

PHASE 40 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION
Federal Emergency Management Agency/Palm Beach County

AGENCY CONTACT INFORMATION

Agency Name: _____

Executive Director: _____

EFSP Contact Person & Title: _____

Address: _____

City, State, Zip Code: _____

E-Mail: _____

Telephone: _____

Federal ID: _____ DUNS Number: _____

Local Recipient Organization (LRO) Number (if applicable): _____

REQUEST FOR FUNDING

Provide your Phase 40 EFSP request for funding broken down in the following categories. Use the unit of service definitions included in this application.

	CATEGORY	REQUEST AMOUNT	ESTIMATED UNITS OF SERVICE	UNIT COST
A	Served Meals			
B	Other Food (Pantry) <ul style="list-style-type: none"> • Pantry • Gift Cards 			
C	Mass Shelter <ul style="list-style-type: none"> • Transitional Housing 			
D	Other Shelter <ul style="list-style-type: none"> • Hotel/Motel 			
E	Rent/Mortgages			
F	Utility Payments			
G	Total Request (add A through F)			

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AGENCY INFORMATION

All applicants are to complete this section. Only submit this section once, even if requesting participation in multiple EFSP categories. You are encouraged to thoroughly yet succinctly respond to each question.

1. How many years has the agency been in existence?
2. How many years has the agency been providing emergency support services?
3. What are the agency's overall mission and goals? (1000 character maximum)
4. Briefly describe services the agency provides to the community. (2000 character maximum)
5. Is the agency an access partner with the Florida Department of Children and Families?

Yes No N/A

If no, indicate why not? (1000 character maximum)

6. If applying for the categories Mass Shelter, Other Shelter, Rent/Mortgage and Utility Payments, are you a member of the Palm Beach County Homeless and Housing Alliance (HHA) (Formerly the Continuum of Care)?

[HHA delivers a comprehensive and coordinated continuum of services for homeless individuals and families. Components include homeless prevention, outreach and assessment, emergency shelter, transitional housing, supportive services, permanent housing, and permanent supportive housing. The HHA includes a variety of community-based members that meet monthly.]

Yes No N/A

If no, indicate why not? (1000 character maximum)

7. The Palm Beach County Homeless Management Information System *[Client Management Information System (CMIS) ClientTRACK]* was created to avoid duplication of services provided to an individual by multiple agencies. EFSP requires immediate entry of client data at the time of services and prior to issuance of any funds.

Is the agency an active user of CMIS ClientTRACK?

Yes No

Does the agency utilize CMIS ClientTRACK beyond EFSP?

Yes No

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If no, explain why not? (1000 character maximum)

8. How does the agency provide services to people with disabilities, including those who require reasonable accommodation as required by the Americans with Disabilities Act (ADA)? *(For example, describe the agency's policies and procedures to assist clients who require a Sign Language Interpreter, assistance in filling out forms, wheelchair accessibility, and/or accessibility for service animals in the proposed EFSP-funded program services locations.)* (2000 character maximum)

Provide a copy of your agency's written policy describing how services are provided to individuals with disabilities.

EFSP FUNDING HISTORY

9. Has your agency ever received EFSP funding?

Yes No

10. If your agency has received funding, provide the following information for the past two phases.

Funding Category	Phase _____				Phase _____			
	Amount of EFSP Funding requested	Units of service proposed	Amount of EFSP funding received*	Units of service provided with EFSP funding	Amount of EFSP Funding requested	Units of service you proposed	Amount of EFSP funding received*	Units of service provided with EFSP funding
Served Meals								
Other Food								
Mass Shelter								
Other Shelter								
Rent/Mortgage								
Utility								
Total								

*This amount should reflect any approved redistribution of funds.

11. Did the agency have any EFSP compliance issues that resulted in the agency having to return money?

Yes No N/A

If yes, how much?

Explain: (1000 character maximum)

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CATEGORY NARRATIVE: SERVED MEALS

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to thoroughly yet succinctly respond to each question. If the program operates at multiple sites, respond to specific sites requesting funding. Indicate whether the answer applies to all sites or answer per site and estimate the amount of EFSP funding the agency will designate to each site. Read the questions thoroughly and include only narrative that answers the question directly.

1. Target Population (3000 character maximum)

- a. Describe the primary target population served by this program; i.e., demographic data and geographic area served.
- b. Describe the eligibility requirements for the “served meals” program and how the program ensures that everyone, not just the agency’s clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

2. Program (7000 character maximum)

- a. Provide a description of the program services, in relation to the funding category.
- b. How is the vendor/supplier chosen? Describe the rationale for choosing this vendor.
- c. Describe the program’s efforts to ensure optimal value (including nutritional value) when purchasing food.
- d. Describe the agency’s administrative structure and the program’s staffing structure. If funded, how will the staffing meet the increased number of clients the agency will serve.
- e. Describe how the program’s staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients. *[For example, referral and/or linkage to 211, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Low Income Home Energy Assistance Program (LIHEAP), Emergency Home Energy Assistance for the Elderly Program (EHEAP), Florida Power & Light’s Care to Share Program]*

3. Success and Results (3000 character maximum)

- a. Describe how the EFSP funds will be used to enhance or expand current services.
- b. Describe the current system the program is using to measure results. How is the data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
- c. Briefly describe the program’s case management services, if any, including determination of client stabilization plan and 30-60 days follow-up.

4. Accounting and Financial Stability (3000 character maximum)

- a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency’s documentation requirements for EFSP funds, internal controls and staff responsible for financial management.
- b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

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5. Budget

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Other funding sources must be in place for the program for which you are applying. EFSP funding requests may not be more than 50% of the current fiscal year program budget.

Total Program Budget

Complete the table below and indicate the amount of the current fiscal year (FY) program budget line item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding previous EFSP funding		Phase 40 Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Congregate meals (Unit = 1 Person)				
Home Delivered Meal (Unit = 1 Person)				

Note: EFSP funding is intended to provide for daily, basic, nutritional meal costs on an ongoing basis. The funding is not intended to be used for a singular event, special events/celebratory events/holiday meals, etc. Also, dessert items (i.e., cookies, snack food, candy, etc.) used as part of a daily meal plan may be purchased in limited amounts. **The daily per served meal allowance is exactly \$3.**

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CATEGORY NARRATIVE: OTHER FOOD

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to thoroughly yet succinctly respond to each question. If the program operates at multiple sites, respond to specific sites requesting funding. Indicate whether the answer applies to all sites or answer per site and estimate the amount of EFSP funding the agency will designate to each site. Read the questions thoroughly and include only narrative that answers the question directly.

1. Target Population (3000 character maximum)

- a. Describe the primary target population served by this program; i.e., demographic data and geographic area served.
- b. Describe the eligibility requirements for the “other food” program and how the program ensures that everyone, not just the agency’s clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

2. Program (7000 character maximum)

- a. Provide a description of the program services, in relation to the funding category.
- b. How is the vendor/supplier chosen? Describe the rationale for choosing this vendor.
- c. Describe the program’s efforts to ensure optimal value (including nutritional value) when purchasing food.
- d. Indicate if the food pantry is a brick and mortar facility or a mobile food service.
- e. Indicate whether the agency receives USDA commodities.
- f. Describe the agency’s administrative structure and the program’s staffing structure. If funded, how will the staffing meet the increased number of clients the agency will serve.
- g. Describe how the program’s staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients. *[For example, referral and/or linkage to 211, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Low Income Home Energy Assistance Program (LIHEAP), Emergency Home Energy Assistance for the Elderly Program (EHEAP), Florida Power & Light’s Care to Share Program]*?

3. Success and Results (3000 character maximum)

- a. Describe how the EFSP funds will be used to enhance or expand current services.
- b. Describe the current system the program is using to measure results. How is the data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
- c. Briefly describe the program’s case management services, if any, including determination of client stabilization plan and 30-60 days follow-up.

4. Accounting and Financial Stability (3000 character maximum)

- a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency’s documentation requirements for EFSP funds, internal controls and staff responsible for financial management. *Note: Gift cards are eligible only if they can be marked/encoded “Food Only”. The same applies for food vouchers and gift certificates. There must be an agreement with the vendor that food items only will be allowed, and no cash will be returned to clients.*

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- b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

5. Budget

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Other funding sources must be in place for the program for which you are applying. EFSP funding requests may not be more than 50% of the current fiscal year program budget.

Total Program Budget

Complete the table below and indicate the amount of the current fiscal year (FY) program budget line item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding previous EFSP funding		Phase 40 Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Pantry/Bulk Food (Unit = Pounds/Bags)				
Gift Cards/Certificates (Unit = Household)				

Note: EFSP funding is intended to provide for basic, nutritional meals on an ongoing basis and not for non-nutritive items. The “other food” category is intended to allow agencies such as food pantries and food banks to pay for the purchase of food items, food vouchers and food gift cards/certificates to assist in the feeding of eligible clients. The funding is not intended to be used for a singular event, special celebratory events, holiday baskets, etc. Also, dessert items (i.e., cookies, snack food, candy, etc.) used as part of a daily meal plan may be purchased in limited amounts.

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CATEGORY NARRATIVE: MASS SHELTER

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to thoroughly yet succinctly respond to each question. If the program operates at multiple sites, respond to specific sites requesting funding. Indicate whether the answer applies to all sites or answer per site and estimate the amount of EFSP funding the agency will designate to each site. Read the questions thoroughly and include only narrative that answers the question directly.

1. Target Population (3000 character maximum)

- a. Describe the primary target population served by this program; i.e., demographic data and geographic area served.
- b. Describe the eligibility requirements for the “mass shelter” program and how the program ensures that everyone, not just your clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

2. Program (7000 character maximum)

- a. Provide a description of the program services, in relation to the funding category.
- b. Provide the program’s shelter bed capacity and how many bed nights will be funded by EFSP funds.
- c. How is the vendor chosen? Describe the rationale for choosing this vendor.
- d. Describe how the program will ensure the safety and quality of the living environment.
- e. Describe the agency’s administrative structure and the program’s staffing structure. If funded, how will the staffing meet the increased number of clients the agency will serve.
- f. Describe how the program’s staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients. *[For example, referral and/or linkage to 211, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Low Income Home Energy Assistance Program (LIHEAP), Emergency Home Energy Assistance for the Elderly Program (EHEAP), Florida Power & Light’s Care to Share Program]*?

3. Success and Results (3000 character maximum)

- a. Describe how the EFSP funds will be used to enhance or expand current services.
- b. Describe the current system the program is using to measure results. How is the data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
- c. Briefly describe the program’s case management services, if any, including determination of client stabilization plan and 30-60 days follow-up.

4. Accounting and Financial Stability (3000 character maximum)

- a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency’s documentation requirements for EFSP funds, internal controls and staff responsible for financial management.
- b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

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5. Budget

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Other funding sources must be in place for the program for which you are applying. EFSP funding requests may not be more than 50% of the current fiscal year program budget.

Total Program Budget

Complete the table below and indicate the amount of the current fiscal year (FY) program budget line item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding previous EFSP funding		Phase 40 Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Mass Shelter (Unit = 1 Bed)				

Note: EFSP funding is intended to be utilized to supplement the costs of operating a homeless shelter of 5 beds or more and expand services provided and/or the number of clients served. **The per diem allowance per person per night is exactly \$12.50.**

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CATEGORY NARRATIVE: OTHER SHELTER

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to thoroughly yet succinctly respond to each question. If the program operates at multiple sites, respond to specific sites requesting funding. Indicate whether the answer applies to all sites or answer per site and estimate the amount of EFSP funding the agency will designate to each site. Read the questions thoroughly and include only narrative that answers the question directly.

1. Target Population (3000 character maximum)

- a. Describe the primary target population served by this program; i.e., demographic data and geographic area served.
- b. Describe the eligibility requirements for the “other shelter” program and how the program ensures that everyone, not just the program’s clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

2. Program (7000 character maximum)

- a. Provide a description of the program services, in relation to the funding category.
- b. What criteria are used in choosing the hotels/motels?
- c. Describe the program’s methods in monitoring the hotels/motels used by the clients.
- d. Describe the agency’s administrative structure and the program’s staffing structure. If funded, how will the staffing meet the increased number of clients the agency will serve.
- e. Describe how the program’s staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients. *[For example, referral and/or linkage to 211, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Low Income Home Energy Assistance Program (LIHEAP), Emergency Home Energy Assistance for the Elderly Program (EHEAP), Florida Power & Light’s Care to Share Program]*

3. Success and Results (3000 character maximum)

- a. Describe how the EFSP funds will be used to enhance or expand current services.
- b. Describe the current system the program is using to measure results. How is the data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
- c. Briefly describe the program’s case management services, if any, including determination of client stabilization plan and 30-60 days follow-up.

4. Accounting and Financial Stability (3000 character maximum)

- a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency’s documentation requirements for EFSP funds, internal controls and staff responsible for financial management.
- b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

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5. Budget

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Other funding sources must be in place for the program for which you are applying. EFSP funding requests may not be more than 50% of the current fiscal year program budget.

Total Program Budget

Complete the table below and indicate the amount of the current fiscal year (FY) program budget line item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding previous EFSP funding		Phase 40 Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Hotel/Motel (Unit = Household)				

Note: EFSP funding is intended to allow agencies to provide off-site emergency lodging (room and tax only) in a hotel/motel or other off-site shelter facility of eligible clients. Agencies may not operate as vendors for themselves or other LROs; self-billing is not eligible with this funding. EFSP funds may pay for no more than 90 days of hotel/motel stay.

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CATEGORY NARRATIVE: RENT/MORTGAGE

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to thoroughly yet succinctly respond to each question. If the program operates at multiple sites, respond to specific sites requesting funding. Indicate whether the answer applies to all sites or answer per site and estimate the amount of EFSP funding the agency will designate to each site. Read the questions thoroughly and include only narrative that answers the question directly.

1. Target Population (3000 character maximum)

- a. Describe the primary target population served by this program; i.e., demographic data and geographic area served.
- b. Describe the eligibility requirements for the “rent/mortgage” program and how the program ensures that everyone, not just the program’s clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

2. Program (7000 character maximum)

- a. Provide a description of the program services, in relation to the funding category.
- b. Describe the agency’s administrative structure and the program’s staffing structure. If funded, how will the staffing meet the increased number of clients the agency will serve.
- c. Describe how the program’s staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients *[For example, referral and/or linkage to 211, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Low Income Home Energy Assistance Program (LIHEAP), Emergency Home Energy Assistance for the Elderly Program (EHEAP), Florida Power & Light’s Care to Share Program]*?

3. Success and Results (3000 character maximum)

- a. Describe how the EFSP funds will be used to enhance or expand current services.
- b. Describe the current system the program is using to measure results. How is the data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
- c. Briefly describe the program’s case management services, if any, including determination of client stabilization plan and 30-60 days follow-up.

4. Accounting and Financial Stability (3000 character maximum)

- a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency’s documentation requirements for EFSP funds, internal controls and staff responsible for financial management.
- b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

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5. Budget

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Total Program Budget

Complete the table below and indicate the amount of the current fiscal year (FY) program budget line item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding previous EFSP funding		Phase 40 Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Rent/Mortgage (Unit = Household)				

Note: EFSP funding is intended to provide one-time payment (up to 3 months) of rent or mortgage (principal and interest only (P&I)) up to \$2,000 per phase for qualifying clients. A one-time payment of \$250.00 or less per phase is allowed when it is not possible to verify the monthly amount. Payment must be in arrears or due within 10 calendar days and must guarantee an additional 30 days of service. These funds may NOT be used for Deposit Fees, Late Fees, or Condo Fees.

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CATEGORY NARRATIVE: UTILITY

Program Name: _____

Provide a summary of the program for which you are requesting funding. You are encouraged to thoroughly yet succinctly respond to each question. If the program operates at multiple sites, respond to specific sites requesting funding. Indicate whether the answer applies to all sites or answer per site and estimate the amount of EFSP funding the agency will designate to each site. Read the questions thoroughly and include only narrative that answers the question directly.

1. Target Population (3000 character maximum)

- a. Describe the primary target population served by this program; i.e., demographic data and geographic area served.
- b. Describe the eligibility requirements for the "Utility" program and how the program ensures that everyone, not just the program's clients, receive this service. Describe the process and steps clients take to receive services, including when (days and hours of operation, holidays, off hours) and how (appointment and/or walk-ins) clients access the program services supported by EFSP funds.

2. Program (7000 character maximum)

- a. Provide a description of the program services, in relation to the funding category.
- b. Describe the agency's administrative structure and the program's staffing structure. If funded, how will the staffing meet the increased number of clients the agency will serve.
- c. Describe how the program's staff connect clients with other resources or programs in the community to ensure comprehensive services are provided to clients. *[For example, referral and/or linkage to 211, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Low Income Home Energy Assistance Program (LIHEAP), Emergency Home Energy Assistance for the Elderly Program (EHEAP), Florida Power & Light's Care to Share Program]*

3. Success and Results (3000 character maximum)

- a. Describe how the EFSP funds will be used to enhance or expand current services.
- b. Describe the current system the program is using to measure results. How is the data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
- c. Briefly describe the program's case management services, if any, including determination of client stabilization plan and 30-60 days follow-up.

4. Accounting and Financial Stability (3000 character maximum)

- a. Describe how the agency will ensure EFSP funds will be used only for the intended purpose. Include a description of the agency's documentation requirements for EFSP funds, internal controls and staff responsible for financial management.
- b. Describe how the agency has the fiscal capacity to begin delivering EFSP services through the current program prior to receiving EFSP funding.

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5. Budget

The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Other funding sources must be in place for the program for which you are applying. EFSP funding requests may not be more than 50% of the current fiscal year program budget.

Total Program Budget

Complete the table below and indicate the amount of the current fiscal year (FY) program budget line item expense, number of units to be provided, amount of your EFSP request for each line item, and number of added units.

Category	Excluding previous EFSP funding		Phase 40 Request	
	Current FY Amount Budgeted	Number of Units to be Provided	EFSP Funding Request	Number of Added Units
Gas (Unit = Household)				
Electricity (Unit = Household)				
Water (Unit = Household)				

Note: EFSP funding is intended to provide one-time payment (up to 3 months) of utility assistance for metered (gas, electricity, water, and sewer) services up to \$200 with an itemized bill for qualifying clients. EFSP allows a payment of \$100 or less on a utility bill with a past due amount or shut-off notice of \$100 or more without the monthly breakdown showing the client's monthly billing amount. The monthly information must be verified with the utility company. If one month's service cannot be verified from the bill or with the utility company, the LRO may pay up to \$100 per individual or household provided at least \$100 is owed on the bill. Payment must be in arrears or due within 10 calendar days and must guarantee an additional 30 days of service. These funds may NOT be used for Late Fees or Deposit Fees.

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Return application to: United Way of Palm Beach County, Inc., 477 S. Rosemary Avenue, Suite 230, West Palm Beach, FL 33401, Attention: Tamara Worley

Questions? Contact: Tamara Worley at (561) 375-6630

All submissions must be typewritten. Incomplete submissions will not be reviewed. Applications **MUST** be submitted via hand delivery to the above address by the deadline. **Late proposals will not be accepted. NO EXCEPTIONS.**

APPLICATION SUBMISSION DEADLINE: January 30, 2022 12:00 PM (NOON) NOTE: STAFF WILL ONLY BE AVAILABLE TO RECEIVE YOUR APPLICATION ON MONDAY, JANUARY 30TH, 9 A.M. – 12 P.M.

All applicants are required to read and understand the EFSP Responsibilities and Requirements Manual. Available online at www.unitedwaypbc.org under "Get Help"

Submit the following documents as part of the application packet and collate in the order below. Failure to include all of the documents will eliminate the application from funding consideration.

- Completed Application - Original Only**
(Complete and submit the following section(s): Agency Contact Information, Request for Funding, Agency Information, EFSP Funding History, and any category narrative for which you are requesting funding)
- Current & Complete List of Organization's Board of Directors**
(This list should include their terms of office and their organizational and community affiliations)
- Agency and Program Budgets**
(Attach a copy of the agency's current operating budget and current program budget including revenue and expenses.)
- Local Recipient Organization Certification Form**
(Completed and signed)
- Fiscal Agent/Fiscal Conduit Agency Relationship Certification Form**
(This form only needs to be submitted if your agency is using a fiscal agent and/or conduit)
- Certification Regarding Lobbying**
(This form only needs to be submitted if your agency is applying for more than \$100,000 dollars)
- Data Universal Number System (DUNS) Form**
- Electronic Fund Transfer (EFT) Form and Voided Check**
- Agency American with Disabilities Act (ADA) Compliance Policy**
- Agency Audit and Management Letter**
(LROs must have their records audited by an independent certified public accountant if receiving \$100,000 or more in EFSP funds, for the immediate past fiscal year. For LROs receiving \$50,000 - \$99,999 in EFSP funding, the National Board requires an annual accountant's review) (If the agency is not required to conduct a financial audit annually, please attach the agency's most recent IRS Form 990)

To the best of my knowledge and belief, the information in this proposal is true and correct and the governing body of the applicant has duly authorized the enclosed documents. I understand that incomplete applications or applications submitted after the deadline will not be accepted or reviewed. By signing below, the undersigned acknowledges having read and understood the program guidelines and will be able to fully comply with the provisions of these guidelines as well as any and all additional applicable federal, state and local requirements, including procurement and financial management. If awarded, my organization will attend the mandatory orientation and submit reports to the Local Board by their due dates. If awarded, my organization will work with the Local Board to quickly clear up any problems related to compliance exception(s) at the end of the program. Failure of an LRO to comply with the National Board's reporting requirements will result in funds being withheld. The Local Board or National Board may reclaim and reallocate the funds being withheld if my organization does not comply in a timely manner to compliance issues.

Executive Director's Signature: _____ Date: _____