

**APPLICATION FOR PHASE 29**  
**2010-2011 FUNDING**  
**EMERGENCY FOOD AND SHELTER PROGRAM**  
**(EFSP)**

**WESTCHESTER COUNTY**

*If your organization is debarred or suspended from receiving funds or doing business with the federal government, do not apply.*

Please review the information provided in the accompanying materials (Agency Eligibility Criteria, Statement of Eligible and Ineligible Costs and Application Summary form) before completing this application. All information should be provided within the designated space and **must be typed**.

**It must be submitted by Monday, December 6, 2010. Incomplete applications will not be accepted.**

**I. BASIC INFORMATION**

Agency Legal Name: \_\_\_\_\_

Agency Physical Address: \_\_\_\_\_  
Address City Zip code

Agency Mailing Address: \_\_\_\_\_  
Address City Zip code

Telephone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Website \_\_\_\_\_

Chief Professional Officer: \_\_\_\_\_  
Name and Title

Email: \_\_\_\_\_

Contact Program Person (if other than CPO): \_\_\_\_\_  
Name and Title

Email: \_\_\_\_\_

Financial Officer: \_\_\_\_\_  
Name and email

Program/Project Name (if applicable): \_\_\_\_\_

IRS Certification of 501 © (3) Status attached to application, if new to EFSP \_\_\_\_ Yes

Federal I.D. Number: \_\_\_\_\_ **DUNS Number** \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

**II. PROPOSAL SUMMARY**

A. Provide a very brief narrative which describes the emergency food and/or shelter service(s) to be provided by your agency with this special funding and why your agency has the capacity to provide the (se) service(s).

B. Describe how this funding will supplement and extend currently available resources rather than replacing other funding for, or reimbursing costs related to, ongoing programs and services.

C1. Provide a brief description of the methods/activities to be used in the provision of the (se) services.

C2. For agencies applying for Rent/Mortgage assistance, please describe the assistance process including the average turnaround time.

C3. Any organization receiving EFSP funds for rent/mortgage assistance will be required, when sending a check to a landlord/bank/rental agent, to include a statement in the cover letter, indicating that the check must be cashed within 60 days of receipt. If the check is not cashed within 60 days, the organization must contact the check recipient to determine whether it has been/will be cashed. If it is determined that the check will not be cashed, appropriate action must be taken by the issuing organization to ensure that the funds will be available to assist other clients. **In addition, the organization must utilize the landlord letter formats provided in the EFSP Manual.**

Agree \_\_\_\_\_

D1. If your agency (service provider, in the case of fiscal agents) targets/seeks to serve specific client populations, please circle the top three Target Populations from the list below. If Target Populations are other than those listed, circle "OT". If your agency targets no particular populations, circle "NT".

- |    |                            |    |                       |
|----|----------------------------|----|-----------------------|
| DV | Domestic violence victims  | EL | Elderly               |
| FC | Families with children     | MD | Mentally disabled     |
| MI | Minorities                 | NA | Native Americans      |
| PW | People with AIDS/HIV       | SM | Single men            |
| SW | Single women               | UM | Unaccompanied Minors  |
| VT | Veterans                   | NT | No target populations |
| OT | Other targeted populations |    |                       |

D2. Provide a brief description of the geographic area(s) in which services are provided and the proposed number of clients to be served. If you have circled “NT” or “OT” in D1, briefly describe those served. Include any relevant data which help support the need for the (se) service(s).

**Geographic Area:**

**Number of Clients to be served:**

E. If you are an affiliate of a national organization, circle or check off the two-letter code from the table below for that affiliation; if not, please use any code that appropriately describes your LRO. If no code applies, enter “UN”. For service providers under fiscal agents, use the code that describes the service provider, not the fiscal agent.

AC	Aging Council	LA	Labor organization
CA	Community Action Agency	MW	Meals on Wheels
CC	Catholic Charities and Other Catholic organizations ( <b>Except St. Vincent De Paul</b> )	RC	American Red Cross
CM	Church Organizations or Ministerial Associations	SA	Salvation Army
CO	Coalition	SV	St. Vincent De Paul
FB	Food Bank (Second Harvest/other)	TA	Travelers Aid
FS	Family Service America	TG	Tribal Government
GV	Government Agency ( <b>except Tribal Government</b> )	UL	Urban League
IR	Hotlines/Information And Referral	UW	United Way
JF	Jewish Federations and other Jewish organizations	YM	YMCA
		YW	YWCA
		UN	Unaffiliated with any of the above, or no affiliation

III. **PROGRAM BUDGET**

(Complete either Section A or B of this form. **All** organizations are required to complete Section C and D.)

A. This section should be completed by organizations requesting funds for which they will directly assume fiscal responsibility.

Total Agency Annual Budget \$ \_\_\_\_\_

Year Beginning \_\_\_\_\_ to \_\_\_\_\_

**Total Agency Budget for any Ongoing Emergency Food and/or Shelter Services. Please do not include the amount you are applying for the EFSP funds \$ \_\_\_\_\_**

Year Beginning \_\_\_\_\_ to \_\_\_\_\_

- B. This section should be completed by organizations requesting funds for which another sponsoring organization will assume fiscal responsibility. (This arrangement is used when an agency requesting funds does not have an adequate accounting system or does not conduct an annual audit. The agency requesting funds must, however, meet all other eligibility criteria. The agency assuming fiscal responsibility must meet all eligibility criteria including having an adequate accounting system and conducting an annual audit).

Indicate below the name, address, telephone number and contact person of the sponsoring organization.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Total Budget of the sponsoring organization currently used for Ongoing Emergency Food and/or Shelter Services:

\$ \_\_\_\_\_

Year Beginning \_\_\_\_\_ to \_\_\_\_\_

- C. Total Amount of Emergency Food and Shelter Program Funds being requested by your organization: \$ \_\_\_\_\_
- D. What is the percentage of EFSP requested funds out of your organization's total Ongoing Emergency Food and Shelter Program Funds? \_\_\_\_\_%
- E. Please list all the agencies/programs your organization will serve as fiscal agent / fiscal conduit.

Program Name	FEIN #	Type of Service	Location
<i>e.g. (Feed the People 13-177755</i>	<i>Soup Kitchen</i>	<i>Yonkers)</i>	

**Explanation of the proposed use of the amount requested**

(Refer to the attached statement of Eligible and Ineligible Costs in order to complete the chart below).

	Amount Requested	Estimated Number of Meals, to be served or Bills to be paid for by EFSP Funds
A. SERVED MEALS*	_____	_____
B. OTHER FOOD*	_____	_____
C. SUPPLIES/EQUIPMENT Must list the items	_____	_____ _____ _____ _____
D. RENT/MORTGAGE (assistance for eviction prevention)	_____ _____	_____ _____
F. Utilities	_____	_____
G. <b>TOTAL AWARD</b> <b>(A+B+C+D+E)</b>	_____	_____

**Note: Please use the work-sheet (Appendix A) provided to figure out the number of persons served with EFSP funds ( ending phase e.g. Phase 28). For new applicants, please include total number of people served by the program that is applying for EFSP funds.**

\*The Westchester EFSP Board encourages cost-efficient food procurement practices. One proven way of obtaining low-cost food is through The Food Bank for Westchester. As the local Second Harvest

affiliate and primary recipient of food industry donations in the County, The Food Bank for Westchester is able to offer its member agencies a variety of nutritious foods at prices significantly below the wholesale market.

If your organization is awarded EFSP funds for the Served Meals and/or Other Food categories, you have the option to receive this allocation in the form of a credit line from The Food Bank for Westchester – an authorized EFSP fiscal conduit. If your organization is awarded EFSP funds for the Served Meals and/or Other Food categories, would you prefer to:

\_\_\_\_\_ Receive the funding directly deposited into your bank account, as in previous Phases, and continue submitting all necessary program documentation to the Local Board, as per EFSP guidelines.

--- OR ---

  X   Access your EFSP funding through a line of credit with The Food Bank for Westchester. For this option, your organization will report directly to The Food Bank for Westchester – the fiscal conduit. Your organization will not require providing any documentation to the local board. Instead, you must continue to meet EFSP eligibility requirements and comply with all The Food Bank for Westchester membership requirements.

H. Will the requested funds be used to match other public or private sources of support?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate the funding source(s): \_\_\_\_\_  
\_\_\_\_\_

IV. **AGENCY QUALIFYING INFORMATION**

1. Does your agency have the existing capability to provide emergency food and/or shelter services?  
Yes \_\_\_\_\_ No \_\_\_\_\_

2. Will you use EFSP funds to **supplement and extend** your existing resources, and not to substitute or reimburse on-going programs and services?  
Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is your agency a not-for-profit organization/corporation?  
Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does your agency or, where applicable, the sponsoring agency serving as the fiscal agent, have an adequate accounting system and conduct an annual audit?

Yes \_\_\_\_\_

No \_\_\_\_\_

5. Does your agency meet the Federal Government policy requirements on non-discrimination?

Yes \_\_\_\_\_

No \_\_\_\_\_

6. If a private agency, does your agency have a voluntary board?

Yes \_\_\_\_\_

No \_\_\_\_\_

7. Is the program handicapped accessible?

Yes \_\_\_\_\_

No \_\_\_\_\_

V. **SUPPLEMENTAL INFORMATION**

1. Please attach a list of your agency's Board of Directors  
(If you have a sponsoring agency acting as your fiscal agent, please include a list of both the sponsoring agency's Board of Directors and your agency's Board of Directors).

**APENDIX A**

**TOTAL NUMBER OF PERSONS SERVED BY EFSP FUNDS IN PHASE 28**

**For new applicants, please include total number of people served by the program that is applying for EFSP funds**

	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Marc</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Cost Of Service Per Unit *</u>
<u>Other Food</u>													
<u>Served Meals</u>													
<u>Rent/ Mortgage</u>													
<u>Utilities Assistance</u>													
<u>Supplies/ Equip- ment</u>													

- A unit of service and be a meal, a rent or mortgage bill or a utility bill.

Please calculate the number of persons served, multiply by the number of meals per person, divided by your Organization's EFSP grant for the appropriate category of service.

Provide any comments or explain your unit of service if different from the above.