



## EMERGENCY FOOD & SHELTER PROGRAM PHASE 35 FUNDING APPLICATION

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**Applications are due on Monday, May 28<sup>th</sup> at 5:00pm.**

**All applications must be submitted via email to [lroselyn@unitedwaydgco.org](mailto:lroselyn@unitedwaydgco.org).  
Faxed, mailed, late, or otherwise incomplete applications will not be accepted for consideration.**

The intent of this program is for the purchase of food and shelter, to supplement and expand current available resources, and not to substitute or reimburse ongoing programs and services or to start new programs. Consequently, the Local Board will only consider fully operational agencies to receive funds to supplement and expand eligible on-going services and will not fund agencies in anticipation of a needed service (i.e., fire victims, floods, tornadoes, etc.) nor for singular or special celebratory/holiday baskets, etc. The Local Emergency Food and Shelter Program (EFSP) Board will not consider applications for funding due to budget shortfalls or reductions in other funding sources.

United Way of Douglas County will coordinate with the Local EFSP Board to manage the process for reviewing and scoring applications. This is a competitive process with limited funding available, and submission of an application does not guarantee funding. The Local EFSP Board reserves the right to award partial or full funding requests. Applicants will receive funding notification by Friday, June 8<sup>th</sup>, 2018.

Douglas County has a total award of \$42,351 to allocate. The minimum funding amount is \$500.

**Applicants may apply for funds in the following categories:**

- A. Served Meals - This category pertains to basic, nutritional, hot, or cold prepared meals that are served by the Local Recipient Organization (LRO) or delivered to clients. Food costs for meals served in a shelter should be included here. The per meal rate of \$2.00 may be used for agencies serving congregate meals.
- B. Other Food - This category includes food vouchers for food orders, food boxes, or food purchased by food banks/pantries.
- C. Mass Shelter (on-site) - This category pertains to funds to provide shelter within the LRO's own facility. Food served in a shelter is not included here. LROs may use a per diem rate of \$7.50 for housing clients in their facility.
- D. Other Shelter - This category pertains to funds to provide shelter outside of the LRO's own facility (e.g. motel, SLO).
- E. Rent/Mortgage - This category pertains to funds to provide clients with rent/mortgage assistance (one month only per client/family).
- F. Utilities - This category pertains funds to provide clients with utility assistance (one month only per client/family/per utility).

**In accordance with the authorizing legislation of funds, priority consideration and special emphasis will be given to the specialized needs of:**

- Homeless individuals with mental and physical disabilities and illness to facilitate access to other sources of services and benefits
- The elderly
- Families with children
- Native Americans
- Veterans

**Please direct questions to:**

Lea Roselyn, United Way of Douglas County Community Impact Director  
[lroselyn@unitedwaydgco.org](mailto:lroselyn@unitedwaydgco.org) / 785.843.6626 x 357



Catholic Charities USA



National Council of Churches

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### ORGANIZATION INFORMATION

Legal Name of Organization: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Executive Director Name (if different than contact above): \_\_\_\_\_

Agency EIN\*: \_\_\_\_\_ DUNS ID Number\*\*: \_\_\_\_\_

Type of Organization:  Nonprofit  Government Entity

Is your organization debarred or suspended from receiving federal funds?  Yes  No

### FUNDING REQUEST

Identify funding category, enter amount requested, program budget, and the number served by program.

| Category           | EFSP Amount Requested | Other Funds (Non-EFSP) | Total Program Budget | Number Program Will Serve |
|--------------------|-----------------------|------------------------|----------------------|---------------------------|
| Served Meals       |                       |                        |                      |                           |
| Other Food         |                       |                        |                      |                           |
| Mass Shelter       |                       |                        |                      |                           |
| Other Shelter      |                       |                        |                      |                           |
| Rent/Mortgage      |                       |                        |                      |                           |
| Utility Assistance |                       |                        |                      |                           |
| <b>Total</b>       |                       |                        |                      |                           |

\*The National EFSP Board requires all Local Recipient Organizations (LROs) to have a Federal Employer Identification Number (EIN). If an LRO does not have an FEIN, the LRO must apply to the IRS for this number. There is no charge for an FEIN, and the required form is the SS-4. All agencies funded through fiscal agents are also required to provide an FEIN to the National Board to receive a grant. Grants will be held until this information has been provided.

\*\*The National Board requires all LROs to have a Data Universal Number System (DUNS) number. If an LRO does not have a DUNS number, the LRO must apply to Dun and Bradstreet for this number. There is no charge for the DUNS number.

Total Agency Operating Budget: \_\_\_\_\_

Has the organization received EFSP funding in the past?  Yes  No

*If yes and requesting a funding increase, explain the rationale for the increased funds:*

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## PROGRAM INFORMATION

**Agency Mission Statement:**

**Describe the community need you are addressing with this proposal. Please include your rationale and how the EFSP funds will be used to address the problem.**

**Describe the program and services provided:**

**Describe the program's capacity to serve people experiencing hunger and homelessness in Douglas County:**

**Describe the program's target population. Please be specific and address how your program serves the specialized needs of EFSP's priority populations:**

**Describe the program's participant eligibility requirements:**

**Are you currently providing services for which you requesting EFSP funds?**  Yes  No

**Are services offered to members of every community in Douglas County?**  Yes  No

**Are all program services free of charge for recipients?**  Yes  No

**Are all program services offered to all clients free from discrimination?**  Yes  No  
*(Agencies with a religious affiliation will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds)*

**Required Supplemental Documents:**

Submit the following documents as an email attachment, to be sent with completed application

1. List of current Board of Directors
2. IRS 501 (c) 3 determination letter
3. IRS Form 990
4. Organization Budget