

## EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM PHASE 42 LOCAL RECIPIENT ORGANIZATION CERTIFICATION

By signing this Local Recipient Organization (LRO) Certification Form, our agency certifies we have read and understand the Emergency Food and Shelter Program (EFSP) Phase 42 Responsibilities and Requirements Manual, including the Grant Agreement Articles, Financial Terms and Conditions, and Other Terms and Conditions as well as the Eligible and Ineligible Costs and Documentation sections and agree to comply with all program requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program including those not specifically stated in the Manual. All appropriate staff and volunteers have been informed of EFSP requirements. The Local Board has been provided and we have retained a copy of this form for our records.

I certify that my public or private agency:

- Has the capability to provide emergency food and/or shelter services.
- Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services.
- Is nonprofit or an agency of government.
- Will not use EFSP funds as a cost-match for other Federal funds or programs.
- Has an accounting system, and will pay all vendors by an approved method of payment.
- Understands that **cash payments** (including petty cash) are **not eligible** under EFSP.
- Conducts an independent annual review if receiving \$50,000-\$99,999/an independent annual audit if receiving \$100,000 or more in EFSP funds, and follows OMB's Uniformed Guidance if receiving \$750,000 or more in Federal funding.
- **Has not received an adverse or no opinion audit.**
- Is not debarred or suspended from receiving Federal funds.
- Has provided a Federal Employer Identification Number (FEIN) to EFSP.
- Has provided a Unique Entity Identifier (UEI) number and required associated information to EFSP. UEI numbers are requested in, and assigned by, the System for Award Management (SAM.gov).
- Practices non-discrimination (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).
- Will not charge a fee to clients for EFSP funded services.
- Has a voluntary board if private, not-for-profit.
- Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports).
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks -- front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds (\$5.00 or more) to the National Board.
- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.
- Will not use EFSP funding for any lobbying activities and if receiving \$100,000 or more, will provide the "Certification Regarding Lobbying" and, if applicable, will complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not use EFSP funds to support access to classified national security information.

**This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.**

LRO ID (9 digit): \_\_\_\_\_ FEIN#: \_\_\_\_\_ UEI#: \_\_\_\_\_

LRO Name: \_\_\_\_\_

Street Address/City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** The EFSP National Board will be updating this document once the Phase 42 Manual has been finalized. LROs will be required to submit an updated Local Recipient Organization Certification form via DocuSign once award notifications have been announced.

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM PHASE 42  
CERTIFICATION REGARDING LOBBYING**

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**Certification for Contracts, Grants, Loans and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on the behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, contribution, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Title 31 U.S.C. §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.**

\_\_\_\_\_  
**LRO Name**

\_\_\_\_\_  
**LRO ID Number (9 digits)**

\_\_\_\_\_  
**Representative Name**

\_\_\_\_\_  
**Representative Signature**

\_\_\_\_\_  
**Date (month/day/year)**

**NOTE:** Standard Form LLL and instructions are available at [www.grants.gov](http://www.grants.gov)

**NOTE:** LROs will be required to submit an updated Certification Lobbying form via DocuSign once award notifications have been announced.

# EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM

## PHASE 42 FISCAL AGENT/FISCAL CONDUIT AGENCY RELATIONSHIP CERTIFICATION

This certification must be signed by each agency receiving funds through a Fiscal Agent/Fiscal Conduit Agency at the beginning of the funding cycle.

By signing this Fiscal Agent/Fiscal Conduit Agency Relationship Certification Form, our agency certifies we have read and understand the Emergency Food and Shelter Program (EFSP) Phase 42 Responsibilities and Requirements Manual, including the Grant Agreement Articles, Financial Terms and Conditions, and Other Terms and Conditions as well as the Eligible and Ineligible Costs and Documentation sections and agree to comply with all program requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program including those not specifically stated in the Manual. All appropriate staff and volunteers have been informed of EFSP requirements. The Local Board, Fiscal Agent/Fiscal Conduit and the agency(ies) benefitting through the relationship have retained a copy of this form for their records.

As a **recipient agency** (through the Fiscal Agent/Fiscal Conduit noted below) of Emergency Food and Shelter National Board Program (EFSP) funds made available for Phase 41 and as the duly authorized representative of

\_\_\_\_\_  
(NAME OF AGENCY)

I certify that my public or private agency:

Has a Fiscal Agent/Fiscal Conduit approved by the Local Board:

\_\_\_\_\_  
(NAME OF FISCAL AGENT/FISCAL CONDUIT)

- Is not debarred or suspended from receiving Federal funds.
- Has the capability to provide emergency food and/or shelter services.
- Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services.
- Is nonprofit or an agency of government.
- Will not use EFSP funds as a cost match for other Federal funds or programs.
- Practices non-discrimination (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).
- Has provided a Federal Employer Identification Number (FEIN) to EFSP.
- Has provided a Unique Entity Identifier (UEI) and required associated information to EFSP.
- Will not charge a fee to clients for EFSP funded services.
- Has a voluntary board if private, not-for-profit.
- **Understands that cash payments (including petty cash) are not eligible under EFSP.**
- Will provide all required information to the Fiscal Agent/Fiscal Conduit.
- Will expend monies only on eligible costs and keep complete, accurate documentation (copies of canceled LRO checks -- front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
- Will provide complete, accurate documentation to the Fiscal Agent/Fiscal Conduit Agency for payment to the vendor.
- Will not use EFSP funding for any lobbying activities and if receiving \$100,000 or more, will provide the "Certification Regarding Lobbying" and, if applicable, will complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- Has certified that our employees, volunteers, or other individuals associated with the program understand they will not engage in any trafficking of persons during the period this award is in effect.
- Has certified that our employees, volunteers, or other individuals associated with the program understand they will not use EFSP funds to support access to classified national security information during the period this award is in effect.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.
- Will spend all funds and close-out the program by the jurisdiction's selected end-of-program date and return any unused funds (\$5.00 or more) to the National Board.

**This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.**

LRO ID (9 digits): \_\_\_\_\_ FEIN#: \_\_\_\_\_ UEI#: \_\_\_\_\_

LRO Name: \_\_\_\_\_

Street Address/City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** LROs will be required to submit an updated Fiscal Agent/Fiscal Conduit Agency Relationship Certification form via DocuSign once award notifications have been announced.



# AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

**Mail to:** Emergency Food and Shelter Program  
701 North Fairfax Street  
Alexandria, VA 22314-2064

**THIS ORIGINAL FORM MUST BE COMPLETED IN ITS ENTIRETY AND MAILED TOGETHER WITH A VOIDED CHECK IN ORDER TO BE PROCESSED.**

**Contact:** \_\_\_\_\_

**LRO ID: 168600 -** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

\_\_\_\_\_

**This original form must be completed in full; an original voided check must be attached or it cannot be processed.  
The form must be submitted by mail, fax, or email to EFSP.**

The above listed LRO, by its authorized agent, hereby authorizes United Way Worldwide (UWW), Fiscal Agent for the Emergency Food and Shelter National Board Program, to initiate credit entries (EFT deposits); to initiate, if necessary, debit entries (reversal of deposits) and adjustments for any credit entries in error to the account in the depository indicated below; or to authorize depository to credit or debit initiated transactions.

This authority is to remain in full force and effect until UWW has written notification from the LRO of its termination in such time and in such manner as to afford UWW and DEPOSITORY a reasonable opportunity to act on it.

### LOCAL RECIPIENT ORGANIZATION (AUTHORIZED AGENT)

By : \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SIGNATURE(S) ON ACCOUNT

1. \_\_\_\_\_  
Printed Name

2. \_\_\_\_\_  
Printed Name

1. \_\_\_\_\_  
Signature

2. \_\_\_\_\_  
Signature

NAME OF DEPOSITORY: \_\_\_\_\_  
(bank, savings and loan, etc.)

TYPE OF ACCOUNT (Please check one)  SAVINGS  CHECKING

TELEPHONE NUMBER OF DEPOSITORY ( )

\_\_\_\_\_  
(Area code) Phone Number

**THE FEDERAL RESERVE REQUIRES THAT UWW KEEP THIS INFORMATION ON RECORD**