Lewis County Emergency Food and Shelter Local Board

LOCAL APPLICATION FORM PHASE 38

**REQUIRED INFO: AGENCY \_**

**LRO # (9 DIGITS) \_-**

## Step 1: Review the Phase 38 Application guidelines

Before you begin completing the application, please read the Application Instructions and Local

Recipient Organization Certification. You can download the Local Recipient Organization Certification Form online

### Follow this link: <https://www.efsp.unitedway.org/efsp/website/index.cfm>

*Application must be submitted in 12 point font Times New Roman submitted electronically. Submit via email with the following as attachments:*

* Application for Funding
* Nonprofit status verification form
* List of your Board of Directors

### Return completed application to:

Meja Handlen meja.handlen@lewiscountywa.gov

**Application for EFSP Funding**

## The deadline for applications is 4:00 p.m. on February 19, 2021

|  |  |
| --- | --- |
| **Organizations Name:** |  |
| **Address:** |  |
| **Contact person name and title:** |  |
| **Phone number:** |  |
| **Email:** |  |
| **Website:** |  |
| **Amount Of Funding Requested:** | **$** |
| **FEID # & DUNS #** |  |

**1 |** P a g e

**Application Emergency Food and Shelter Program Phase 38**

### Category

**Step 2: Complete the questions below. Answer all parts of each question. There is a word limit of 150 words per narrative answer.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Estimated Units of Service** | **Per Unit Cost** | **Total****EFSP Funds****Requested** |
| **Food** |  |  |  |
| *Served Meals* |  |  |  |
| *Other Food* |  |  |  |
| ***Total*** |  |  |  |
| **Mass Shelter** |  |  |  |
| ***Total*** |  |  |  |
| **Rent, Mortgage, Utility** |  |  |  |
| *Rent & Mortgage* |  |  |  |
| *Utility* |  |  |  |
| ***Total*** |  |  |  |
| ***TOTAL*** |  |  |  |

Yes No Does the organization have an established system to maintain required documentation?

Yes No Has the organization demonstrated the capability to deliver emergency food and/or shelter programs?

Yes No Is the organization debarred or suspended from receiving funds or doing business with the federal government?

Yes No Has the organization been cleared of all previous compliance problems from any phases by the EFSP National Board?

# Program Information

### PROGRAM FOCUS:

**Category: Select the service to be funded**

**Mass/Other Shelter:** Emergency housing and homelessness prevention, including day centers. (Emergency shelter is defined as providing shelter for six months or less)

**Emergency Food:** Hunger relief and nutrition.

**Access to Basic Needs:** Emergency utility and rental assistance to prevent evictions (one-time assistance programs).

1. Brief Description of Your Agency/Organization's Mission:
2. Is your agency a new applicant for EFSP funds Yes No
3. What are the short and long-term impact(s) you expect your program to have on the community?
4. Do you have a transition plan to get people to not depend on your services? Can you briefly outline that for our board?
5. Is your agency a visible program in the community? Yes No
6. Do you currently or have a plan to collaborate with other community agencies

 Yes No

 Please list agency collaborations below:

1. How many years has your agency been providing the services you are applying for?
2. Is your program sustainable? Yes No
	1. This is grant funding that may not be allocated in the future. How are you ensuring this program is sustainable if you do not receive further funding?
3. The Local Recipient Organization Responsibilities were distributed with this application.

Please completely review these responsibilities.

Have you **read and understand** the LRO Responsibilities Yes No

# Program Request/Narrative

For program(s) requesting funding, please reflect other agency funds available and the source of this funding below (150 word limit):

## Step 3: Sign below (Agency Director/Board Chair)

SIGNATURE:

TITLE: DATE:

***MANDATORY ATTACHMENTS***

* Application for Funding
* Nonprofit Verification Form
* List of your Board of Directors

## Step 4: Save your application and mandatory attachments to your computer.

### Step 5: Send complete application electronically with the following naming convention

EFSP\_Phase 38 Applicaiton

### Return to:

Submit this form electronically to meja.handlen@lewisocuntywa.gov

## The deadline for applications is 4:00 p.m. on February 19, 2021