Emergency Food and Shelter Program (EFSP) Overview

Whatcom County Jurisdiction 8941-00

Phase 41 Spending Period: October 1, 2022 – December 31, 2024

The Emergency Food and Shelter Program (EFSP) was created by Congress in 1983 to help meet the needs of hungry and homeless people throughout the United States and its territories by allocating federal funds for the provision of food and shelter.

The program is governed by a National Board composed of representatives of the American Red Cross; Catholic Charities, USA; The Jewish Federations of North America; National Council of the Churches of Christ in the USA; The Salvation Army; and United Way Worldwide. The Board is chaired by a representative of the Federal Emergency Management Agency (FEMA).

United Way of Whatcom County (UWWC) serves as the fiscal agent appointed to distribute the funds in Whatcom County with direction from the Local EFSP Board, which is made up of jurisdiction representatives from the National Board affiliates, as well as representatives from local government and nonprofits. For each phase of EFSP, the Board works to determine how the funds awarded to Whatcom County will best help expand the capacity of food and shelter programs in high need areas in our community.

The EFSP funding is a restricted federal grant and subject to all terms and conditions that apply to all parties participating in the grant. EFSP funding is intended to supplement and expand eligible on-going services and must not fund agencies in anticipation of a needed service. EFSP funding cannot be awarded due to budget shortfalls, reductions in other funding sources, or to create a new program. All funds awarded to a Local Recipient Organization (LRO) must provide for services within the established spending period.

EFSP funding cannot be awarded to an agency that has received an adverse or no opinion audit in their independent audit.

The Local Board in Whatcom County will evaluate all eligible applications to determine if the applicant demonstrates an ability to provide food and/or shelter assistance that meets the funding priorities that have been established.

The National Board will issue grants to LROs awarded funding by Local Boards. However, LROs with an outstanding compliance issue will not receive a funding award allocation until all issues have been reconciled.

This application is for Phase 41 funding in the Whatcom County jurisdiction.

* The total funding for Phase 41 allocation is: $108,232.00
* The Spending Period for Phase 41 runs from October 1, 2022, through December 31, 2024.

Please direct all questions to the Whatcom County Jurisdiction Local Board Contact, Mike Weinstein, at: EFSP@unitedwaywhatcom.org or 360-733-8670 ext. 1101. Additional information about the Emergency Food and Shelter Program is available at: <https://www.efsp.unitedway.org>.

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| --- | --- |
| Organization Name: | Click here to enter text. |
| Physical Address: | Click here to enter text. |
| Click here to enter text. |
| Mailing Address:(If Different) | Click here to enter text. |
| Click here to enter text. |
| WA State Congressional Districtwhere Agency is physically located:<https://app.leg.wa.gov/DistrictFinder/> | Click here to enter text. |
| FEIN #:(Federal EmployerIdentification Number) | Click here to enter text. | UEI #:([Unique Entity Identifier](https://sam.gov/content/duns-uei)) | Click here to enter text. |
| Main Phone #:  | Click here to enter text. | Main Website:  | Click here to enter text. |
| Agency Mission Webpage (if applicable): | Click here to enter text. |
| Agency History/About Us Webpage (if applicable): | Click here to enter text. |

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| --- |
| **Primary Contact** |
| Name: | Click here to enter text. |
| Title: | Click here to enter text. |
| Phone: | Click here to enter text. | Email: | Click here to enter text. |

|  |
| --- |
| **Alternate Contact** |
| Name: | Click here to enter text. |
| Title: | Click here to enter text. |
| Phone: | Click here to enter text. | Email: | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is the organization a non-profit organization?***If yes, please attach copy of IRS determination letter*** |[ ] [ ]
| Is the organization a government agency? |[ ] [ ]
| Is the fiscal management conducted in accordance with Generally Accepted Accounting Procedures (GAAP)? |[ ] [ ]
| Does the organization conduct regular financial audits or reviews with a certified public accountant or equivalent?***If yes, list the date of the most recent audit or review*:** Click here to enter text. |[ ] [ ]
| Does your organization have a Board of Directors (Governing Board)?***If Yes, please attach a list of their names and officers*.** |[ ] [ ]
| Is your agency debarred or suspended from receiving funds or doing business with the Federal government? |[ ] [ ]

|  |  |
| --- | --- |
| Program Name: | Click here to enter text. |
| Address where Program services are provided: | Click here to enter text. |
| Click here to enter text. |
| Congressional District where Program services are provided: | Click here to enter text. |

|  |
| --- |
| Program Category: *Please only check one.* A separate application must be submitted for each category for which funding is being requested. |
| Served Meals[ ]  | The Served Meals category is intended to allow mass feeding facilities to pay for the purchase of food items, items used to prepare and serve food, and other food-related items to assist in the mass feeding of eligible clients. |
| Other Food[ ]  | The Other Food category is intended to allow agencies such as food pantries and food banks to pay for the purchase of food items, food vouchers and food gift cards/certificates to assist in the feeding of eligible clients. |
| Mass Shelter[ ]  | The Mass Shelter category is intended to allow mass shelter providers (five beds or more in one location) to provide on-site housing for clients. |
| Other Shelter[ ]  | The Other Shelter category is intended to allow agencies to provide off-site emergency housing for clients. Agencies may not operate as vendors for themselves or other LROs; self-billing is not eligible with EFSP funding. |
| Agency Budget for the Program Category Requested: | $ Click here to enter text. |
| Total EFSP Funding Requested: | $ Click here to enter text. |

1. Clearly describe the community need you propose to address with these funds. Show how EFSP funds will be used to supplement and extend ongoing community-wide efforts, to provide services to people with economic (non-disaster related) emergencies***.***

Click here to enter text.

1. Who are the clients to be served by your program? If available, please include race, ethnicity, age, gender and income demographics.

Click here to enter text.

1. Please describe how the program is accessible to people from diverse populations (e.g., compliance with the Americans with Disabilities Act, use of interpreters, translated written materials, etc.)

Click here to enter text.

1. How did you determine the amount of your EFSP grant request? Please describe your unit of service. Does your service provide for families or individuals? If you are providing shelter, what is your organizations vacancy rate (capability vs capacity)?

Click here to enter text.

1. Specifically, what services will be delivered with these funds? Please describe your marketing or outreach activities including days and hours of operation, and times when clients can access services. Priority is given to services that are readily available to address the current needs in our community.

Click here to enter text.

1. Please specify how you will coordinate and collaborate with similar organizations in the community to provide this service. (e.g., through shared responsibilities, referral systems, service networks, etc.).

Click here to enter text.

Spending Period Budget & Client Statistics

The National EFSP Board has announced the following changes/new guidance:

Per Meal Allowance: The per meal allowance will increase to $3 per meal for agencies using the per meal rate when providing congregate meals.

Per Diem Allowance: Only the $12.50 per night rate will be allowed for agencies using the per diem rate when providing mass shelter services.

Other Shelter (Hotel/Motel): LROs may pay more than one-month hotel/motel assistance. LROs may now provide up to 90 days of assistance for clients per phase if it is necessary to prevent homelessness.

How will your program keep track of expenditures? (Please check **one** (1) box)

[ ]  Per diem allowances per bed night or meal [ ]  Itemized record of direct costs

In the chart below please estimate the number of units of service, clients to be specifically served with EFSP funds in this phase and the total cost of services.

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| --- | --- |
|  | **EFSP Request** |
|  |  | **Program Budget****Direct Service** | **Clients****Served (unduplicated)** | **Clients Served (duplicated)** | **Meals Served** | **Lbs. of Food Distributed (Food Banks)** | **Bed nights****(Shelter Only)** |
|  | Served Meals | $ Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |
|  | Other Food(Food Banks) | $ Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |
|  | Mass Shelter | $ Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |
|  | Other Shelter | $ Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Total | $ Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

This application is to request Phase 41 funding for client services provided in the Whatcom County jurisdiction.

Funding from EFSP is a restricted federal grant and subject to all terms and conditions that apply to all parties participating in the grant. EFSP funding is intended to supplement and expand eligible on-going services and must not fund agencies in anticipation of a needed service. EFSP funding cannot be awarded due to budget shortfalls, reductions in other funding sources, or to create a new program. All funds awarded must provide for services within the established spending period.

EFSP funding cannot be awarded to an agency that has received an adverse or no opinion audit in their independent audit.

By signing below the undersigned:

* Acknowledges having read and understood the program guidelines as presented in the EFSP National Board Program Phase 35 Responsibilities & Requirements Manual (pages 45-62) and will be able to fully comply with the provisions of these guidelines as well as all additional applicable federal, state, and local requirements, including procurement and financial management,
* Certifies that the program and policies are administered in a non-discriminatory manner,
* Agrees to comply with all reporting requirements and will retain all EFSP records for a minimum of three years from the end-of-program date. In addition, all funded LROs must maintain adequate documentation of program expenditures, which includes keeping copies of dated receipts, invoices, proof of payment and any other requirements laid out in the Responsibilities and Requirements Manual,
* Understands that all eligible program expenses must be paid by an approved method of payment directly to the vendor not more than 90 days after the invoice date. **Cash payments are ineligible**.

Funding awarded to organizations under the Phase 41 Emergency Food and Shelter Program, available through the U.S. Department of Homeland Security’s Federal Emergency Management Agency, may only be used for eligible expenses incurred during the established Phase 41 Spending Period.

The Phase 41 Spending Period runs from October 1, 2022 through December 31,2024.

Please submit completed applications to:

EFSP@unitedwaywhatcom.org by: **3:00 PM, Tuesday, May 28, 2024**.

Authorized Signature:

Printed Name: Click here to enter text.

Title: Click here to enter text.

Date: Click here to enter text.