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| *ATTACHMENT A* |

Please do not leave any information unanswered or blank.

**AGENCY INFORMATION**

|  |  |
| --- | --- |
| Agency Name: |  |
| Physical Address: |  |
| Mailing Address: |  |
| Address where services will take place if different from above: |  |
| Federal Employer Identification Number: |  |
| Congressional District Agency is located in: |  |
| Unique Entity Identifier (UEI):  |  |
| Website Address (if any): |  |
| Agency Public Phone Number: |  |
| Agency Public Fax Number: |  |

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| Executive Director’s Name: |  |
| Executive Director’s Email Address: |  |
| Executive Director’s Phone Number: |  |
| Program Director’s Name: |  |
| Program Director’s Phone: |  |
| Program Director’s Email Address: |  |
| Program Contact’s Name (if different): |  |
| Program Contact’s Phone: |  |
| Program Contact’s Email: |  |

**GRANT NARRATIVE**

1. POPULATION SERVED

# Who is eligible to receive your services? Who is your target population? (Include special constituencies such as homeless individuals, single mothers, etc.)

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1. Please select the parishes you are applying EFSP funds for. You must be located in, have a satellite office or have a mission that includes the parish. A budget must be completed separately for each selected parish (Attachment B).

[ ]  Jefferson Parish [ ]  Orleans Parish

[ ]  Plaquemines Parish [ ]  St. Bernard Parish

[ ]  Tangipahoa Parish [ ]  St. Tammany Parish

[ ]  Washington Parish

1. SERVICES PROVIDED
2. Please describe if services are different for each parish selected (if applicable).

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1. What are the services that will be provided using EFSP funds? (Must match requests in Attachment B)

 [ ]  Served Meals [ ]  Rent/Mortgage Assistance

 [ ]  Other Food (i.e. food boxes, [ ]  Utility Assistance

 food for food banks, etc.)

 [ ]  Mass Shelter [ ]  Supplies (for agency)

 [ ]  Other Shelter (i.e. hotel/motel)

1. Please describe if services are different for each parish selected (if applicable).

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1. What other service(s) are provided by your organization?

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1. Please describe the case management services that you have in place.

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### Are there any mechanisms in place to track clients beyond a year?

###  [ ]  Yes [ ]  No

 If yes, please describe tracking mechanism:

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1. Over the past year, have you had an increase in clients; and if so, what has contributed to this increase?

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#### What have you done differently to address this need?

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#### How do you make the public aware of the emergency assistance services that are available through your program?

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#### Are other agencies providing similar services in your proximity?

####  [ ]  Yes [ ]  No

####  If so, what makes your agency unique?

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1. Is your agency using any type of eligibility/screening process in order to maximize the impact of any and all awarded funds?

 [ ]  Yes [ ]  No

If so, please explain how and attach eligibility/screen form:

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|  |

#### What are the hours and days that your current program is operating?

(i.e., Monday – Friday, 7:00 am – 4:00 pm)

|  |  |
| --- | --- |
| Days: |  |
| Hours: |  |

1. PROGRAM HISTORY
2. How long has your agency been in operation?

[ ]  0 – 2 years [ ]  2 – 5 years [ ]  5+ years

#### How long has your emergency assistance program been in operation?

[ ]  0 – 2 years [ ]  2 – 5 years [ ]  5+ years

###### PROGRAM FUNDING

Other than Emergency Food and Shelter Programs Funds, what sources of funds are used for **emergency assistance** in your current program(s)? (CHECK ALL THAT APPLY):

[ ]  Church [ ]  Government [ ]  United Way

|  |
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[ ]  Direct Contributions [ ]  None

[ ]  Other (explain):

###### FINANCIAL CONTROLS

1. Is your agency debarred or suspended from receiving funds or doing business with the Federal government?

[ ]  Yes [ ]  No

1. Briefly describe your program’s current financial control and documentation procedures. *(Your accountant or bookkeeper may need to be consulted.)*

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1. Is your agency willing to put procedures in place or add to current procedures in order to meet the Emergency Food and Shelter Program requirements?

 [ ]  Yes [ ]  No

If no, why not?

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1. If your agency receives Emergency Food and Shelter Program Funds, will you be willing to accept referral clients?

 [ ]  Yes [ ]  No

If no, why not?

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**EMERGENCY FOOD AND SHELTER PROGRAM**

# LOCAL BOARD POLICY STATEMENT

**(Adopted September 27, 2000)**

Congress has mandated that The Emergency Food and Shelter Program (EFSP) help people facing “economic emergencies.” To accomplish this purpose, the Local Board awards funds to those agencies and organizations that have the capacity and the willingness to respond to clients who have an immediate and pressing need for utility, shelter, or food assistance.

Those organizations and agencies that participate in the EFSP should have policies with adequate criteria that distinguish between those who need immediate emergency assistance and those whose needs are less immediate or non-emergency in nature. Agencies are to use their EFSP funds only to assist those clients whose needs are deemed emergency.

The Local Board specifically discourages policies that endorse “first come, first served” (regardless to level or urgency of need) or “waiting list” approaches to the disbursement of these emergency monies, as these tactics defeat the intent of the EFSP.

[ ]  **I agree to the Local Board Policy Statement.**

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| ***ATTACHMENT B\**** |

**PROPOSED PROGRAM BUDGET**

|  |  |
| --- | --- |
| Name of Agency: |  |
| Parish\*\*: |  |

\* skip if not applying for this parish \*\* scroll to next pages for other parishes

|  |
| --- |
| BUDGET INFORMATION |
| Served Meals | #  | X cost per meal at $3.00 | **$** |  | =  |
|  |  |  |  |  |  |
| Other Food (vouchers or boxes) | #  | X cost per voucher/boxes at | **$** |  | = $ |
|  |  |  |  |  |  |
| Mass Shelter | # | X cost per night at  | **$** |  | = $ |
|  |  |  |  |  |  |
| Other Shelter(hotel/motel) | #\_\_ of other shelter vouchers | X cost per night at | $  |  | = $ |
|  |  |  |  |  |  |
| Rent/Mortgage | #  | X cost per bill at | $  |  | = $ |
|  |  |  |  |  |  |
| Utility Assistance | # | X cost per bill at  | $  |  | = $ |
|  |  |  |  |  |  |
| Supplies/Equipment |  |  |  |  |  |
|  |  |  |  |  |  |
|  |
|  | GRAND TOTAL PROPOSED COST | $  |
|  |  |  |  |  |  |
| *Estimate number of meals per grocery order or voucher if not served directly. For example, a voucher for a grocery order to feed a family of 4 for 3 days would be estimated as 36 meals (4 people x 3 days x 3 meals each = 36). If you issue 10 of these vouchers they will provide 360 meals (10 vouchers x 36 meals = 360 meals). Utility assistance and rent/mortgage assistance are reported by number of bills paid.* |
|  |
| This is to certify that the above information given by the applicant agency is accurate and that the agency through the authorized person named below will abide by the Financial Terms as outlined in the attachments and provide sufficient documentation for all expenditures. |
| Authorized Signature (please type full name): |
| Title:  |

**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 ongoing programs and services,
* Is a 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,
* Conducts an independent annual review if receiving $50,000-$99,999/an independent annual audit if receiving $100,000 or more in EFSP funds, and follows OMB’s Uniformed Guidance if receiving $750,000 or more in Federal funding.
* **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) to EFSP,
* Has or will secure a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP,
* 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 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),
* Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks -- front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
* 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.**

[ ]  **Please check this box indicating that you have read and reviewed the above standards and that your organization meets all standards.**

**This application must be COMPLETED IN ITS ENTIRETY and submitted electronically on April 22nd by 5:00 PM with required documents at** [**www.unitedwaysela.org**](http://www.unitedwaysela.org)**.**

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

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Signature of Executive Director:

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 (please type)

Date: