

St. Clair County Emergency Food and Shelter Program

EFSP Phase 41 Application

Please email (finance@uwstclair.org) application and required supporting documents as single PDF with document name: EFSP Phase 41 – organization name

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Contact Person: _____

Funding Request: _____

Program Area (Circle One): Food Pantry / Per Meal Allowance (\$3) / Per Diem Nightly Allowance (\$12.50/night) /

Utilities (up to 90 days/client) / Rent/Mortgage (up to 90 days/client) / Other Shelter (up to 90 days/client)

Authorized Organization Representative: _____

Title: _____

The above-named organization supplies with this application the following (all information is required):

1. Proof of non-profit or government agency status

2. Federal Employer Identification number

3. UEI ID (www.sam.gov)

UEI ID Expiration Date: _____

4. Copy of most recent audit (if applying for \$25,000 or more)

5. List of organization's board members

6. Proposed program budget (**include ALL income and expense**)

SEE ATTACHED WORKSHEET

7. Substantiation of unmet emergency needs

8. Specific time of client access to services

The above-named organization agrees to:

- Have an accounting system or an approved fiscal agent
- Practice Nondiscrimination
- To the extent practicable, involve homeless individuals and families, in providing emergency food and shelter services.
- Provide services within the intent of the program
- Deposit funds for this program in a Federal insured bank account (not necessary for organizations with a

fiscal conduit agreement). Maintain proper documentation for all expenditures under this program according to the guidelines.

- Submit reports to the Local Board by their due date.
- Work with the Local Board to quickly clear up any problems related to compliance exceptions (s) at the end of the program.
- Read and abide by manual provided.

Authorized Organizational Signature

Title

Authorized Volunteer Signature (If applicable)

Title

St. Clair County Emergency Food and Shelter Program
Worksheet for Assistance in Completing
Phase 41 Application
for Local Recipient Organization Funding

Please answer the following questions:

Do you qualify to manage the funding and EFSP reporting requirements on behalf of your own organization? YES NO

If so, do you commit to managing the organizational requirements reporting and maintaining the records? YES NO

If not, do you commit to electronically signing National EFSP forms and submitting receipts immediately following the purchase (5 days) – UWSCC would serve as your Fiscal Agent? YES NO

Who are you serving?

Why are you serving them (are they referred, is initial screening done)?

How are your clients tracked, please provide copy of process and tracking forms.

What are you serving them with (for food providers, what are you giving them and how often)?

Where does your main source of funding come from (for food providers, where does the food come from, how much is donated versus contributed)?

What are you requesting funding for (be specific: perishable and/or nonperishable supplies, mass shelter, hotel/motel, type of direct assistance, etc.)?

How does your organization collaborate with other organizations to prevent duplication of services for client/household?

PROGRAM BUDGET MUST SHOW ALL INCOME AND EXPENSE ITEMS AND LIST INCOME SOURCES AS DETAILED ITEM. IN-KIND DONATIONS MUST BE NOTED.

What are your normal hours of operation?

How many people are you currently serving as well as your projected increase in number served if EFSP funding received?

ATTENTION FOOD PROVIDERS: THE LOCAL BOARD ONLY FUNDS FOOD PURCHASES. DOCUMENTATION OF ACTUAL PURCHASES WITH DATED RECEIPTS IS REQUIRED.