****

**2023 Emergency Food and Shelter (EFSP)**

**Allocation Application**

**Phase 40**

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

**Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funds Received in the prior Phase/s: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Requested from Current Phase: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NOTE: all agencies must have a UEI (Unique Entity Identifier) in order to receive payments in phase 40 and going forward. Application can be made at the following website and may take up to 6 weeks to receive. https://sam.gov/content/home

The Local Board plan will not be accepted unless every lro receiving an allocation has a UEI.

**APPLICATION FOR EMERGENCY FOOD AND SHELTER PROGRAM PHASE 40**

 (awarded through the Department of Homeland Security)

**Local non-profit and governmental organizations are eligible to apply for federal funding for emergency food and shelter programs. This funding provides opportunities to supplement and expand the work of local social service agencies in the areas of food, shelter, rent/mortgage, and utility assistance.**

**All applications are to be emailed electronically to** **uwindiana@uwindianacounty.org** **and received by the office of the United Way of Indiana County by 12:00 pm on February 24, 2023.**

### Agency Name:

Name of Director/Administrator:

Mailing Address/City/State/Zip:

Congressional District of service provision:\_\_15th\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

Fax #

Email

Web Site

DUNS #:

FEIN #:

UEI # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle one: Nonprofit Organization Government Agency

 **TOTAL REQUEST for PHASE 40: $**

**Please answer the following questions with enough detail to describe your program for use of EFSP funds fully.**

1. **Is your agency a new applicant for Emergency Food & Shelter Program funding or are you a former or current recipient?**
	1. **New applicant** [ ]  **Current recipient** [ ]  **Former recipient** [ ]
2. **Is your organization currently eligible to receive Federal funds? Yes \_\_\_\_ No \_\_\_\_**
3. **Provide a description of the program/s for which funds are requested in the following categories:**
	1. **Rent/Mortgage**
		1. **Amount Requested:**
		2. **Projected Number of People to be Served:**
		3. **Description of Eligibility:**
		4. **Average Cost Distributed per person/family:**
	2. **Utilities**
		1. **Amount Requested:**
		2. **Projected Number of People to be Served:**
		3. **Description of Eligibility:**
		4. **Average Cost Distributed per person/family:**

* 1. **Served Meals**
		1. **Amount Requested:**
		2. **Projected Number of People to be Served with this funding:**
		3. **Projected Number of Meals to be Served with this funding:**
		4. **Description of Program, Funding use:**
		5. **Description of Eligibility:**
		6. **Cost per Meal (using all resources, not reimbursement rate):**
	2. **Other Food**
		1. **Amount Requested:**
		2. **Projected Number of People to be Served:**
		3. **Description of Program, Funding use:**
		4. **Description of Eligibility:**
		5. **Average Cost Distributed per person/family:**
	3. **Shelter**
		1. **Amount Requested:**
		2. **Projected Number of People to be Served:**
		3. **Description of Program, Funding use:**
		4. **Description of Eligibility:**
		5. **Average Cost Distributed per person/family:**
		6. **Collaboration with other agencies with similar supports, or funding sources that are accessed for these services:**
	4. **Supplies and Equipment (Max of $300 per expenditure)**
		1. **Amount Requested:**
		2. **Projected Number of People to Use the Items:**
		3. **Description and cost of each item:**
1. **For this funding period, how many unduplicated people do you anticipate will be served in program/s for which EFSP funds will be used? If a shelter program, please also include how many total nights do you anticipate providing.**
2. **Will the funds from this program be available throughout the entire year?**  **Yes** [ ]  **No** [ ]
3. **Are funds made available on an individual first-come, first-served basis until depleted?**
	1. **Yes** [ ]  **No** [ ]
4. **If applicable, are funds used to purchase bulk supplies:**  **Yes** [ ]  **No** [ ]

1. **What other sources of funding do you plan to utilize for this program? Please list the sources and the amounts you anticipate receiving from each source.**
2. **In the past year, have you had to deny benefits to qualified applicants due to inadequate funding?**
	1. **Yes** [ ]  **No** [ ]
	2. **If Yes: please provide number of applicants denied and description of benefits denied.**

**For current recipients**

1. **How many unduplicated people were served in all EFSP funded programs from the last phase/s, using all sources of program funding in addition to EFSP? If a shelter program, please also include how many total nights you provided (# of filled beds)?**
2. **What were the total costs for this program during the past year, including all other funding sources?**
3. **What other sources of funding did you utilize for this program last year? Please list the sources and the amounts you received from each source.**

 **General**

1. **Does your organization collaborate with other organizations?**  **Yes** [ ]  **No** [ ]
2. **If so, who?**
3. **If not, why?**
4. **Does your organization belong to “Project Share”?**  **Yes** [ ]  **No** [ ]
5. **If no, what actions do you regularly take to avoid duplication of resources for the same clients?**

 **Please include the following attachments: a) Board of Directors list, including addresses (if a non-profit); b) Nondiscrimination Policy; c) Copy of most recent Audited Financial Statements; d) Anti-terrorism activities disclaimer**

**I certify that this organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is not currently disbarred or suspended from receiving Federal funds or doing business with the Federal government.**

**Executive Director/CEO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EFSP Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_**

****

**2023**

**Anti-Terrorism Compliance and Charitable Status**

In compliance with the USA PATRIOT Act and other counterterrorism laws, the

**United Way of Indiana County**

requires that each agency certify the following:

“I hereby certify on behalf of

(organization name)

that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

Additionally, I hereby certify that the above-named organization is eligible to receive charitable contributions as defined under section 170(c) of the Internal Revenue Code.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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