		Phase 40 Funding Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Gas (Unit = Household)				
Electricity (Unit = Household)				
Water (Unit = Household)				

   Note: EFSP funding is intended to provide utility assistance for gas, electricity, water, and sewer. LROs may now pay up to 90 days (3 months) for clients per phase if it is necessary to prevent disconnection of services. The monthly information must be verified with the utility company. Payment must be in arrears or due within 10 calendar days and must guarantee an additional 30 days of service. These funds may NOT be used for Late Fees or Deposit Fees.

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APPLICATION REQUIREMENT CHECKLIST

Submit the following documents as part of the application packet and <u>collate in the order below</u>. Failure to include all the documents will eliminate the application from funding consideration.

☐ **Completed and Signed Application**
(Complete and submit the following section(s): Agency Contact Information, Request for Funding, Agency Information, EFSP Funding History, and any category narrative for which you are requesting funding)

☐ **Current & Complete List of Organization's Board of Directors**
(This list should include their terms of office and their organizational and community affiliations)

☐ **Agency and Program Budgets**
(Attach a copy of the agency's current operating budget and current program budget including revenue and expenses.)

☐ **Local Recipient Organization Certification Form**
(Completed and signed)

☐ **Fiscal Agent/Fiscal Conduit Agency Relationship Certification Form**
(This form only needs to be submitted if your agency is using a fiscal agent and/or conduit)

☐ **Agency Audit and Management Letter**
(LROs must have their records audited by an independent certified public accountant if receiving $100,000 or more in EFSP funds, for the immediate past fiscal year. For LROs receiving $50,000 - $99,999 in EFSP funding, the National Board requires an annual accountant's review. If the agency is not required to conduct a financial audit annually, please attach the agency's most recent IRS Form 990.)

To the best of my knowledge and belief, the information 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 all additional applicable federal, state, and local requirements, including procurement and financial management. If awarded, my organization will attend the mandatory orientation and submit reports to the Local Board by their due dates. If awarded, my organization will work with the Local Board to quickly clear up any problems related to compliance exception(s) at the end of the program. Failure of an LRO to comply with the National Board's reporting requirements will result in funds being withheld. The Local Board or National Board may reclaim and reallocate the funds being withheld if my organization does not comply in a timely manner with compliance issues.

Authorized Signature: _____

Title: _____

Date: _____

Local Recipient Organization Certification Form

If you are selected as an LRO to receive EFSP funds, you must certify that your public or private organization:

- 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 on-going 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,

- Understands that cash payments (including petty cash) are not eligible under EFSP,

- Has not received an adverse or no opinion audit,

- Is not debarred or suspended from receiving Federal funds,

- Has or will secure a Federal Employer Identification Number (FEIN),

- Has or will secure a Unique Entity Identifier (UEI) number issued through the System for Award Management (sam.gov) and required associated information,

- 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 your organization is a private not-for-profit,

- Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports),

- Return any unused funds or funds as requested by EFSP to the National Board at the end of the spending period ($5.00 or more),

- Will expend monies only on eligible costs and keep complete documentation on all expenditures for a minimum of three years after the end-of-program date, and for compliance issues, until all issues are resolved. Expenditure Documentation includes copies of canceled LRO checks (front and back), other proof of payment, invoices, receipts, etc.,

- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds ($5.00 or more) to the National Board,

- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date,

- Will not use EFSP funding for any lobbying activities and if receiving $100,000 or more, will provide the "Certification Regarding Lobbying" and, if applicable, will complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions,

- Will not, and will ensure its employees, volunteers, or other individuals associated with the program will not, engage in any trafficking of persons during the period this award is in effect,

- Will not, and will ensure its employees, volunteers, or other individuals associated with the program will not, use EFSP funds to support access to classified national security information,

- Has no known EFSP compliance exceptions in this or any other jurisdiction.

I certify that all the information in this application is complete and accurate.

Authorized Signature: _____

Title: _____

Date: _____