

Appendix IV

Emergency Food and Shelter National Board Program

Application for Funding

**Issued by the Clinton County
Emergency Food and Shelter Program**

Phase 41 – \$32,559

Funding Period – To be determined

Application Deadline: Tues., April 23, 2024 - 5:00 p.m.

Completed applications should be emailed to Diane Kelly, EFSP Administrator at United Way of South Central Michigan, at d.kelly@uwscmi.org by **April 23, 2024 at 5:00 p.m.**, to be considered for funding. For any questions, email Diane Kelly or call 517-203-5014.

PHASE 41 - REQUIRED

INFORMATION REQUIRED FROM APPLYING AGENCIES – Clinton County

1	<i>Agency's Legal Name</i>	
2	<i>Agency Director</i>	
3	<i>Agency Contact for Application Questions (include e-mail and phone #)</i>	
4	<i>Agency Contact for EFSP, if Funded (include e-mail and phone #)</i>	
5	<i>Agency Mailing Address</i>	
6	<i>Agency phone number</i>	
7	<i>Agency fax number</i>	
8	<i>Congressional District where agency's EFSP services are provided</i>	
9	<i>Agency website</i>	
10	<i>Agency Federal Employee Identification Number (FEIN)</i>	
11	<i>Agency UEI No.</i>	
12	<i>Amount of EFSP funding requested by program area (food, rent, utilities, shelter, etc.)</i>	Food: Rent/Mortgage: Utilities: Shelter:
13	<i>Agency Operating Budget (total)</i>	
14	<i>Agency Budget for the program area requested (food, rent, utilities, shelter, etc.)</i>	

15	<i>Is agency non-profit or unit of government?</i>	
16	<i>Is the agency debarred or suspended from receiving funds or doing business with the Federal government?</i>	
17	<i>Does the agency carry liability insurance? If so, attach a copy of your current certificate of insurance.</i>	

Applicant Signature: _____ **Date:** _____

APPLICATION QUESTIONS - Required (2-page limit; single-spaced; 12-point font)

1. **Agency Summary**

Provide a description of your agency, including the agency's history, mission, and core services.

2. **Program Description and Agency Capacity**

- a. Describe the service(s) the program provides and how services are delivered. Discuss your agency's capacity to administer these services.
- b. Discuss your agency's experience with administering federal and/or state funding.

3. **Target Population**

Describe the target population and service area. Specifically define the criteria used to establish eligibility requirements for program services and the method demonstrated to restrict service to eligible participants.

4. **Request Justification**

- a. How much funding is your agency requesting and for which program areas (e.g. rent/mortgage and/or utilities, shelter, etc.)? Discuss if this request is an increase, decrease, new request, or maintenance of a previous request. If applicable, describe why the amount has changed.
- b. How will the agency adjust the program if anticipated funding does not come through? What is your Plan B?
- c. Briefly describe the role that Emergency Food and Shelter funding plays in this program. Explain how funds impact program services and how funding assists your agency in meeting the needs of the community.
- d. Indicate the estimated number of participants to be served during Phase 41, in terms of adults, children, and families.

5. **Agency Collaboration**

Briefly explain how your agency collaborates with local service providers and coordinating groups, participates in local planning, and how your agency effectively works to reduce the demand and/or prevent the necessity of future emergency services.

6. **Disaster Recovery Plan**

It is the policy of this Local Board that all LROs will have a Disaster Recovery Plan in place to ensure continuity of services under EFSP and that records are recoverable in the event of a disaster. Briefly describe how your agency will ensure that EFSP services will continue and that records will be accessible in the event of a disaster. *Please note: funded agencies are required to retain program-related records for three-years following the submission of the Final Report. Funded agencies must also retain documentation regarding all compliance problems until the problem is resolved.*

REQUIRED ATTACHMENTS

- 1) Provide a copy of the agency's most recent annual audit
- 2) If the agency is a non-profit, provide a roster of the agency's volunteer board
- 3) Provide a copy of the agency's current Certificate of Liability Insurance if applicable

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