



**Phase CARES  
Emergency Food and Shelter  
Program (EFSP)  
Application for Funding**

## **Application for Funding**

Agency Name: \_\_\_\_\_

LRO Number (if applicable): \_\_\_\_\_

**I. AGENCY INFORMATION:**

a. Provide a brief history of your agency:

i. Date of incorporation: \_\_\_\_\_

ii. Length of time agency has been in operation: \_\_\_\_\_

iii. Length of time agency has offered emergency assistance: \_\_\_\_\_

iv. Description of programs offered:



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b. Identify your experience with local and federal grant administration:

i. Funding Amount:

ii. Funding Source:

iii. Activities & Service Units Funded:

iv. Successes/Monitoring Issues/Findings:

c. Provide history of use of HMIS or Comparable Database. If agency is only applying for Food/Other Food, this question is not applicable.

**II. PROJECT INFORMATION:**

a. Provide a statement of need for EFSP Funds:

i. A description and number of project beneficiaries you currently and will serve with EFSP funds:

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- ii. Current **need** for and **impact** of EFSP funded activities in your community. Please be specific using as much data driven and supported information as possible.

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iii. How your organization differs from similar providers:

iv. Partnerships and collaborations utilized to enhance effectiveness

1. Be specific as to how you refer out and what those services are. For example, are you referring clients to other partners for services your agency does not currently offer?

2. Expand on how long you have maintained this partnership.

3. Letters of support from partner agencies are encouraged. (Include as additional attachments.)

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- b. Explain how EFSP funds will be used to **supplement** and **extend** existing food and shelter activities. Explain how EFSP funds will be used to increase the number of clients served in each activity proposed or enhance the services. Describe the sources of the non-EFSP funding proposed in your budget. (For further clarification, the Local Board is looking for a response that tells us what services your agency can provide **without** this funding, and how this funding will aide your agency in serving more clients. Please make sure you're telling the Local Board how many more services you can add to your current activities **WITH** this money.)

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**III. HOMELESS/FORMERLY HOMELESS INVOLVEMENT:**

- a. Federal provisions require that agencies funded under the Emergency Food and Shelter Program involve homeless individuals and families in the operation of their program, to the extent practicable so that the intended beneficiaries of service have a voice in how these services are delivered. **Please describe the involvement of homeless/formerly homeless individuals and families in the operation of your program. If this involvement is not practicable for your agency, please explain.**

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**IV. FINANCIAL INFORMATION:**

- a. Program Level Budget (Excel Spreadsheet)
  - i. Follow the directions provided in the Excel Spreadsheet when completing budget. No additional budget information should be entered other than requested information.
  - ii. For the period of June 1, 2020 to May 31, 2021
- b. Audit Review: Attach your latest audit or financial statement as directed in the Competition Overview Document.

**V. INTAKE PROCEDURES:**

- a. Describe the steps per each expense activity (Food, Served Meals, Other Food, Mass Shelter, Rent/Mortgage, Utility Assistance) for which you are requesting funds. This should include but is not limited to the process a client goes through when applying for EFSP assistance:
  - i. Days and hours of operation:

ii. Required documentation:

iii. Eligibility requirements:

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- iv. How is your EFSP activity assistance stabilizing your beneficiaries for future independence?
  - 1. Per EFSP regulations, clients receiving Utility, Rental or Mortgage Assistance are only allowed that service once per an EFSP Phase. Please describe the process of how your agency ensures clients are not receiving undue benefit and/or any other financial assistance limits.

**VI. COVID-19 RESPONSE:**

- a. Please describe your agency's current operational status, explaining how you have modified services during this period of crisis?

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VII. FOR MASS SHELTERS AND SERVED MEALS ONLY: INDICATE THE LAST DATE THE AGENCY RECEIVED THE PERMITS AND/OR INSPECTIONS LISTED BELOW (if more than one facility, attach information for each facility):

Occupancy Permit	_____
Elevator Permit	_____
Boiler Permit	_____
Fire Code Inspection	_____
Health Dept. Permit	_____
Other	_____

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