**EMERGENCY FOOD AND SHELTER PROGRAM**

**Application for Phase 40 Funding**

**Application Due: March 3rd, 2023**

**Spending Period: November 1, 2021 – December 31, 2023**

All questions in red will autofill based off information provide in the agency and/or program profile in e-CImpact. Please update your agency profile and/or program profiles if you see any of these fields missing or incorrect & you cannot edit it in the application. Please reach out to Meghan Hadley at meghan.hadley@uwwesternct.org if you need to edit any of these questions.

Questions with an \* are required.

**Parts 1 & 2: EFSP Applicant Organization & Eligibility Criteria**

Agency Name \*

Organization Mailing Address \* ­­­­­­­ CPO/Executive Director Name \*

Contact Person for EFSP Application \* Contact Title \*

Contact Phone/Extension \* Contact Fax Contact E-mail \*

Agency Website URL \* Agency EIN/Federal Employer ID Number \* Organization UEI Number \*­­­­

Please provide the Mission Statement of the organization. \*

If your agency targets/seeks to serve specific client populations, please select the top three Target Populations from the list below. \* *(Note: This question is to help us collect information about your organization for the EFSP National Board; this is not used to determine funding in any way.)*

|  |  |  |
| --- | --- | --- |
| BIPOC | LGBTQ+ | Unaccompanied Minors |
| Domestic Violence Victims | Mentally Disabled | Veterans |
| Elderly | Physically Disabled | No Target Populations |
| Families with Children | Single Men | Other Target Populations |
| Indigenous | Single Women |  |

**Eligibility Criteria**

Are your facilities and services compliant with the American With Disabilities Act? \* Yes No

If no, provide a description of how you plan to become compliant. \* *(Limit up to 4,000 characters)*

Define the geographical boundaries of the service(s) for which EFSP funds are requested. \* *(Limit up to 500 characters)*

Does your organization complete an independent annual audit? \* Yes No

If yes, please indicate the CPA firm which conducted the organization’s most recent financial audit & the time period covered by the audit: \* *(Limit up to 150 characters)* ­­­­­­­­­­­­­­­­­­­­

If no, the organization does not conduct an independent annual audit, please attach the current internal agency budget & year-to-date financial statements in ‘Part 5: EFSP Agency Attachments.’ \*

**Part 3. EFSP Funding Request Summary \***

Indicate the amount of funds you are requesting for each service category. Pay close attention to the definitions provided in the application packet. **REQUEST ONLY WHOLE DOLLAR AMOUNTS.** Please complete the table below and indicate number of units, number of individuals served, cost per unit (where applicable), and total amount of your request for each line item for which you are requesting EFSP funding for this program. If you are requesting funding for multiple programs, you must complete this same form for any additional programs.

Please note: Transportation costs should be included in the cost per unit for each line item for which it’s applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Food Services**  **FOR SERVED MEALS/MASS FEEDING AND OTHER FOOD PROGRAMS ONLY**  **There are two options for eligible costs. One option must be selected at the beginning & continued throughout the phase.**  **Actual direct eligible cost reimbursement OR Per meal allowance of $3.00 per meal served** | | | | |
| **Type of Assistance** | 1. **Estimated Number of Meals Served** | 1. **Estimated Number of Individuals Served** | 1. **Avg Cost Per Meal Served** | 1. **Total EFSP Request** |
| Served Meals/Mass Feeding *(FOR THOSE USING THE PER MEAL ALLOWANCE ONLY)* |  |  |  | *(A x C = D – will auto calculate in e-CImpact)*  $ |
| Served Meals/Mass Feeding *(FOR THOSE USING DIRECT ELIGIBLE COST ONLY)* |  |  | *(Do not need to complete)* | $ |
| Other Food |  |  |  | $ |
| **Shelter Services**  **FOR MASS SHELTER PROGRAMS ONLY**  **There are two options for eligible costs. One option must be selected at the beginning & continued throughout the phase.**  **Actual direct eligible reimbursement OR Per diem allowance of $12.50 per night** | | | | |
| **Type of Assistance** | 1. **Estimated Number of Nights Served/Bills Paid** | 1. **Estimated Number of Individuals Served** | 1. **Avg Cost Per Night** | 1. **Total EFSP Request** |
| Mass Shelter *(FOR THOSE USING PER DIEM ALLOWANCE ONLY)* |  |  |  | *(A x C = D – will auto calculate in e-CImpact)*  $ |
| Mass Shelter *(FOR THOSE USING DIRECT COST ONLY)* |  |  | *(Do not need to complete)* | $ |
| Other Shelter |  |  |  | $ |
| Rent/Mortgage Assistance^ |  |  |  | $ |
| **Energy** | | | | |
| **Type of Assistance** | 1. **Estimated Number of Bills Paid** | 1. **Estimated Number of Individuals Served** | 1. **Total EFSP Request** |  |
| Utility Assistance^ |  |  | $ |
| **Supplies/Equipment & Emergency Repairs** | | | | |
| **Type of Assistance** | **Total EFSP Request** |  | | |
| Supplies/Equipment | $ |
| Emergency Repairs/Building Code | $ |
| **Grant Total All Services** | **$** |

^Coordination needed to avoid duplication of assistance provided to clients

**Part 4: Utilization of EFSP Funding**

Program Name \*

Primary Address of Program \*

Are you applying for Served Meals/Mass Feeding Assistance? \* Yes No

Are you applying for Other Food Assistance? \* Yes No

Are you applying for Mass Shelter Assistance? \* Yes No

Are you applying for Other Shelter Assistance? \* Yes No

Are you applying for Rent/Mortgage Assistance? \* Yes No

Are you applying for Supplies/Equipment Assistance? \* Yes No

Are you applying for Utility Assistance? \* Yes No

Are you applying for Emergency Repairs/Building Code Assistance? \* Yes No

**When you answer YES to any of the above questions, the following questions will pop up for you to answer in relation to that specific assistance request for this program:**

Provide a brief description of program activities & processes used by the agency to deliver services. \* *(Limit up to 1000 characters)*

Provide a succinct summary of the program’s target population. \* *(Limit up to 1000 characters)*

Number of clients currently served without EFSP funding: \* *(Numbers Only)*

If your full request is granted, approximately how many MORE clients will be served by EFSP funds? \* *(Numbers Only)*

How will the EFSP funds be used to supplement or enhance the current services? \* *(Limit up to 2000 characters)*

Describe any changes in the magnitude of current need for these services, compared to last year’s request (i.e., number of requests or type of clients seeking services, number of underserved individuals in community, etc.) \* *(Limit up to 2000 characters)*

Do you have a waiting list? \* Yes No

If yes, please list how many individuals are on your waitlist. \* *(Limit up to 150 characters)*

Give a concise explanation of your agency’s ability to coordinate service delivery with other human service providers.\* *(Limit up to 1000 characters)*

If applicable, give a brief explanation of how your service(s) will be addressing a gap in existing services available to the community. *(Limit up to 1000 characters)*

**If you are applying for Emergency Repairs/Building Code Assistance only the following question will appear:**

Provide a brief description of the emergency repair or building code citation that would cause the agency/program to close or hinder services to clients if the issue is not fixed. \* *(Limit up to 2000 characters)*

**Part 5: EFSP Agency Attachments**

Please read the description next to each attachment to see if you will need to attach any or all to this application.

We have also moved some documents to the ‘Compliance’ section in the Agency Profile. These documents will be saved for use across multiple grant processes on our e-CImpact platform. We hope that this helps to alleviate some of the documents that you need to collect for multiple applications.

*Documents moved to the ‘Compliance’ section:*

* **IRS 501c3 Determination Letter:** If your agency has not previously received EFSP funds, attach Federal tax-exempt letter.
* **Most Recent Audit:** Please attach ONLY if your agency has not received EFSP funding in the last 5 years.

*Other Agency Attachments:*

* **Current Internal Agency Budget:** If your agency does not conduct an independent annual audit, please attach this document.
* **Year-to-Date Financial Statements:** If your agency does not conduct an independent annual audit, please attach this document.
* **Emergency Repair/Building Code Citation:** If your agency is applying under the ‘Emergency Repairs/Building Code Assistance’ category, please attach this document

**Part 6: EFSP Program Attachments**

* **Program Budget:** Attach a program budget for the service that you are requesting EFSP funding for, please include the amount requested from EFSP funds and other sources of funding. If you are requesting funding for more than one category, please include a program budget for each.