

Phase 36

EFSP Allocation Request

In order to apply for EFSP funding, please download this application, **fill it out and save it with another name**. You must then print the application and include it with all other required application documents. These documents must be either mailed or delivered to **United Way by 4 PM, Friday, August 23, 2019.**

You DO NOT have to complete an entire application for each jurisdiction for which you are requesting funding. However, please **pay close attention to page 8 [Phase 36 Allocation Request]** which must be duplicated, completed, and included in your application for **each jurisdiction** for which you wish to receive funding. Multiple jurisdiction requests for funding on one Allocation Request page **will not be accepted.**

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Organization Eligibility Criteria

EMERGENCY FOOD AND SHELTER PROGRAM

PHASE 36

Following is an application packet for the above-mentioned Allocation Phase for the National Emergency Food and Shelter Program (EFSP). One completed application should be submitted by an organization if your organization is applying for funds. In addition, you MUST complete a copy of **page 8** for each jurisdiction for which you wish to receive EFSP funds.

The criteria below are required of all applying organizations for allocation consideration:

Applicant organization has the capability to provide emergency food and (or) shelter services in advance of this application.

Applicant organization proposes to use funds to supplement or expand existing programs and services to those in need of emergency food and shelter assistance.

Applicant organization is a nonprofit organization presently providing emergency food and (or) shelter services.

Applicant organization has an accounting system or fiscal agency capable of maintaining required documentation.

Applicant organization conducts an annual independent audit; (auditor must not be affiliated with agency) if the applicant receives/requests more than \$100,000 from EFSP.

Applicant organization practices nondiscrimination (those organizations with religious affiliation must agree not to refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling with federal funds).

Applicant organization, if private, nonprofit, has a voluntary Board of Directors.

Applicant organization will provide required reports and documentation as requested to the Local EFSP Board.

Applicant organization will expend monies only on eligible costs as outlined by the National EFSP Board in the Emergency Food and Shelter National Board Program Responsibilities and Requirements Guidelines. (Questions regarding these guidelines may be directed to the United Way of South Hampton Roads EFSP administrative representative.)

Applicant organization will spend all funds and close out the program by the annual jurisdictional spending deadline.

Applicant organization, when applying for the categories of rent/mortgage and utilities, MUST use the EFSP online database to capture client information.

Applicant organization has certified that the agency and its employees, volunteers, or other individuals associated with the program understands they will not engage in any trafficking of persons during the period this award is in effect.

Applicant organization has certified that the agency and its employees, volunteers, or other individuals associated with the program understands they will not use funds to support access to classified national security information during the period this award is in effect.

Organizations seeking funding for rent/mortgage and utility assistance should NOT apply for Emergency Food and Shelter funding if your organization is unable to commit to using a centralized process for client intake including use of a shared database for referrals.

I certify that I have read and understand the organizational criteria (page 3) required of an applicant organization to be a candidate for funding under the Emergency Food and Shelter National Program. I further certify that my organization is able to meet all the above-mentioned criteria to apply for funding from the Emergency Food and Shelter National Program. I further understand that an organization's ability to meet these criteria after receiving funding will require that organization to refund all EFSP funds over \$4.99, received but not spent, to the Emergency Food and Shelter National Program.

Name of Applicant Organization:

Signature of Chief Executive Officer

Signature of Program Administrator

Printed Name:

Printed Name:

Date:

Date:

ALLOCATION APPLICATION FORM

EMERGENCY FOOD AND SHELTER PROGRAM

PHASE 36

One completed application should be submitted by an organization if your organization is applying for funds. In addition, you MUST complete a copy of **page 8** for each jurisdiction for which you wish to receive EFSP funds.

APPLICANT ORGANIZATION

Name of applicant organization:

EFSP contact person:

Contact email:

CEO/ED Name:

Contact phone:

CEO/ED email:

CEO/ED phone:

Mailing address:

City:

State:

Zip+4:

Office Address:

If different from Mailing Address

City:

State:

Zip+4:

Office Location

Congressional District

Service(s) Address:

If different from Office Address

City:

State:

Zip+4:

Telephone Number:

Fax:

Website:

Services Provided in

Congressional District:

Is agency debarred or suspended from receiving funds or doing business with the Federal government?

YES

NO

This agency is (please check one only) a non-profit a unit of government

Deadline for receiving completed applications is 4 PM
Friday, August 23, 2019

**Applications received after the deadline
will not be accepted.**

Applications should be mailed or delivered to:
United Way of South Hampton Roads
Attn: Kathleen Banfield
2515 Walmer Avenue
Norfolk, VA 23513

Questions? Please call (757) 853-8500 x 192

- 1.) Please check each jurisdiction for which you are applying for funding and insert your 3-digit LRO# below for that jurisdiction and then
- 2.) include a separate copy of **page 8** (showing your projected details of units of service) with this application **for each jurisdiction you checked below.**

✓	JURISDICTION	EXAMPLE	Jurisdiction #	Your 3-digit LRO#		
✓	Example City	#123400- + your 3-digit LRO#	123400-	0	1	1
	Chesapeake	#878400- + your 3-digit LRO#	878400-			
	Isle of Wight	#867400- + your 3-digit LRO#	867400-			
	Norfolk	#882400- + your 3-digit LRO#	882400-			
	Portsmouth	#883200- + your 3-digit LRO#	883200-			
	Suffolk	#884600- + your 3-digit LRO#	884600-			
	Virginia Beach	#884800- + your 3-digit LRO#	884800-			

Organization's IRS Taxpayer ID Number (FEIN):

Organization's Federal DUNS Number (9 digits):

Check here if you will have a Fiscal Agent/Fiscal Conduit responsible for your organization's fiscal process.

STATUS REQUIRED for ALLOCATION REQUESTS

Applying organization certifies that it:

- is a non-profit or government organization and has the required documentation on file;
- has a copy of the organization's By-Laws and Articles of Incorporation on file;
- is registered with the Virginia Department of Agriculture and Consumer Services (VDACS) and that their registration is current [if required to register]; and
- is not debarred or suspended from receiving Federal funding.

DOCUMENTATION REQUIRED for ALLOCATION REQUESTS:

Please submit the following documentation with your application for funding. **Incomplete or late packets will not be accepted.**

(Use this check box to **verify** that ALL of the required documentation **is attached** to this application)

Copy of most recent audit (no more than 18 months old)

Copy of budget for program area (food, rent, utilities, etc.)

If a non-profit organization, membership roster of volunteer Board of Directors

Signed Memorandum of Understanding for Rent/Mortgage/Utilities funding, **if applicable** (see page 14-15 of this application)

Phase 36 ALLOCATION REQUEST

(Please duplicate and fill out this page for EACH jurisdiction for which you wish to receive funding.)

Organization name:

Jurisdiction:

Jurisdiction LRO # (9 digits)

FILL OUT THE AMOUNT REQUESTED IN EACH CATEGORY. All amounts should be rounded to the nearest whole dollar amount.

FUNDING CATEGORY	\$ AMOUNT REQUESTED	TYPE of SERVICES	AMOUNT of SERVICES
A. Served Meals (estimate of # of meals to be directly served)		# of meals =	
B. Other Food (estimate # of meals per grocery order or voucher)		# of meals =	
C. Mass Shelter		# of nights =	
D. Other Shelter (Hotel/Motel) (Multiply # of people in family times the number of nights in the assistance period for the total # of nights)		# of nights =	
E. Rent/Mortgage		# of bills =	
F. Utility Assistance		# of bills =	
G. Administrative Costs (UWSHR only)			
Total Amount Requested (round to nearest whole dollar amount for this jurisdiction)			

4. Please provide percentage (%) of funding sources for support of your organization (i.e., 100% of funds received through supporting church). If this is the case, please provide attachment from church or synagogue Administrative Board attesting to this fact. (Another example: 50% HUD-funded, 25% private donations).

5. What is the **total** number of individuals who were assisted by during the last calendar year by your food, shelter, rent/mortgage, utility program in the jurisdiction(s) for which you are requesting funding? (Please list by jurisdiction.)

6. Out of the total number served over the last calendar year, what is the **total number of EFSP individuals** who were assisted **as a supplement** to your food, shelter, rent/mortgage, utility program? [In other words, these individuals would not have received assistance without EFSP funding.] (Please list by jurisdiction)

7. Please state total number of clients served **by all of the services from your organization** in the past calendar year.

8. Does your organization offer additional services to lead families or individuals to self-sustainability? Please briefly explain these services.

9. Has your organization received funding from the Emergency Food and Shelter Program (EFSP) in the past?

YES

NO

10. If so, has your organization been required to return funds to the National EFSP Board? YES NO

Please explain the reason and the amount.

11. If allocated funding to provide rent/mortgage/utility assistance, will your organization commit to using a centralized process for client intake including use of a shared database for referrals? (Please note: if awarded funding for rent/mortgage/utility assistance, it is mandatory for your organization to follow the EFSP locally-pre-determined procedure for duplicate checks for this particular funding; failure to do so can result in ineligibility to receive EFSP funding in the future.)

YES

NO

12. If your organization is a returning applicant receiving funding for Rent/Mortgage and/Utility assistance, did your organization follow the EFSP locally-pre-determined procedure for client intake to prevent duplication of services in the prior phase?

YES

NO

If your organization did not use this process and database, please state the reason why.

Phase 36 APPLICATION CERTIFICATION

Name of Organization:

I certify that the information represented in this application for funding from Emergency Food and Shelter Program under the National EFSP Administration is true and correct to the best of my knowledge.

Signature of Chief Executive Officer

Signature of Program Administrator

Name of Chief Executive Officer

Name of Program Administrator

Date:

mm/dd/yyyy

Date:

mm/dd/yyyy

The following pages apply only to
Local Recipient Organizations who are applying for
Rent/Mortgage/Utilities funding.

PHASE 36 Rent/Mortgage/Utility Assistance Memorandum of Understanding

From: Emergency Food and Shelter Program Local Board

To: Local Recipient Organizations Requesting RENT/MORTGAGE and/or UTILITIES Funding

Local Recipient Organizations applying for Rent/Mortgage/Utilities funding agree to the following **Memorandum of Understanding**:

Article 1:

Local Recipient Organization receiving Rent/Mortgage and/or Utility assistance funding from the Emergency Food and Shelter Program via the South Hampton Roads EFSP Local Board must utilize the central intake process through the Housing Crisis Hotline operated by ForKids. This meets the EFSP compliance requirement for conducting duplicate checks for clients requesting Rent/Mortgage and/or Utility assistance funding. Under the centralized intake process via the Housing Crisis Hotline:

1. Callers have one point of access and could receive a referral regardless of whether they were already connected with a case manager or affiliated with the funded program.
2. Program staff only receive referrals for individuals who are likely eligible for the program, reducing staff time spent on turning households away and trying to identify alternate resources.
3. Housing Crisis Hotline staff enter client referrals in Call Point (a module of HMIS), which would allow other HMIS users to view referrals in progress to prevent duplication.
4. Individual EFSP program referrals can be turned on and off in the system based on funding availability.
5. If one EFSP-funded program was having difficulty spending the funds during the allotted time, the Hotline could identify alternate strategies for spend-down given its broader context as a large regional asset collecting information about unmet needs and resources.
6. Our community will have better information about people experiencing housing instability and its relationship to homelessness, which may augment the case for securing additional resources to offer these critical housing supports.

Ultimately, all data entered through the centralized intake process with the Housing Crisis Hotline will be entered into the HMIS, allowing HMIS to become the database for EFSP Rent/Mortgage/Utilities funding.

To carry out the centralized intake process, agencies must have a licensed Homeless Management Information System (HMIS) user within their organization, so that they are able to receive and act on referrals initiated through ForKids and the Housing Crisis Hotline. Alternatively, if an agency elects not to obtain an HMIS licensed user, then they will be able to receive referrals through email. If choosing this alternative, agencies will be mandated to follow established procedures and response times outlined in a separate MOU for the Housing Crisis Hotline.

Article 2:

As part of implementing this process, agencies will need to have any individuals who are new licensed users in HMIS participate in a mandatory training prior to using funds allocated through EFSP Phase 36. Training will be provided by The Planning Council individually or in small groups and scheduled at a mutually agreeable time.

Article 3:

Every agency will be required to have submitted a signed copy of the Housing Crisis Hotline MOU, which outlines expectations for communicating program information, managing the flow of referrals, and completing referral dispositions in collaboration with the Hotline.

For agencies with licensed HMIS user(s), two additional agreements will be required to be signed. These are:

- Agency Agreement - the formal agreement that outlines the responsibilities of agency entering the data, including timeliness, confidentiality/uses of the data, and communication with the HMIS Lead Agency. It also describes the responsibilities of The Planning Council for training, support, privacy, etc.
- User Agreement - this is a standard agreement that is signed at the time of training for each new user who is assigned a license on the system. The agreement outlines responsibilities of their use of the data, commitment to timeliness and quality, security of their password, etc. The Planning Council responsibilities are also included: to provide the training, support, confidentiality of the data.

Updated versions of MOUs/agreements will be distributed for signatures once the Local Board has made allocation decisions.

Article 4:

Local Recipient Organizations that fail to comply with these procedures will risk forfeiture of Emergency Food and Shelter Program funding. If your Local Recipient Organization’s negligence results in a Compliance Exception for another Local Recipient Organization, your LRO must repay the Compliance Exception on behalf of that Local Recipient Organization.

Organization Name:

Local Recipient Organization Authorized Signature: _____

Date:

Title:



The following questions will enable us to know who will be administering Rent/Mortgage and/or Utility assistance funding from EFSP and which agencies need to obtain licenses within the HMIS, which will assist us with planning. Please take a moment to answer these questions.

1. Provide the name(s) of all individuals who will be administering Rent/Mortgage and/or Utility assistance funding from EFSP.

2. Are all individuals listed in Question 1 licensed HMIS users? YES NO

3. If you responded NO to Question 2, please provide the email address(es) and phone number(s) for any individuals who are not licensed HMIS users. This will help us with planning.

4. If awarded EFSP funds Rent/Mortgage and/or Utility assistance, what specific eligibility requirements does your agency use to determine who can access this assistance? Please provide a detailed explanation of your target population (if applicable) and any other requirements you establish for how these funds will be used.