



PUBLIC NOTICE: Application for Funding

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.

In FY 2023, FEMA awarded to the Emergency Food and Shelter Program (EFSP) National Board the \$130 million made available under the Department of Homeland Security Appropriations Action, 2023 (Pub. L. No. 117-328). The FY 2023 \$130 million in annual funding is Phase 41 of the program and not the supplemental humanitarian relief funding.

Locally, the Cuyahoga County Emergency Food and Shelter Program Board is the entity responsible for allocation of the **\$546,076** in Federal dollars that have been awarded to Cuyahoga County. The local board 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.

APPLICATION SUBMISSION

| | |
|--|---|
| Deadline | Friday March 1, 2024 by 5:00 PM EST |
| Submit | Email to aking@unitedwaycleveland.org Application narrative should be submitted in Word or PDF format and may be supported by supplemental documentation in a variety of formats (e.g., video links, fliers, etc.) |
| Contact Person | Ashley King Email: aking@unitedwaycleveland.org Phone: (216) 436-2203 |
| Optional Technical Assistance Session | Wednesday February 7, 2024 2:00PM EST Email aking@unitedwaycleveland.org to receive a calendar invite or join via the Zoom link below. |

Join Zoom Meeting

<https://us02web.zoom.us/j/86758569887?pwd=U2JERnh0VjAxRitOQmZwbVByN0VwUT09>

Meeting ID: 867 5856 9887

Passcode: 420758

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Dial by your location

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- +1 301 715 8592 US (Washington DC)
- +1 253 205 0468 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 360 209 5623 US
- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 669 444 9171 US
- +1 669 900 6833 US (San Jose)
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- +1 719 359 4580 US

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LOCAL RECIPIENT ORGANIZATION STATEMENT OF RESPONSIBILITIES

I certify that my organization:

- Is a nonprofit or agency of government,
- Is not debarred or suspended from receiving Federal funding,
- Has a checking account and can accept EFT,
- Has an accounting system or fiscal agent that will pay all vendors by an approved method of payment,
- Has a Federal Employer Identification Number (FEIN),
- **Has or will be able to attain a Unique Identity Identifier (UEI),**
 - Read more about UEI here: <https://sam.gov/content/duns-uei>
- Has a valid email address for program communication and electronic signature processes,
- Has conducted or will conduct an independent annual audit if receiving \$100,000 or more in EFSP funds,
- Has conducted or will conduct an annual accountant’s review if receiving \$50,000 to \$99,000 in EFSP funds,
- Has conducted or will conduct an annual audit if expending \$750,000 in Federal funds, in compliance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 2 CFR 200 of the Office of Management and Budget (Uniform Guidance),
- Provides services and uses other resources in the area in which I am seeking funding,
- Practices nondiscrimination (Agencies with a religious affiliation must not refuse services to an applicant based on religion or require attendance at religious services as a condition of assistance, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds),
- Have a voluntary board if private nonprofit,
- To the extent possible, involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services, and
- Will comply with the Phase 41 program requirements.

Our agency certifies that we have read and understand the Local Recipient Organization responsibilities listed above.

Initial:

Our agency agrees to comply with Phase 41 Emergency Food and Shelter Program Requirements.

Initial:

APPLICANT INFORMATION

Agency's Legal Name:

Name of Agency Principal (Board President or Executive Director):

Name of Agency Contact(s) for Application and EFSP (if funded):

Agency Contact's Phone Number:

Agency Contact's Email Address:

Agency Physical Address:

Agency Mailing Address (if different from physical address):

Congressional District Where Agency is Physically Located (find it [here](#)):

Congressional District Where Agency EFSP Funds to Be Provided:

Agency Physical Address Where EFSP Funds to Be Provided (if different from main Physical Address):

FEIN:

UEI:

Agency Type:

Nonprofit

Government

If nonprofit, please attach volunteer board member list.

FUNDING REQUEST

See the **Guide to Eligible Spending (pg. 10)** to ensure that your agency will charge EFSP only for allowable expenses. ***If you are a first-time applicant, requests are limited to \$7,500.***

| Category | Amount Requested <i>Amount in \$ requested per category from EFSP</i> | Total Program Budget <i>Amount in \$ required to run the program(s) in each category</i> |
|------------------------------------|---|--|
| Served Meals | | |
| Other Food | | |
| Mass Shelter | | |
| Other Shelter | | |
| Supplies / Equipment | | |
| Rehabilitation / Emergency Repairs | | |
| Rent / Mortgage | | |
| Utilities | | |
| Total Request | | |

Is your agency a **Fiscal Conduit/Fiscal Agent**? Yes No

If yes, for how many agencies?

Total Agency Request and Required Documentation

Less than \$50,000

\$50,000-\$99,999 – **submit annual accountant’s review with application**

\$100,000 or more – **submit independent annual audit with application**

BUDGET NARRATIVE

1. Please describe how funds from each requested category will be used.
2. How else is your agency funded for these categories?
3. How does your request fit into your overall budget for these categories?
4. Financial reporting for this grant may include submission of invoices, bank statements and/or canceled checks, and Excel spreadsheets listing transactions. Describe your agency's financial recordkeeping processes and ability to meet reporting requirements.

AGENCY NARRATIVE

Please answer the following questions in approximately two to five sentences.

1. Describe your agency's mission.
2. Provide a brief overview of the services your agency will provide with EFSP funding.
3. What cities or neighborhoods does your agency serve?
4. How many people were served by your agency in each requested funding category in 2023 year-to-date?
5. What is the target population for the services you provide?

GUIDE TO ELIGIBLE SPENDING

| Category | Sample Eligible Items | Sample Ineligible Items |
|------------------------------------|---|--|
| Served Meals | Any food used in served meals (cold or hot); costs of transporting food to site or client; daily per meal schedule (\$3/meal). | Any items not related to actual feeding of a client. Excessive meal costs. Excessive snack food items. Staff events/functions. |
| Other Food | Food vouchers, food boxes, grocery orders, restaurant vouchers, etc., food purchased for food banks and/or food pantries, vouchers, gift certificates (limited), transportation costs | Tobacco, alcohol, paper products. Any non-food item. Excessive meal costs. Excessive snack food items. Staff events/functions. |
| Mass Shelter | Direct expenses associated with housing a client (e.g., supplies, linens, etc.); transportation costs; daily per diem schedule (\$12.50). | Year-round ongoing operational costs (rent, pest-control, garbage pick-up, utilities); salaries of employees. |
| Other Shelter | Any reasonable hotel/motel or non-profit facility acting as a vendor; SRO; actual charge by vendor, per night; 90-day limit | An LRO receiving funds may not act as a vendor for themselves or another funded LRO. Prepayments for hotel/motel |
| Supplies / Equipment | \$300 per item maximum. Mass feeding: pots, pans, toasters, blenders, microwave, utensils, paper products, any item essential to the preparation of food, shelving. Diapers. Mass shelter: cots, blankets, pillows, toilet paper, soap, toothpaste, toothbrushes, cleaning materials, limited first-aid supplies, underwear/diapers. Emergency repair of essential small equipment. | Decorative curtains, carpet, clothing, TVs, computer systems, office equipment, bedroom furniture other than beds (nightstand, lamps, etc.). |
| Rehabilitation / Emergency Repairs | Building code violations, handicap ramp, etc. (\$2,500 limit); Emergency repairs are only allowed in support of per meal schedule or per diem schedule for mass feeding sites or mass shelters. All expenditures require prior approval by both National and Local Board. | Rehabilitation for expansion, routine maintenance, or to prepare facility to open as direct costs. |
| Rent / Mortgage | Past due rent or mortgage payment (P&I only); current rent or mortgage due within 10 calendar days; first month's rent; lot fee for mobile homes. Limited to 90 days' cost for an individual/family. | Deposits; down payment for purchase of home; late fees; legal fees; taxes, insurance & escrow accounts. |
| Utilities | Past due bills, or current bills due within 10 calendar days, for gas, electricity, oil, water; reconnect fees. May pay budgeted or actual amount. Limited to 90 days' amount that is part of the arrearage at the time of payment or current one month amount. One-time delivery of firewood, coal, propane. | Deposits; cable, or satellite TV bills; phone bills; internet service; late fees. |