

EMERGENCY FOOD AND SHELTER PROGRAM PHASE C.A.R.E.S.

Coronavirus Aid Relief & Economic Security Application Information & Application

Thank you for expressing interest in the Emergency Food and Shelter Program (EFSP)-Phase CARES. The EFSP is a restricted federal grant designed to provide supplemental funds for agencies that provide supportive services for the hungry and homeless during the COVID-19 Pandemic. Applications will be accepted until **Friday, May 15, 2020**. Late or incomplete applications will not be considered for funding. **Applications must be typed. Handwritten applications will not be accepted.** Applications can be mailed to the following address **but must be received by Friday, May 15, 2020.**

Federal Emergency Food and Shelter Program – PHASE CARES
C/O Gwinnett Coalition for Health and Human Services
Ellen Gerstein, Gwinnett Local Board Co-Chair
750 S. Perry Street, Suite 312
Lawrenceville, GA 30046

The following is **required**:

- An application packet consisting of the original application
- A copy of the agency's 501(c)3
- A copy of the agency's most **recent annual audit**
- A copy of the agency's most recent income and expense report, and
- A list of the Board of Directors

Applications without this information will be considered incomplete and will not be considered for funding.

For further information or questions, please contact **Ellen Gerstein at 770-995-3339 xt 207** or ellen@gwinnettcoalition.org.

Application Directions & Tips

- Complete pages 2 - 5 in their entirety.
- On pages 6 - 11, complete only the categories for which you are applying for funding.
- The "Total Funds Requested" on page 4 should be consistent with the funding requests on pages 6 - 11.
- *Do not alter the format of the application.*
- Use only the space provided when completing the narrative portion of the application. Additional pages will not be reviewed.
- When completing the narrative portion of the application, provide concise information. Describe how EFSP Phase CARES monies will **supplement** current services. EFSP Phase CARES monies are not to be used to begin new programs or replace existing funds.
- When requesting funding amounts, consider that EFSP Phase CARES funds are supplemental. For example, a request of \$10,000 would not be supplemental if the budget for a specific program is \$2,000. Over 51% of the program budget must come from sources other than EFSP funds.

EMERGENCY FOOD AND SHELTER PROGRAM PHASE C.A.R.E.S.

Application for Program Funds & Certification of Eligibility

Section 1: Agency Information

Date: _____

Legal Name of Agency:* _____

Program Name: _____

Program Mailing Address: _____

City	State	Zip Code
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Program Site Address: _____

City	State	Zip Code	(County)
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Program Contact Person and Title: _____

Telephone: _____ Fax: _____

Alternate Phone Number: _____

E-mail address: _____

Alternate Contact Person: _____

Telephone: _____ Fax: _____

Alternate Phone Number: _____

E-mail address: _____

What year did agency begin delivering services? _____ What year was agency incorporated? _____

Agency website (if applicable): _____

*If an agency is serving as a fiscal agent for another agency, the name of the agency should read "Agency X fiscal agent for Agency Y" and the mailing address should be the fiscal agent's address.

Section 2: Certification Form

*Please review the following Local Recipient Organization Certification Form carefully. Check each item and fill in the blanks at the end of this section. Note that if any agency meets all of the criteria except the annual audit and/or accounting system, another agency that meets these requirements may be approved to serve as the fiscal agent. Signing this form does not guarantee funding. The form is used only to certify to the Local Board and National Board that your agency is eligible to receive Emergency Food and Shelter Program funds. **Incompletely filling out this section will cause your application to be denied.***

As a recipient of Emergency Food and Shelter National Board Program (EFSP) funds made available for Phase

C.A.R.E.S. and as the duly authorized representative of _____(name of agency)

by the checkmarks, I certify that my public or private organization:

- _____ 1. has the capability to provide emergency food and/or shelter services;
- _____ 2. **Will use funds to supplement and extend existing resources and not to substitute or Reimburse ongoing programs and services;**
- _____ 3. Is non-profit or an agency of the government – PLEASE INCLUDE COPY OF 501(c)3 Status; and maintains a local presence in Gwinnett County
- _____ 4. Has an accounting system or fiscal agent approved by the Local Board;
- _____ 5. Conducts an annual audit (auditor must not be affiliated with agency); DATE OF MOST RECENT ANNUAL AUDIT _____; PREPARED BY _____
- _____ 6. Understands that cash payments are not eligible under EFSP;
- _____ 7. Understands that EFSP Phase CARES funds cannot be used for staff salaries;
- _____ 8. Understands that interest income must be reported on final report and used on allowable program expenditures;
- _____ 9. Has or will secure a Federal Employee Identification Number and a D.U.N.S. number.
- _____ 10. Practices non-discrimination (if an agency with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling with federal funds);
- _____ 11. If private, not for profit, has a voluntary board – (PLEASE INCLUDE BOARD ROSTER);
- _____ 12. Will comply with the Phase 37 Responsibilities and Requirements Manual, particularly the Eligible and Ineligible Costs section;
- _____ 13. Will provide required reports to the Local Board;
- _____ 14. Will expend monies only on eligible costs and keep complete documentation (copies of canceled checks - front and back, invoices, receipts, etc.) on all expenditures for a minimum of three years.
- _____ 15. Will spend all funds and close out the program by my jurisdiction's selected end-of-program and return any unused funds to the National Board (\$5 or more);
- _____ 16. Will close all separate bank accounts (or bring to a zero balance) and provide complete documentation of expenses to the Local Board, if requested, no later than one month following my jurisdiction's selected end-of-program;
- _____ 17. Will comply with the Office of Management and Budget Circular A-133 if receiving over \$300,000 in Federal funds;
- _____ 18. Will comply with lobbying prohibition certification and disclosure of lobbying activities (if applicable) if receiving more than \$100,000 in Emergency Food and Shelter Program funds;
- _____ 19. Has no known Emergency Food and Shelter compliance exceptions in this, or any other jurisdiction.

Section 3: Service Eligibility

Please check if your agency targets specific client populations by choosing up to the top three (3) from the list below:

<input type="checkbox"/> Chemically addicted	<input type="checkbox"/> People with AIDS/HIV	<input type="checkbox"/> Elderly
<input type="checkbox"/> Domestic violence victims	<input type="checkbox"/> Native Americans	<input type="checkbox"/> Veterans
<input type="checkbox"/> Single women	<input type="checkbox"/> Families with children	<input type="checkbox"/> Single men
<input type="checkbox"/> Unaccompanied minors	<input type="checkbox"/> Mentally disabled	<input type="checkbox"/> Minorities
<input type="checkbox"/> No target populations	<input type="checkbox"/> Other targeted populations	_____

Please give a brief description of your overall agency program. Use only the space provided here:

Does this program utilize the services of and/or involve homeless or formerly homeless persons in the organization's daily operation (I.E. strategic planning, governance). YES _____ NO _____

In the space below, please summarize how EFSP Phase CARES funds will **supplement** your current services.

Clients to be served are residents of **GWINNETT COUNTY** _____ Yes _____ No

If agency serves clients from a defined geographic area smaller than those listed above, please specify the area(s):

Did this agency receive EFSP funds during Phase 36? _____ Yes _____ No
If yes, what is your LRO Number? _____

Is your agency located within the geographical area that you serve? _____ Yes _____ No

What other agencies provide similar assistance to residents in your service area? _____

Does your agency collaborate with other service providing agencies? If so, which ones? _____

Will this EFSP Phase CARES award assist you in securing funding from other sources (leverage funds)? __Yes __ No

What is the total budget for **direct emergency assistance** for this agency (do not include administrative, staff or operating expenses)? _____

What is the **total operating budget** for this agency (include all costs)? _____

Is your agency in good standing with the Secretary of State of Georgia and the IRS? If not, explain.

Section 4: Funding Requests

Please complete only the categories for which you are applying for funding on pages 6 – 11. Using the numbers 1, 2, 3, 4, 5 and 6, prioritize your agency's funding needs by placing a "1" next to the greatest need, "2" next to the second greatest need, etc.

	<u>CATEGORY</u>	<u>FUNDING REQUEST</u>	<u>PRIORITY</u>
1.	MASS SHELTER (Complete Category 1 on page 6)	\$ _____	_____
2.	MASS FEEDING (Complete Category 2 on page 7)	\$ _____	_____
3.	OTHER FOOD (Complete Category 3 on page 8)	\$ _____	_____
4.	TEMPORARY LODGING (Complete Category 4 on page 9)	\$ _____	_____
5.	RENT/MORTGAGE ASSISTANCE (Complete Category 5 on page 10)	\$ _____	_____
6.	UTILITY ASSISTANCE (Complete Category 6 on page 11)	\$ _____	_____
	TOTAL FUNDS REQUESTED	\$ _____	

Name: _____
(Signature)
(Print name)

Title: _____ Date: _____

Agency: _____ Federal Employer ID#: _____

Board Member: _____
(Signature)
(Print name)

I understand that this application packet is due on Friday, May 15, 2020 by 4 pm. The following information must be included: 501(c)3, list of Board of Directors, most recent agency audit, & most recent income and expense report. Supporting documentation must be included (applications that do not contain this information are incomplete and will not be considered for funding).

Director: _____
(Signature)
(Print name)

Category 1: Mass Shelter (5 or more beds)

Over 50% of funding should come from sources other than EFSP.

Dollar amount requested for Mass Shelter funds: \$ _____

What is the total anticipated operating budget for the Mass Shelter program?
(Do not include other anticipated EFSP funds.) \$ _____

How much did your agency spend last year on mass shelter? \$ _____

List other anticipated sources of support during this Phase **(do not include EFSP funds)**:

	<u>AMOUNT</u>	<u>PENDING OR COMMITTED</u>	<u>SOURCE(S)</u>
Federal Funds	\$ _____	_____	_____
State Funds	\$ _____	_____	_____
Local Gov't Funds	\$ _____	_____	_____
Other	\$ _____	_____	_____
Other	\$ _____	_____	_____

What is your legal occupancy? _____

Which months of the year is the shelter open? _____

Which days of the week is the shelter open? _____

What are the daily hours of operation? _____

What is the maximum length of stay permitted? _____

What year did the shelter originally open? _____

Is a nightly fee required for service? YES _____ NO _____

If yes:

1. What is the nightly rate? \$ _____

2. How many clients do you anticipate serving with EFSP Phase CARES Funds who do not have the ability to pay? _____

3. What method does your agency use to allocate EFSP Phase CARES funds to support clients who cannot pay?

Is participation in any class or religious service required of clients? If so, explain. _____

Category 2: Mass feeding (on-site meal programs, meals delivered)

Over 50% of funding should come from sources other than EFSP.

Dollar amount requested for Mass Feeding funds: \$ _____

What is the total anticipated budget for direct services for the Mass Feeding program?
(Do not include salary, administrative costs, overhead or other anticipated EFSP funds.)

\$ _____

How much did your agency spend last year on mass feeding? \$ _____

List other anticipated sources of support during this Phase (**do not include EFSP funds**):

	<u>AMOUNT</u>	<u>PENDING OR COMMITTED</u>	<u>SOURCE(S)</u>
Federal Funds	\$ _____	_____	_____
State Funds	\$ _____	_____	_____
Local Gov't Funds	\$ _____	_____	_____
Other	\$ _____	_____	_____
Other	\$ _____	_____	_____

How many meals were provided last year? _____

Which months of the year are meals served? _____

Which days of the week are meals served? _____

What is the average number of meals served per week? _____

What year did the meal program begin? _____

Does the agency charge a per meal fee? YES _____ NO _____

If yes:

1. What is the per meal charge? \$ _____

2. How many clients do you anticipate serving with EFSP Phase CARES funds who do not have the ability to pay? _____

3. What method does your agency use to allocate EFSP Phase CARES funds to support clients who cannot pay?

Where do you acquire the food for this program? _____

Do you utilize food from the Atlanta Community Food Bank? YES _____ NO _____

Is participation in any class or religious service required of clients? If so, explain. _____

Category 3: Other Food (food boxes, food pantries or food banks)

Over 50% of funding should come from sources other than EFSP.

Dollar amount requested for Other Food funds: \$ _____

In your 2020 budget, how much money is allocated for the purchase of food? \$ _____

How much did your agency spend in 2019 on food purchases? \$ _____

Give a dollar amount of in-kind food items that were donated in 2019? \$ _____

List other anticipated sources of support during this Phase (**do not include EFSP funds**):

	<u>AMOUNT</u>	<u>PENDING OR COMMITTED</u>	<u>SOURCE(S)</u>
Federal Funds	\$ _____	_____	_____
State Funds	\$ _____	_____	_____
Local Gov't Funds	\$ _____	_____	_____
Other	\$ _____	_____	_____
Other	\$ _____	_____	_____

How many meals were provided last year? _____

Which months of the year is the agency open? _____

Which days of the week is the agency open? _____

What are the daily hours of operation? _____

What year did the food program begin? _____

Does the agency charge a fee? YES _____ NO _____

If yes:

1. What is the charge? \$ _____

2. How many clients do you anticipate serving with EFSP Phase CARES funds who do not have the ability to pay? _____

3. What method does your agency use to allocate EFSP Phase CARES funds to support clients who cannot pay?

Where do you acquire the food for this program? _____

Do you utilize food from the Atlanta Community Food Bank? YES _____ NO _____

What geographic area does this agency serve? _____

Is participation in any class or religious service required of clients? If so, explain. _____

Category 4: Temporary Lodging (hotel/motel)

Over 50% of funding should come from sources other than EFSP.

Dollar amount requested for Other Lodging funds: \$ _____

What is the total anticipated budget for direct services for the Temporary Lodging program?
(Do not include salary, administrative costs, overhead or other anticipated EFSP funds.)
 \$ _____

How much did your agency spend last year directly on temporary lodging? \$ _____

Please list other anticipated sources of support during this Phase **(do not include EFSP funds)**:

	<u>AMOUNT</u>	<u>PENDING OR COMMITTED</u>	<u>SOURCE(S)</u>	<u>LEVERAGE FUNDS*</u>
Federal Funds	\$ _____	_____	_____	_____
State Funds	\$ _____	_____	_____	_____
Local Gov't Funds	\$ _____	_____	_____	_____
Other	\$ _____	_____	_____	_____
Other	\$ _____	_____	_____	_____

What year did agency begin providing this service? _____

How many clients were provided temporary lodging last year? _____

How often can the same client be provided temporary lodging? _____

List the facilities that provide lodging for this program replace. _____

What are the criteria in choosing these facilities? _____

Have you negotiated rates and availability? Yes _____ No _____

Is participation in any class or religious service required of clients? If so, explain. _____

Category 5: Rent & Mortgage Assistance (past due rent or mortgage, first month's rent or mortgage)

Over 50% of funding should come from sources other than EFSP.

Dollar amount requested for Rent and Mortgage Assistance: \$ _____

Number of estimated bills to be paid with these funds: _____

What is the total anticipated 2020 budget for direct services for the Rent/Mortgage Assistance program?

(Do not include salary, administrative costs, overhead or other anticipated EFSP funds.)

\$ _____

In 2019, how much did your agency spend specifically on rental/mortgage assistance? \$ _____

Please list other anticipated sources of support during this Phase (**do not include EFSP funds**):

	<u>AMOUNT</u>	<u>PENDING OR COMMITTED</u>	<u>SOURCE(S)</u>
Federal Funds	\$ _____	_____	_____
State Funds	\$ _____	_____	_____
Local Gov't Funds	\$ _____	_____	_____
Other	\$ _____	_____	_____
Other	\$ _____	_____	_____

Please list the dollar amount that you anticipate using for the following expenses:

First month's rent/mortgage \$ _____

Past due rent/mortgage \$ _____

What year did agency begin providing emergency assistance services? _____

How many bills did the agency pay last year? _____

What is the maximum amount of assistance per household? _____

Is participation in any class or religious service required of clients? If so, explain. _____

Category 6: Utility Assistance electric, gas, propane, firewood, water (no telephone)

Over 50% of funding should come from sources other than EFSP.

Dollar amount requested for Utility Assistance: \$ _____

Number of bills to be paid with these funds: _____

What is the total anticipated budget for direct services for the Utility Assistance program?
(Do not include salary, administrative costs, overhead or other anticipated EFSP funds.)
 \$ _____

In 2019, how much did your agency spend specifically on utility assistance? \$ _____

Please list other anticipated sources of support during this Phase (**do not include EFSP funds**):

	<u>AMOUNT</u>	<u>PENDING OR COMMITTED</u>	<u>SOURCE(S)</u>
Federal Funds	\$ _____	_____	_____
State Funds	\$ _____	_____	_____
Local Gov't Funds	\$ _____	_____	_____
Other	\$ _____	_____	_____
Other	\$ _____	_____	_____

What year did agency begin providing emergency assistance services? _____

How many utility bills did this agency pay last year? _____

What is the maximum amount of assistance per household? _____

Is participation in any class or religious service required of clients? If so, explain. _____
