**IMPORTANT NOTE: the accompanying application instructions are integral to this application and must be read and followed exactly. The instructions include a list of attachments required for this application.**

**PART I – ORGANIZATIONAL INFORMATION**

1. **Funding Request**

**Please check the categories included in this request and the amounts for each category included.** Complete a separate Part II (pages 3-4) for each category for which you are requesting funds. If you are applying for Rent / Mortgage Assistance and/or Utility Assistance, you must also complete page 5 of this application.

 Phase 37 CARES Act Total Org Budget for

 Amount Requested Amount Requested This Category

* Food $ $ $
* Rent / Mortgage Assistance $ $ $
* Mass Shelter $ $ $
* Other Shelter $ $ $
* Utility Assistance $ $ $

##  **Agency and Program Information**

|  |  |
| --- | --- |
| Agency Legal Name:Agency Principal:Type of Organization (non-profit or governmental unit): |  |
|  |  |
| Agency Physical Address:Congressional District for above:Agency Mailing Address:Agency Website:Email Address for Principal:Phone Number for Principal: |  |
| Program to be Funded:Program Physical Address:Congressional District for above |  |
| Award/Report Contact Person: |  |
| Email Address for Contact:Phone Number for Contact: |  |
| Federal ID Number:Duns Number: |  |

**3. Documentation**

EFSP has very stringent reporting requirements. Identify by name all staff or volunteer positions which will provide program AND financial reporting. Describe the qualifications of each staff person (see attachments included in application packet).

**4. Compliance** For agencies who have received funds in the last three years and have had compliance issues or have had to return funds (*any amount*) at the end of the Phase, what changes did or will you implement to correct your spending and reporting process? Describe how you will ensure that any additional funds received will be utiltized by your agency within the allocated timeline set by the National Emergency Shelter and Food Program Board*.*

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

**6. Audit/Review Information *if requesting $25,000 or more in EFSP funds*** *(\*\*All agencies* ***must*** *supply a current audit by an independent certified or public accountant to the Local EFSP Board if requesting $50,000 or more; a Review if requesting $25,000-49,999)*

What level of financial report is currently done by a CPA?

\_\_ Audit \_\_ Review \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ None

Date of most recent annual audit or review:

Prepared by: Individual or Accounting Firm (circle one)

Name of Individual or Accounting Firm that prepared the audit:

If you are funded at less than $25,000 for the next EFSP Phase and do not currently conduct an independent audit or review, how will you comply with the EFSP requirements for fiscal reporting?

## **PART II – PLEASE COMPLETE THESE QUESTIONS FOR EACH CATEGORY/PROGRAM FOR WHICH YOU ARE REQUESTING FUNDS. IF APPLYING FOR MULTIPLE CATEGORIES/ PROGRAMS, PLEASE COMPLETE A SEPARATE PART II FOR EACH.**

## **CATEGORY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter one: Food; Rental/Mortgage Assistance; Mass Shelter; Other Shelter; or Utility Assistance)**

## **Program Description**

* **Describe your current program for this category**
* Please describe the client experience when they request service. How does the client access services?
* FEMA requires that these funds be used to expand an existing program. Describe how these funds will expand your program.
* How does this program support your agency’s mission statement?

## **Service Statement** The Board is interested in ensuring that people in need are served. **Describe the need in this category** in Pierce County for which you are applying. Note: please do not include discussions of the overall homelessness rates, point in time counts, or housing affordability for Pierce County. The Board already has this information and is looking for data more specific to your organization or geographic region within Pierce County. Specifically describe how the requested EFSP grant adds capacity in your program to meet that need. Include a description of how your service will address the following:

* Number of people affected
* Economic need
* Underserved geographic need
* Waiting list/turnaways
1. **COViD 19 Impact And Need** For the CARES Act portion of the funding requested in this category, please describe the emerging impact on Pierce County from COViD 19 and the services that your ageny is adding or expanding in response to this need.
2. **Target Population** The local board requires that successful applicants provide assistance *without discrimination* to needy Pierce Countyindividuals and families (regardless of age, geographic address, race, sex, religion, national origin, disability, economic status or sexual orientation), with sensitivity to the transition from temporary shelter to permanent homes and attention to the specialized needs of homeless individuals with mental and physical disabilities and illness, and to facilitate access for homeless individuals to other sources of services and benefits.
* What is your target population?
* Will you serve individuals and families who do not fall into your target population and if so, how are their services different from your standard services?
* How do you ensure that your services are provided in a culturally appropriate manner?
1. **Service Coordination**

Describe how your partnerships or collaborations maximize the impact of EFSP funds in the community.

1. **In the boxes below, please enter the number expected to be served this year in this program and category** with other funds, as if you did not receive EFSP funds, in box A and in the EFSP boxes enter the additional number you will be able to serve because of the EFSP funds proposed in your request (B & C). **For shelter requests, please show separately the numbers for families with children under 18 and individuals (adults only in the household).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **Annual #s to be served** |  **With non- EFSP funds****(A)** | **Additional served with EFSP Phase 37 funds requested (B)** | **Additional served with EFSP CARES Act funds requested (C)** | **Total Served****(A + B + C)** |
| Shelter | Individuals |  |  |  |  |
| Shelter | Families |  |  |  |  |
| Rent/Mtg/Util | Households |  |  |  |  |
| Food | Meals/Lbs of food |  |  |  |  |

1. **Community Support**

List non-financial support this program receives. **This is only for the program in your organization receiving EFSP funds in this category, not the entire organization.**

|  |  |  |  |
| --- | --- | --- | --- |
| Non Financial Support | Units | Estimated Value | Total Value |
| Example: volunteers | 600 hours | $5.00 per hour | $3,000 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Program Budget. This is only for the program in your organization receiving EFSP funds in this category, not the entire organization budget.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Category** **(Please fill in)** | **Prior FY19\* = Actual** (all sources, including EFSP) | **FY20\* Program Budget WITHOUT EFSP funds** | **FY20\*** **Phase 37 EFSP Request** | **Calendar 2020****CARES Act EFSP Request** | **Projected FY20 Budget** (all sources) | **EFSP funds as percent of total** |
|  | **(A)** | **(B)** | **(C)** | **(D)** | **(B+C+D)** | **(C+D)/****(B+C+D)** |
|  |  |  |  |  |  |  |

##### List other funding sources for FY 20\* for this program. Do not include in-kind sources

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source** | **Dollar Amount Proposed but Not Committed (A)** | **Dollar Amount Committed (B)** | **Total****(A + B)** |
| Phase 37 EFSP |  |  |  |
| CARES Act EFSP (calendar 2020) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  |  |  |

**\*FY19 = 4/1/19 – 3/31/20 ; FY20 = 4/1/20 – 3/31/21 (approximate period; funding can be retroactive)**

**PART III – ONLY FOR RENT/MORTGAGE AND UTILITY APPLICATIONS**

RENT/MORTGAGE ASSISTANCE AND UTILITY ASSISTANCE PROVIDERS

MUST COMPLETE THIS SECTION OF THE APPLICATION

The Pierce County Local Board has established a system to reduce the likelihood of payment duplication occurring within the expenditure categories of rent/mortgage assistance or utility assistance.

**Coordination of Service Guidelines**

1. In an effort to avoid duplication of payment, the local board requires that agencies promptly report the use of EFSP funds for eligible costs for rent/mortgage or utility assistance with.
2. Prior to issuing rent/mortgage or utility assistance to individuals or households, agencies must double check the applicable database to ensure assistance has not been duplicated in the same funding year. The database is to be updated each time assistance is provided.
3. If it has been determined that assistance has not been duplicated, client information should be entered onto the applicable database immediately. A separate database is maintained for rent/mortgage or utility assistance. Failure to submit updated, current information on a daily basis, can adversely affect the agency if a duplicate payment is made because information has not been updated in the database. The Local Board may reallocate the funds for rent/mortgage or utility assistance of programs which fail to update the data.

Describe how you will avoid duplication of payment with these funds.

* Do you have an individual or staff available for this purpose?
* What is their experience with MS Excel and Google Docs?
* Does your agency have access to a computer and the internet?

How will you train staff and/or volunteers regarding the coordination of service guidelines and its requirements? How will you train new staff that join the program mid year?

How will you ensure data is accurate and submitted in a timely fashion?