



EFSP Phase ARPA-R - Application for Funding

Agency Name and 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 (*3500 Characters*):



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

i. Funding Amount (*450 characters*):

ii. Funding Source (*500 Characters*):

iii. Activities & Service Units Funded (*500 Characters*):

iv. Successes/Monitoring Issues/Findings: (*225 Characters*)

c. Provide history of use of HMIS or Comparable Database. If agency is only applying for Food/Other Food, this question is not applicable. (*750 Characters*)

II. PROJECT INFORMATION:

a. Provide a statement of need for EFSP Funds:

i. A description and **number** of clients you currently and will serve with EFSP funds (*1300 characters*):

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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. *(5000 Characters)*

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iii. How your organization differs from similar providers (*2000 Characters*):

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? (*1650 Characters*)

2. Expand on how long you have maintained these partnerships. (*900 Characters*)

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

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b. Explain how your organization delivers immediate and direct relief to families impacted by COVID-19 crisis? (3800 Characters)

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- c. Explain how EFSP funds will be used to **supplement** and **extend** existing activities, including how EFSP funds will be used to increase the number of clients served in each proposed activity and/or enhance the services. Describe sources of non-EFSP funding proposed in your budget. (The Local Board wants to know what services your agency can provide **without** this funding and how many more services you can add to your current activities **with** this money.) (4800 Characters - cont'd below)

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c. **Supplement** and **Extend** continued (1000 Characters):

III. CLIENT (HOMELESS/FORMERLY HOMELESS INVOLVEMENT):

- a. Federal provisions require that EFSP LROs 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 service delivery. **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.** (3350 Characters)

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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 November 1, 2021 to April 23, 2023
- b. Audit Review: Attach your latest audit or financial statement as directed in the Competition Overview Document. **See page 42 of the EFSP Phase 35 Manual for complete audit requirements.**

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 (*550 Characters*):

- ii. Required documentation (*925 Characters*):

- iii. Eligibility requirements: (*1900 Characters*)

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- iv. How is your EFSP activity **stabilizing** your beneficiaries for future independence?
For LROs applying for Rent/Mortgage and/or Utility Assistance, please include a description of how your agency ensures clients do not receive undue benefit/duplication of service in these categories. (4900 Characters)

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VI. 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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