Brown County
Emergency Food and Shelter Program
Application for Phase 36 EFSP Funding

The Emergency Food and Shelter Program was established on March 24, 1983, with the signing of the “Jobs Stimulus Bill,” Public Law 98-8. That legislation created a National Board, chaired by the Federal Emergency Management Agency (FEMA) that consisted of representatives of the American Red Cross, Catholic Charities USA, National Council of the Churches of Christ in the U.S.A., The Salvation Army, United Jewish Communities, and United Way USA. EFSP is governed by a National Board that selects jurisdictions for funding.

The program’s objectives are to:

- Allocate funds to the neediest areas;
- Ensure fast response;
- Foster public/private sector cooperation;
- Ensure local decision making, and
- Maintain minimal, but accountable, reporting.

Locally, the program is a model of public-private cooperation. Local Boards are convened in those qualifying jurisdictions to determine the highest need and best use of funds and to select Local Recipient Organizations (LROs) that will provide emergency food and shelter services. Each year, needs are to be assessed in an effort to adapt to particular community needs.

Brown County United Way serves as the conduit for these funds and coordinates the administrative functions of the Emergency Food and Shelter Program (EFSP).
To be eligible for funding consideration, an organization must meet all the following criteria:

- Be a non-profit, 501(c) 3 organization.
- Be **supplementing** existing programs.
- Must provide a DUNS Number (Data Universal Number System).
- Must provide a FEIN Number (Federal Tax Identification Number).
- Provide one or more of the following to homeless and/or low-income people in Brown County:
  - Mass shelter (e.g., night shelter, transitional housing)
  - Mass feeding (e.g., soup kitchen, food pantry)
  - Other food (e.g., food pantries, grocery vouchers)
  - Rent, mortgage or utility assistance
- Not charge fees for EFSP-funded services.
- Practice nondiscrimination.
- Comply with all EFSP program reporting and audit requirements.
- Must have an accounting system or an approved fiscal agent.
- Must be prepared to have EFSP funding directly deposited to its agency bank account. Except for the first check to newly funded organizations, the National Board will make all payments by Electronic Funds Transfer (EFT) only.

**Selection Process**

- This is a competitive process. Applications will be screened and reviewed by the Local Board. The Board will determine if the application presents sufficient need, relevant approaches to addressing community problems, and capacity to successfully implement the program. Final approval of applications and funding awards will be determined by the Local Board. If an applicant fails to meet any of the eligibility criteria, the agency’s application will be automatically denied.

- Notification will be made on or after **August 31st, 2019**. Applications will be scored based on the rating scale below:

<table>
<thead>
<tr>
<th>Component</th>
<th>Points</th>
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<tbody>
<tr>
<td>Program Summary</td>
<td>15</td>
</tr>
<tr>
<td>Statement of Need</td>
<td>10</td>
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<tr>
<td>Impact of Funding</td>
<td>10</td>
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<tr>
<td>Measurable Outcomes/Outputs</td>
<td>10</td>
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<tr>
<td>Client Engagement</td>
<td>5</td>
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<tr>
<td><strong>Total Points</strong></td>
<td><strong>50</strong></td>
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## Funding Priorities & Initiatives

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTIONS</th>
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<tbody>
<tr>
<td>Food/Other Food</td>
<td>Food vouchers, food boxes or other food purchased for food banks and/or food pantries, vouchers, transportation costs. The per diem rate (pp) for hot/cold served meals is $2.00.</td>
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<tr>
<td>Mass Shelter</td>
<td>Direct expenses associated with housing a client (e.g., supplies, linens, etc.); transportation costs. The per diem rate (pp) is $12.50.</td>
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<tr>
<td>Rent Assistance</td>
<td>Past due rent or current rent or rent due within 10 calendar days; first month’s rent. Limited to one month’s cost for an individual/family.</td>
</tr>
<tr>
<td>Utilities Assistance</td>
<td>Past due bills, or current bills due within 10 calendar days, for gas, electricity, or reconnect fee. Limited to one month’s cost for an individual/family.</td>
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</tbody>
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## Submission Guidelines

Please submit the items listed below.

- Application Cover Sheet
- Proposal Sections
- Attachments
  - Current Program Budget
  - Copy of most recently filed 990 form
  - List of current Board of Directors & their Affiliations
## FUND REQUEST SUMMARY

<table>
<thead>
<tr>
<th>Service Type</th>
<th>EFSP funds requested</th>
<th>Estimated number to be served with EFSP funds</th>
<th>Total estimated number to be served</th>
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<tbody>
<tr>
<td>Served Meals (e.g., soup kitchen, home delivered meals)*</td>
<td>$</td>
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<tr>
<td>Other Food (e.g., food pantries, grocery vouchers)</td>
<td>$</td>
<td></td>
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<tr>
<td>Mass Shelter (e.g., night shelter, transitional housing)**</td>
<td>$</td>
<td></td>
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<tr>
<td>Rent/Mortgage/Utility Assistance</td>
<td>$</td>
<td></td>
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<tr>
<td>Administration</td>
<td>$</td>
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* Currently reimbursable at per meal allowance of exactly $2.00 per meal served
** Currently reimbursable at per diem allowance of exactly $12.50 per person per night
Program Summary (15 Points)

1. **Program Summary:** Describe the program for which EFSP funding is requested.
   - Provide a one paragraph summary of the program for which EFSP funds will be utilized (not to exceed 100 words).
   - **Past Service:** Describe your program’s past service in the category in which funding is requested. The description should include the type and volume of service(s) provided. If your program has had compliance issues such as findings, late reports, slow spending, etc. describe the procedures you have implemented to avoid repeating these problems.
   - **Use of Funds:** Describe specific use of the requested EFSP funds for Phase 36.

Statement of Need (10 Points)

2. **Statement of Need:**
   - Describe the need for emergency services your agency is experiencing in the area you serve (neighborhood, county) which is the basis for this funding request (provide statistics, increases in the demand for your services, etc.).
   - What new trends are being experienced or observed by your agency?

Impact of Funding (10 Points)

3. **Impact of Funding:**
   - Describe how the funding would make a significant impact on the program and benefit clients.
   - How does the funding add value and/or enhance the program?
   - How does it make a difference to your service provision?

Measurable Outcomes/Outputs (10 Points)

4. **Measurable Outcomes/Outputs:** Program effectiveness should include both short-term results (food and shelter) and long-term results (housing and self-sufficiency).
   - How does your agency define success for this program? Because of your services, how do your clients’ lives change? How do you measure that success?
   - Who evaluates the program and how do you use the information obtained to make adjustments and changes to the program?
   - Success Stories.

Client Engagement (5 Points)

5a. **Client Engagement:**
   - How do clients find out about your program?
   - How do you determine client eligibility for your program?
• Describe how your agency collaborates with other agencies providing similar programs and services.
• Do you involve individuals and families in providing feedback on your programming?

5b. Target Population:
• Describe the target population(s) to be served by this program.
• How long has your program provided emergency food and/or shelter services to this population locally?
• Identify the top five (5) zip code areas currently served by the program identified above using your most recent year of data.

Funding Sources

6. List other funding sources for the specific program that you are applying for EFSP funds. Please note: The intent of the Emergency Food & Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Other funding sources must be in place for the programs for which you are applying and must be reported below. If no current program funding and the source(s) of funding are reported on the form below, this application may be denied.

<table>
<thead>
<tr>
<th>Other funding sources</th>
<th>Amount</th>
<th>Category of service (e.g., served meals, shelter)</th>
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I certify that all information contained in this application, including all narrative information and necessary attachments, is true, accurate and current at the time of application submission.

Executive Director (or similar authority)

Printed name

Date

Please return this application to Brown County United Way no later than:

5 pm on Thursday, August 1st, 2019

Please use the online form to submit applications.

Phone: 920-593-4773 | Email: dan@browncountyunitedway.org