PHASE CARES ACT SHELTER PROGRAM
APPLICATION

Background:
The Emergency Food and Shelter Program (EFSP) was created in 1983 to supplement and expand the work of local social service agencies, both nonprofit and governmental, in an effort to help people with economic emergencies (not disaster-related emergencies). EFSP funds are open to all organizations helping people who are experiencing hunger and homelessness. EFSP funds must be used to supplement feeding, sheltering (including transitional sheltering) and rent/mortgage and utility assistance efforts only.

Locally, the Cuyahoga County Emergency Food and Shelter Board (CCEFSB) is the entity responsible for allocation of the federal dollars that have been awarded to Cuyahoga County. The CCEFSB selects local nonprofit or governmental organizations that have a demonstrated capability to provide emergency food and/or shelter. All awards must be expended by the recipient organizations within the funding cycle.

Applications:
Completed applications are due: Monday, May 18, 2020 by Noon
Deliver, mail, or e-mail applications to: Darlene Lugo
dlug@unitedwaycleveland.org
United Way of Greater Cleveland
1331 Euclid Avenue
Cleveland, OH 44115

Please direct questions to: Darlene Lugo
Phone: (216) 436-2214 or E-Mail: dlug@unitedwaycleveland.org

OR

Danielle Crawford
Phone: (216) 436-2212 or E-Mail: dcrawford@unitedwaycleveland.org
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GENERAL INFORMATION

The Emergency Food and Shelter Program was established on March 24, 1983 with the signing of the “Jobs Stimulus Bill,” Public Law 98-8. That legislation created a National Board, chaired by the Federal Emergency Management Agency (FEMA) that consisted of representatives of the American Red Cross, Catholic Charities USA, National Council of the Churches of Christ in the U.S.A., The Salvation Army, United Jewish Communities, and United Way Worldwide. Since 1983 the EFSP has distributed $3.8 billion to over 14,000 human service agencies in more than 2,500 communities across the country.

EFSP is governed by a National Board that selects jurisdictions for funding. Local Boards are convened in those qualifying jurisdictions to determine the highest need and best use of funds and to select Local Recipient Organizations (LROs) that will provide emergency food and shelter services. Each year, needs are to be assessed in an effort to respond to changes in the community.

The original authorizing legislation (PL 100-77) specifically calls for “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.”

Also in accordance with the legislation, the National Board encourages Local Boards to place special emphasis on identification of and assistance to the elderly, families with children, Native Americans, and veterans. In addition, the Authorization as revised (PL 102-550) in 1992 requires that a homeless or formerly homeless person serve on decision making boards.
SHELTER APPLICATION CHECKLIST

Required For ALL Applicants

- LRO Statement of Responsibilities (page 3)
- Summary Sheet (page 5)
- Shelter Application Forms (page 6-9)
- Budget Narrative
- Copy of Agency’s Most Recent Annual Audit
- Roster of the Agency’s Volunteer Board

If Applicable

- Supplemental Shelter Form (must be completed if funding is for multiple sites)

ALL REQUIRED FORMS MUST BE SUBMITTED OR APPLICATION WILL NOT BE CONSIDERED FOR FUNDING

LOCAL RECIPIENT ORGANIZATION STATEMENT OF RESPONSIBILITIES

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 $25,000-$49,999/an independent annual audit if receiving $50,000 or more in EFSP funds, and an OMB Circular A-133 if receiving $500,000 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 Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP.
- 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.
- 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 no known EFSP compliance exceptions in this or any other jurisdiction and is not debarred or suspended from receiving funds or doing business with the Federal government.

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<tr>
<th>Statement</th>
<th>Initial</th>
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<tr>
<td>Our agency certifies that we have read and understand the Local Recipient Organization responsibilities listed above.</td>
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<tr>
<td>Our agency agrees to comply with Phase CARES Emergency Food and Shelter Program Requirements.</td>
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<tr>
<td>Our agency agrees to submit the EFSP Phase CARES Local Recipient Organization Certification form when it is available.</td>
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Signature: __________________________________________ Date: __________________________

Agency Principal (Board President or Executive Director)
### Applicant Information

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<tr>
<th>Agency’s Legal Name</th>
<th>Agency Principal (Board President or Executive Director)</th>
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<tr>
<th>Agency Contact for Application (If different from above)</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
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<tr>
<th>Agency Contact for EFSP if funded (If different from above)</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
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<tr>
<th>Agency Physical Address</th>
<th>City, State, Zip</th>
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<th>Agency Mailing Address (if different from above)</th>
<th>City, State, Zip</th>
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<th>DUNS #</th>
<th>FEIN #</th>
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<tr>
<th>LRO # (If previously funded through EFSP)</th>
<th>Last year Agency received EFSP funding (if applicable)</th>
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Congressional District where agency is physically located _________

Congressional District where EFSP services are provided _________

Please check one: Agency is a ____ non-profit* or a ____ unit of government.

*If non-profit, please submit a roster of agency’s volunteer board.

### Funding Request

<table>
<thead>
<tr>
<th>Food Category</th>
<th>Amount Requested</th>
<th>Indicate whether the request is new, continuing or both.</th>
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<td>Served Meals:</td>
<td>____New       ____Continuing</td>
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<td></td>
<td>Other Food:</td>
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<td></td>
<td>$____________</td>
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<th>Shelter Category</th>
<th>Amount Requested</th>
<th>Indicate whether the request is new, continuing or both.</th>
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<tr>
<td></td>
<td>Mass Shelter:</td>
<td>____New       ____Continuing</td>
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<td>$____________</td>
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<td>Other Shelter:</td>
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<td>$____________</td>
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</table>
Is your agency a Fiscal Conduit/Fiscal Agent? _____ Yes _______ No

If yes, please review the Fiscal Conduit requirements and initial below.

| Our agency certifies that we have read and understand the Fiscal Conduit/Fiscal Agent responsibilities. | Initial:_________ |
| Our agency agrees to submit the EFSP Phase CARES Fiscal Agency/Fiscal Conduit Agency Relationship Certification form when it is available. | Initial:_________ |

Is your agency requesting more than $100,000? _____ Yes _______ No

If yes, please review the Certification Regarding Lobbying form and initial below.

| Our agency certifies that we have read and understand the Certification Regarding Lobbying. | Initial:_________ |
| Our agency agrees to submit the EFSP Phase CARES Certification Regarding Lobbying form when it is available. | Initial:_________ |

EMERGENCY SHELTER APPLICATION INFORMATION

INSTRUCTIONS:
Provide complete information including the budget narrative. All of this information is required. The person responsible for the application is the Board President (if applicable) or the Executive Director. Checks from the Emergency Food and Shelter National Board Program will be made payable to the organization.

APPLICANT INFORMATION:

Agency’s Legal Name

Agency Address for Place of Performance*     City, State, Zip

*Use supplemental form if necessary

Agency Website

PROGRAM BUDGET INFORMATION:
1. Projected Income by Source: Provide the best estimate (e.g. based on the last year) of the income expected during the period 1/1/2020 through 12/31/2020 (Including EFSP funds which should be indicated under Other Income)

2. Projected Expenses: List all expected expenses during 1/1/2020 through 12/31/2020. However, please note that EFSP funds may not be applied against all of these costs. Refer to information on eligible costs (copy of Eligible and Ineligible Costs will be provided upon request).
### PROJECTED INCOME 1/1/2020-12/31/2020

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<th>Income</th>
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<tr>
<td>Government</td>
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<td>Contributions</td>
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<tr>
<td>In-Kind</td>
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<tr>
<td>Foundations</td>
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<tr>
<td>Other</td>
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</table>

**TOTAL PROJECTED INCOME:** -

### PROJECTED EXPENSES 1/1/2020-12/31/2020

<table>
<thead>
<tr>
<th>Expenses</th>
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<tbody>
<tr>
<td>Indirect Costs (Admin. &amp; Salaries)</td>
<td></td>
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<tr>
<td>Utilities and Rent</td>
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<tr>
<td>Repair and Maintenance</td>
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<tr>
<td>Supplies</td>
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<tr>
<td>Food Costs</td>
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<tr>
<td>Other Expenses</td>
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</tbody>
</table>

**TOTAL PROJECTED EXPENSES:** -

**EFSP REQUEST:** -

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3. **Budget Narrative**: Explain line item revenues and expenses *(Limit to one page). MUST BE COMPLETED AND SUBMITTED OR APPLICATION WILL NOT BE CONSIDERED FOR FUNDING.*

**BUDGET NARRATIVE INSTRUCTIONS:**

Please provide an explanation for each line item listed in the budget form. The descriptions below outline expectations for each line item. You may complete the information on this form or submit a separate Budget Narrative document.

<table>
<thead>
<tr>
<th>Income</th>
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<tbody>
<tr>
<td>Government: Please list the types of government grants that provide support to this program. For example, Department of HUD, Veteran Affairs Administration, Community Development Block Grants, etc. <strong>Do not list EFSP funds in this category.</strong></td>
<td></td>
</tr>
<tr>
<td>Contributions: Please describe the types of contributions that the program receives. For example, individual contributions, corporate donations, contributions through fundraising events, etc.</td>
<td></td>
</tr>
<tr>
<td>In-Kind: Please describe the types of in-kind donations received by the program as well as the sources. For example, food donated from Panera Bread; personal care items donated from church groups, etc.</td>
<td></td>
</tr>
<tr>
<td>Foundations: Please list the foundations that provide grant funding to the program. For example, Gund Foundation, Sisters of Charity, etc.</td>
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<tr>
<td>Other: <strong>Please list EFSP funds in this category</strong> as well as any additional funding sources not described above. For example, funds derived from fee for service.</td>
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</tbody>
</table>
### Expenses

<table>
<thead>
<tr>
<th>Indirect Costs: Please list the various indirect costs associated with program operation including salaries, administrative costs, employee benefits, etc.</th>
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<tbody>
<tr>
<td>Utilities and Rent: Please list the rent and utilities costs associated with program operation. For example, gas, electric, water/sewer, phone, etc. Is the facility owned or are rent payments needed?</td>
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<tr>
<td>Repair and Maintenance: Please describe the costs associated with facility maintenance, upkeep and repair. This could include but is not limited to pest control and security costs.</td>
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<tr>
<td>Supplies: Please list supplies purchased for program operation. For example, cleaning supplies, paper products, office supplies, kitchen supplies, laundry supplies, etc.</td>
</tr>
<tr>
<td>Food Costs: Please describe the costs associated with providing food. For example, food purchasing, food preparation costs, etc.</td>
</tr>
<tr>
<td>Other Expenses: Please describe any other costs associated with program operation that are not listed above. Costs may include but are not limited to transportation costs, client assistance, insurance, printing, etc.</td>
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### SHELTER PROGRAM INFORMATION:

Provide a brief but complete description of the services provided by the shelter. If EFSP shelter funds were provided for **MORE than ONE SITE**, **YOU WILL NEED TO COMPLETE THE SUPPLEMENTAL SHELTER FORM.**

1. **Shelter Site:** Full information is required for all program sites for which funding is requested. **USE ONE SHEET PER SITE.**

2. **Target Population:** Identify the target population served by the shelter.

3. **Maximum Potential Nightly Capacity of the Shelter:** Indicate the maximum number of beds the shelter could accommodate in the space that is available. If the shelter serves different client groups (e.g. single men and families), list the maximum capacity for each client group separately.

4. **Total Nights of Lodging Provided During the Period 1/1/2020-12/31/2020:** Provide the actual number of nights of lodging provided during the period 1/1/2020-12/31/2020.

<table>
<thead>
<tr>
<th>SHELTER SITE: Enter full name of shelter, full address, phone number and contact person</th>
<th>TARGET POPULATION served by the SHELTER (e.g. men; women &amp; children)</th>
<th>Maximum potential capacity of shelter</th>
<th>TOTAL NIGHTS OF LODGING provided during the period 1/1/2020-12/31/2020</th>
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5. What percent of individuals served are referred by coordinated intake?

6. **Anticipated Change in Capacity during EFSP Phase CARES:** If a change in capacity is expected for the next year, state if the anticipated change is expected to be an increase or a decrease. Explain why this will occur.

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**EMERGENCY SHELTER PROGRAM NARRATIVE:**

Please address the following Program Narrative questions. All responses must be typed and numbered. **The program narrative cannot exceed three pages using any standard font no smaller than 11 point.**

**Agency/organizational Information:**

1. Describe your agency’s mission.
2. Provide a brief overview of the programs/services your agency provides
3. What cities or neighborhoods does your agency serve?
4. How many people were served by your agency in calendar year 2020?

**Emergency Shelter Program Information:**

1. How does your agency’s program advance EFSP objectives to provide emergency shelter to people in need in Cuyahoga County?
2. Please provide a clear description of your shelter services including the following information.
   a) What is the average length of stay an individual/family remains in your shelter?
   b) How many individuals/families remain in your shelter for more than 30 days?
   c) What approaches are undertaken to move individuals/families from the homeless shelter to permanent housing?
3. Please describe the population served including the following information.
   a) What is the target population for your EFSP program?
   b) What challenges does your agency encounter in serving this population?
   c) Describe the referral and intake process for individuals who are not referred through coordinated intake (if applicable). Please list referral sources.
4. How are program services tracked/monitored and who reviews the information?
5. In what ways does your agency collaborate with other agencies in delivering EFSP services? Please identify the agencies with whom you collaborate.
6. If awarded EFSP funds, how specifically will funds be used and how will they supplement or expand current resources?
APPLICATION REVIEW CRITERIA

Review and consideration for EFSP funding will be based on the following criteria. Each of these criteria is associated with a point value. The maximum point value is 100. Any application that is incomplete, does not include required documentation or receives a point value below 80 will not be considered for funding.

I. THRESHOLD
Applicant completed all elements of application properly (answered all questions, provided all attachments, on-time, currently provides services for which funding is sought, etc.).

II. NARRATIVE:
1. Agency’s project advances EFSP objectives to provide emergency food or shelter to people in need in Cuyahoga County.
2. Agency provides clear description of the activities/services that it plans to deliver through EFSP and demonstrates capacity to provide quality services through EFSP.
3. Agency clearly describes target population and screening process.
4. Agency demonstrates fiscal and programmatic accountability and ability to meet reporting requirements of National and Local Board in a timely manner.
5. Agency demonstrates ability to effectively collaborate with other agencies in delivery of EFSP services.
6. Agency demonstrates ability to leverage additional funds from other sources with EFSP funds.

III. ADDITIONAL CRITERIA:
1. Agency previously funded by EFSP:
   -- current/former LRO & fully compliant
   -- new applicant
3. Agency contributes to geographic spread of funding within the county.

APPEALS PROCESS

An agency not selected for funding may appeal the decision, provided that the appeal is based upon violation of program regulations or errors on the part of the Local Board. Only when there is a question of serious misapplication of guidelines, fraud, or other abuse on the part of the Local Board will action be considered. No appeals will be heard on the basis of funding level or late submission. The appeal process is as follows:

1. Organizations will be made aware of their EFSP allocations, or lack of, upon approval of the Local Board Plan from the National Board.
2. Should an organization desire to appeal a decision regarding funding, denial of funding, or termination of funding, the organization MUST submit an Intention to Appeal signed by the Executive Director or CEO within 14 days of the award notification.
   a. This document should be scanned and e-mailed to the Local Board, Darlene Lugo at dlugo@unitedwaycleveland.org, and a hard copy mailed to the Local Board contact at 1331 Euclid Avenue Cleveland, OH 44115; confirmation of receipt is required.
3. Once the completed form is received by the Local Board, the Chair of the Board will notify all Local Board Members. A voluntary subcommittee of the Local Board, containing 3 to 5 persons, will meet within 10 business days of the receipt of the written appeal.
4. At this meeting, the appealing organization will be provided the opportunity to present any relevant information to the subcommittee in person. Such a presentation will last no longer than 30 minutes. After completion, the subcommittee will take a vote.

5. This decision will be communicated as soon as it is finalized via e-mail (such communication’s receipt must be confirmed by the appealing organization) and a hard-copy of the decision and explanation will be mailed to the Executive Director or CEO within 3 business days.

Contests of Law
In the case of appeals for the purpose of contesting alleged prejudice, violation of law or National Board Guidelines, fraud, or misuse of federal funds, the Local Board may appoint an independent appeals committee of impartial Cuyahoga County officials and service providers. This group will review the information produced in the appeal and reach a decision within 30 days of the receipt of the appeal. The agency or individual making an appeal of this nature will be provided information of their right to refer the appeal to the FEMA National Board.

Intention to Appeal Documentation
To be considered a valid basis for appeal, the organization's reasons must fall within one or more of the following criteria:

1. New data or information relevant to the request which was not available when the original proposal was presented to the Local Board;
2. Misunderstanding or factual error in the Local Board's evaluation or interpretation of the agency request for EFSP funding;
3. Other legal issues or concerns such as bias on the part of the Local EFSP Board; fraud or misuse of EFSP funds by other funded organizations, etc.

This written communication should include all of the following information. This information must be received within 14 days of the award or adverse action communication. Receipt of this information outside 14 days or any blank or inaccurate information will result in an automatic denial of the appeal. Please include:

1. Name and address of complainant.
2. A copy of the notice of allocations or adverse action.
3. Statement of all relevant facts and the groups upon which the dispute or complain is based.
4. A statement of all issues presented.
5. Solution requested by the complainant.
6. Any supporting papers or information the complainant wishes to present.
SUPPLEMENTAL SHELTER FORM
EFSP Shelter Sites

Complete only if funding supports multiple sites. All questions refer to the time period 1/1/2020-12/31/2020.

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Contact Name</th>
<th>Number Served</th>
<th>Area(s) Served (by zip code or city)</th>
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FISCAL AGENT / FISCAL CONDUIT AGENCY REQUIREMENTS

Each agency receiving funds through a Fiscal Agent/Fiscal Conduit Agency must agree to the following responsibilities.

The recipient agency:

- Has a Fiscal Agent/Fiscal Conduit approved by the Local Board.
- 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 a 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 Data Universal Number System (DUNS) numbers issued by Dun & Bradstreet (D&B) 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 program costs and keep complete, accurate documentation (copies of canceled LRO checks – front and back 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 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 no known EFSP compliance exceptions in this or any other jurisdiction.
- Will spend all funds and close-out the program by jurisdiction’s selected end-of-program date, and return any unused funds ($5.00 or more) to the National Board.

The recipient agency must sign the **Fiscal Agent/Fiscal Conduit Agency Relationship Certification Form** at the beginning of each funding cycle certifying that they have read and understand the Emergency Food and Shelter Program (EFSP) Responsibilities and Requirements.
CERTIFICATION REGARDING LOBBYING

All applicants requesting more than $100,000 will be asked to agree to the following terms.

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 or 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 sub-contracts, sub-awards, 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.