



Emergency Food & Shelter Program - Phase 35 Application for Funding

Submittal Instructions:

Submit one (1) original application with all requested attachments by **4:00 p.m. on Friday, August 3, 2018**, to Lake County Health & Human Services, P.O. Box 7800 (315 West Main St. Suite 233), Tavares, FL 32778. Additionally, email one (1) signed copy of application with **ALL** attachments to: sglass@lakecountyfl.gov.

NO EXCEPTIONS

Applications will **not** be accepted after the submission deadline. No handwritten applications will be accepted. Submitted applications will **not be reviewed for funding and will be returned** to agency if:

- Any portion of this applications is altered or incomplete
- Attachments are not submitted
- Directions are not followed

Required Attachments:

- Proof of Non-Profit Status (1st page of most recent IRS 501(c)(3) tax exemption determination letter)
 - List of Agency's Board Members
 - Copy of agency's most recent annual audit
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Agency Name: _____

By signing below I acknowledge that the information contained in this funding application is accurate to the best of my knowledge. In addition, by signing I certify that this request is consistent with our organization's Mission, Articles of Incorporation, and By-Laws.

In accepting EFSP National Program funds, the agency certifies that it will practice non-discrimination with regard to client assistance.

Furthermore, acceptance of EFSP program funds constitutes acceptance to comply with all criteria, policies and procedures of the national and local boards.

CEO/President/Executive Director - Signature

Date

CEO/President/Executive Director – Type or Print

Funding is made available through the Department of Homeland Security (DHS)/Federal Emergency Management Agency under the Emergency Food and Shelter National Board Program.

EFSP / FEMA Phase 35 Application for Funding

Please prepare on computer or typewriter only.

1. Agency's Legal name: _____

a. Contact: Director's name and title: _____

b. Agency contact: for application questions: _____

c. Physical address: _____

d. Agency Mailing Address (if different): _____

e. Phone Number: _____ Fax Number: _____

f. E-mail address: _____

2. Agency address of where funded services are provided: _____

a. Congressional District (3-digit number):

Where agency is physically located: _____

Where agency's EFSP funded services are provided: _____

3. Agency's Federal Taxpayer ID#: _____

4. Agency's DUNS#: _____

5. Please check one of the following:

Nonprofit *

Unit of Government

**Attach Roster of volunteer board to application*

Agency's Mission Statement:

Organization Eligibility

Under the terms of the grant from the National Board, local agencies chosen to receive funds must:

- Be nonprofit or an agency of government;
- No be debarred or suspended from receiving Federal funding;
- Have a checking account (Cash payments are not allowed);
- Have a Federal Employer Identification Number (FEIN);
- Have a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B);
- Provide services and use 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 or 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; and
- To the extent practicable, involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services.

Additionally, interested agencies must provide proof of the following with the application:

- Proof of Non-Profit Status (1st page of most recent IRS 501(c)(3) tax exemption determination letter)
- List of Agency's Board Members
- Copy of agency's most recent annual audit

Qualifying agencies are urged to apply. Failure to comply with all Board Policies and Procedures will be subject to denial or removal of funds.

Funds are to be used on an ongoing basis to **supplement and extend existing** food and shelter services, not as a substitute for other program funds or to start new programs.

By signing below, I certify that my agency meets the above eligibility requirements.

CEO/President/Executive Director Signature

Date

Funding Request Breakdown

NOTE: Only whole dollar amounts

Direct Assistance to Individual/Families (funds paid out on behalf of the client)
 Recipient organizations will submit all rent/mortgage/utility payment requests to Catholic Charities, who will then issue payment directly to the vendor.

CATEGORY	FUNDING REQUEST	# OF BILLS TO BE PAID*
Rent/Mortgage	\$	
Utilities	\$	

*Count one bill for each household (family or single individual) to be served.

Other Food

Recipient organizations will purchase the food used for their programs and submit receipts to Catholic Charities within 30 days. Catholic Charities will then issue payment directly to the vendor.

CATEGORY	FUNDING REQUEST	# OF MEALS to be PROVIDED
Other Food (Pantry)	\$	

Mass Shelter

Recipient organizations will use their own funds up front to operate their shelter services and will be reimbursed by Catholic Charities at the rates specified below.

CATEGORY	FUNDING REQUEST	# OF BEDS at FACILITY	# of BED NIGHTS <small>Estimate based on \$7.50 per person, per night</small>
Mass Shelter	\$		

Meals Served

Recipient organizations will use their own funds up front to operate their meal service program and will be reimbursed by Catholic Charities at the rates specified below.

CATEGORY	FUNDING REQUEST	# OF MEALS to be PROVIDED <small>Estimate based on \$2 per person, per meal</small>
Meals Served	\$	

Overall Funding Request Total	\$
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Agency Information

Brief description of agency:

List of agency services:

Please provide a statement of your capability and capacity to provide these emergency programs, such as the screening and evaluation of applicants.

Program Budget

	EFSP Funds Requested Per Category for <u>This Program</u>
Rent/Mortgage	\$
Utilities	\$
Other Food (Pantry)	\$
Mass Shelter	\$
Meals Served	\$

PROGRAM REVENUES

Please provide the sources of funding and amounts for each of the categories included in your EFSP Application. Be as specific as possible (ex. XYZ Foundation - \$XXX), but do not include individual donor names – those can be listed together and labeled “Individual donors”.

Additionally – do not include EFSP funds previously received or projected to receive.

Program Funding Source(s)	Last Fiscal Year	Current Fiscal Year
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL PROGRAM REVENUE	\$	\$

NOTE: EFSP funds are intended to **SUPPLEMENT** existing services. **If no additional funding sources are identified above, application will not be considered.**

PROGRAM EXPENDITURES

Program Expenses	Last Fiscal Year	Current Fiscal Year
Program Personnel:		
Professional Staff Salaries	\$	\$
Support Staff Salaries	\$	\$
Employee Benefits	\$	\$
Payroll Taxes/Other	\$	\$
Program Occupancy:		
Building Lease/Rent	\$	\$
Maintenance	\$	\$
Occupancy and Utilities	\$	\$
Insurance	\$	\$
Program Operations:		
Office Supplies	\$	\$
Office Expense/Computer	\$	\$
Printing	\$	\$
Professional Fees/Outside Consultants	\$	\$
Staff Travel	\$	\$
Miscellaneous Expenses	\$	\$
Direct Assistance for Clients (rent, utilities, food, etc.)	\$	\$
TOTAL PROGRAM EXPENSES	\$	\$