

Emergency Food and Shelter Local Board
LOCAL APPLICATION FORM
SUPPLEMENT TO PHASE 35

REQUIRED INFO COUNTY _____ LRO # (9 DIGITS) _____ - _____

Step 1: Review the Phase 35 Application guidelines

Before you begin completing the application, please read the Application Instructions and Local Recipient Organization Certification. You can download the Local Recipient Organization Certification Form online- *Not yet released, complete application and I will notify when form is available for you to go in and complete*

Follow this link: <https://www.efsp.unitedway.org/efsp/website/index.cfm>

*Application must be typed so it can be submitted electronically.
Print one copy, sign below, and submit with:*

- Application for Funding
- Local Recipient Organization Certification Form (not yet released)
- Agency brochure or an informational flier
- List of your Board of Directors
- Most recent annual audit or Form 990

Return to:

LRO 713400

Submit this form electronically to office@unitedwayoflinncounty.org

LRO 709000 & 713200

Submit this form electronically to office@unitedwayblc.org

Application for EFSP Funding

The deadline for applications is 5:00 p.m. on June 1st, 2018

Organizations Name:	
Address:	
Contact person name and title:	
Phone number:	
Email:	
Website:	
Amount Of Funding Requested:	\$
FEID # & DUNS #	

Step 2: Complete the questions below. Answer all parts of each question. An appropriate length for each narrative question is no more than 1000 characters.

Is this agency a Non-profit or Unit of Government?

Yes No Does the organization have an established system to maintain required documentation?

Yes No Does the organization have an established accounting system?

Yes No Has the organization demonstrated the capability to deliver emergency food and/or shelter programs?

Yes No Does your organization have an organized volunteer Board of Directors?

Yes No Is the organization debarred or suspended from receiving funds or doing business with the federal government?

Yes No Has the organization been cleared of all previous compliance problems from Phase 1 - Phase 34 by the EFSP National Board?

Program Information

PROGRAM FOCUS:

Category: Select the service to be funded

Mass/Other Shelter: Emergency housing and homelessness prevention, including day centers. (Emergency shelter is defined as providing shelter for six months or less)

Emergency Food: Hunger relief and nutrition.

Access to Basic Needs: Emergency utility and rental assistance to prevent evictions (one-time assistance programs).

1. Brief Description of Your Agency/Organization's Mission:

2. Is your agency a new applicant for EFSP funds ____ Yes ____ No

3. What are the short and long-term impact(s) you expect your program to have on the community?

4. Do you have a transition plan to get people to not depend on your services? Can you briefly outline that for our board?

5. Is your agency a visible program in the community? Yes No
6. Do you currently or have a plan to collaborate with other community agencies Yes No

Please list agency collaborations below:

7. How many years has your agency been providing the services you are applying for?

8. Is your program sustainable? Yes No
 - a. What measurable/documentation do you have to track this?

9. The Local Recipient Organization Responsibilities were distributed with this application. Please completely review these responsibilities.

Have you **read and understand** the LRO Responsibilities Yes No

Program Request/Narrative

For program(s) requesting funding, please reflect other agency funds available and the source of this funding below:

Category	Unit of Service	# Units provided with Non-EFSP funds	Total Non-EFSP Funds	# units provided with EFSP Funds	Total EFSP Funds Requested	Total
Food						
<i>Served Meals</i>	Meals (\$2.00 per)					
<i>Other Food</i>	Food (Meals served)					
Total						
Mass Shelter	Nights (\$12.50 per)					
Total						
Rent, Mortgage, Utility	# bill/order (per household)					
<i>Rent & Mortgage</i>						
<i>Utility</i>						
Total						
TOTAL						

Step 3: Sign below (Agency Director/Board Chair)

SIGNATURE: _____ TITLE: _____ DATE: _____

MANDATORY ATTACHMENTS

- Application for Funding
- Local Recipient Organization Certification Form
- Agency brochure or an informational flier

- List of your Board of Directors
 - Most recent Annual Audit or Form 990
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Step 4: Save your application and mandatory attachments to your computer.

Step 5: Send complete application electronically with the following naming convention

713400-003_United Way_Phase 35 (Using United Way as agency reference)

Return to:

LRO 713400

Submit this form electronically to office@unitedwayoflinncounty.org

LRO 709000 & 713200

Submit this form electronically to office@unitedwayblc.org