**EMERGENCY FOOD & SHELTER PROGRAM (EFSP)**

**PHASE 37 and CARES/ COVID-19**

***Lucas County Application for Funding***

**APPLICATION DEADLINE:**

**Tuesday, May 19 at 5:00 pm**

\*Failure to submit your application, budget, and supplemental documents by the deadline stated above will result in your application not being considered for Phase 37 and CARES/ COVID-19 funding. Incomplete or inaccurate applications will result in your application not being considered for Phase 37 and CARES/ COVID-19 funding. Please contact Lindsey Miller at 419-251-8738 or email if you have questions.

**EMAIL SUBMISSION ONLY**

**Submit to Lindsey Miller** lmmiller@mercy.com

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| **ORGANIZATION INFORMATION**Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director or Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal Employer ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If services are provided at a site different than the address above, please provide the following:Place of Performance Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Assuming a project period from 6/1/2020 to 5/31/2021:**Amount Requested (Phase 37) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Assuming a project period from 6/1/2020 to 12/31/2020:**Amount Requested (CARES/ COVID-19) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PROGRAM CONTACT** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Does your organization comply with the following requirements of this program?**
2. is a private voluntary nonprofit or a unit of government 🗌Yes 🗌No
3. is located in Lucas County, Ohio
4. has an accounting system 🗌Yes 🗌No
5. practices non-discrimination 🗌Yes 🗌No
6. has demonstrated the capability to deliver emergency food and/or shelter programs 🗌Yes 🗌No
7. has a voluntary board (if a private voluntary organization) 🗌Yes 🗌No
8. **Is your agency a new applicant for EFSP funding, current or a former recipient?**

 🗌 New applicant 🗌 Current recipient 🗌 Former recipient

1. **Briefly describe the program for which funds will be used (food, rent, utilities, etc.) and explain how EFSP funds will help you expand services. (NOTE: EFSP funds must be used to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services.)**
2. **Briefly describe the criteria or the process you use to determine eligibility for individuals who seek assistance in the area(s) you are requesting EFSP funding. Attach a sample copy of the application form you use to determine eligibility. If necessary, use additional pages attached to this application for more space.**
3. **How many people were served in this program last year?** \_\_\_\_\_\_\_\_
4. **What were the total costs for this program during the past year? $\_\_\_\_\_\_\_\_\_\_**
5. **What other sources of funding did you utilize for this program last year? Please list the sources and the amounts you received from each source. Attach a separate sheet if necessary.**
6. **In the past year, have you had to deny assistance to qualified applicants due to lack of funding?**  🗌Yes 🗌No

Please explain:

1. **Indicate how you intend to administer the funds from this program.** (***Please note that if funded, your organization will receive half of the award when the contract is executed and half when your organization has filed the mid-year report. Additionally, these payments are dependent on the time it takes for United Way Worldwide to review reports). Check all that apply.***

🗌 Funds will be allocated over a period of months, so they are available throughout the year.

🗌 Funds will be used on an individual first-come, first-served basis until depleted.

🗌 Funds will be used to purchase bulk supplies.

Please elaborate on the method(s) selected:

**12.** **What will be the impact to your agency if there is a decrease in dollars available, or the EFSP program is eliminated entirely?**

**13. Is your agency debarred or suspended from receiving federal funds or doing business with the federal government?**

 🗌Yes 🗌No

**14) All relevant agency staff have reviewed the EFSP manual prior to submission of the application (EFSP Phase 35 manual was provided with application form). The EFSP manual includes information pertaining to EFSP regulations, allowable/unallowable expenses, and required documentation in order to be in full compliance.**

🗌Yes 🗌No

**SUPPLEMENTAL DOCUMENTATION**

Please submit the following supplemental organizational documents along with your application.

* Copy of your agency’s most recent annual audit.
* If your agency is a non-profit, include a roster of your agency’s volunteer board.
* If your agency is a non-profit, include a copy of your agency’s 501c3 determination letter.
* Sample copy of your agency’s application form you use to determine client eligibility.
* EFSP Phase 37/CARES-COVID-19 Budget Template (attachment provided with application form).

**REQUIRED SIGNATURE**

To the best of my knowledge and belief, information provided in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with all financial terms and conditions of EFSP funding as required by the National and Local Board if assistance is approved.

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Authorized Signer Name (Print) Title Date

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Authorized Signature