

Application for Emergency Food and Shelter Funding

Federal funds have been made available through the Department of Homeland Security (DHS)/Federal Emergency Management Agency under the Emergency Food and Shelter National Board Program. The amount available for Marion and Polk Counties is \$170,338 for Phase 40.

Due date: March 1, 2023 no later than 5:00 PM PST.

STEP 1: REVIEW THE PHASE 40 APPLICATION GUIDELINES

Before you begin completing the application, please read the Application Instructions, Eligibility and Local Recipient Organization Certification guidance for Phase 40 on the EFSP website.

Follow these links:

<https://www.efsp.unitedway.org/efsp/website/index.cfm>

Type in this form so it can be submitted electronically. Print one copy, sign below and submit with:

- Agency brochure or an informational flier
- List of your Board of Directors
- Most recent annual audit or Form 990

Submission Instructions: Submissions regardless of method must be received by March 1, 2023 no later than 5:00 PM.

Submit this form electronically to Betty Hart (hartmb30@msn.com), Julia Alpernas (julia.alpernas@gmail.com), and Kevin Couey (Kcouey@unitedwaymwv.org)

Alternatively:

Submit the hard copy to Kevin Couey at the United Way office, 455 Bliler NE, Salem, OR 97301

Submit responses via Google form per instructions:

<https://www.unitedwaymwv.org/emergency-food--shelter-application.html>

STEP 2: COMPLETE THE QUESTIONS BELOW. ANSWER ALL PARTS OF EACH QUESTION. AN APPROPRIATE LENGTH FOR EACH NARRATIVE QUESTION IS NO MORE THAN 2000 CHARACTERS.

Organization (LRO):

Local Recipient Organization Number (LRO) (if previously funded):

FEIN of LRO:

UEI (Unique Entity Identifier from <https://sam.gov>) of LRO:

Project/Program Name:

Contact Person:

Phone:

Email:

Website:

Amount of Funding Requested for Phase 40: _____

Number of individuals' project will serve using Phase 40: _____

Number of individuals' project will serve Phase 40: _____

County Served: Marion Polk

PROGRAM FOCUS:

Category: Select the service to be funded

- Mass/Other Shelter:** Emergency housing and homelessness prevention, including day centers. (Emergency shelter is defined as providing shelter for six months or less)
- Emergency Food:** Hunger relief and nutrition.
- Access to Basic Needs:** Emergency utility and rental assistance to prevent evictions (one time assistance programs).

1. Brief Description of Your Agency/Organization's Mission:

2. Program Description:

3. Is your Agency a new applicant for Emergency Food & Shelter Funds? Yes No

4. If you received funding from the Salem/Marion/Polk Counties Emergency Food and Shelter allocation in Phase 39/ARPAR, please note how those funds were used (or include a copy of your final report).

- No funds were received in Phase 39 or ARPAR
- Copy of final report included
- Copy of final report submitted online

Phase 39

Type of Service	Dollars Spent	Number Served
Food: Meals Served	_____	_____ meals
Food: Other (lbs.)	_____	_____ lbs.
Mass Shelter:	_____	_____ shelter nights
Other Shelter:	_____	_____ hotel/motel nights
Rent/Mortgage:	_____	_____ bills paid
Utility Assistance:	_____	_____ bills paid

Phase 39

Type of Service	Dollars Spent	Number Served
Food: Meals Served	_____	_____ meals
Food: Other (lbs.)	_____	_____ lbs.
Mass Shelter:	_____	_____ shelter nights
Other Shelter:	_____	_____ hotel/motel nights
Rent/Mortgage:	_____	_____ bills paid
Utility Assistance:	_____	_____ bills paid

9. Describe how someone in need of your program finds you and the application process by which you qualify someone for service. Include information such as client description, documentation of need, and other information, which would be useful to the Local Board.

10. How will your agency coordinate services under this program with other food and shelter programs in the community? (If request is for Rent/Utility or Other Shelter assistance please include your process to ensure clients are not receiving more than *90 days* assistance from this source of funds)

11. The Local Recipient Organization Responsibilities and information is available on the EFSP website. Please review this information.

Have you read the read this information on the EFSP Website? Yes No

Please outline how your agency plans to meet listed federal requirements, specifically in regard to documentation and accounting systems

12. SERVICES TO BE PROVIDED (Complete for each program category you are applying for only. Administrative funding is an optional EFSP category up to 2% of the EFSP funding requested.)

Phase 40

Category	Unit of Service	# Units provided with EFSP Funds	# Units provided with Total Program Funds	EFSP \$ Amount	Non-EFSP \$ Amount	Total \$
Served Meals	Meals (\$3 per)					
Other Food	Food (lbs.)					
Mass Shelter	Nights (\$12.50 per)					
Other Shelter (hotel/motel)	Nights					
Rent/Mortgage	# Bills/Orders (per household)					
Utilities Assistance						
Supplies	Specific item(s)					
Small Equipment (Limit of \$300 per item)	Specific item(s)					
Administration (Optional 0% to 2%)						
Total Request (EFSP\$ + Non-EFSP=Total \$)						

13. How will you execute this project if you have fewer funds than requested?

14. What are your plans for financially sustaining this program in the future?

Describe your plan for securing the resources (financial, human, in-kind, etc) needed for the program in both the near and long term:

STEP 3: SIGN BELOW (AGENCY DIRECTOR/BOARD CHAIR)

SIGNATURE: _____ TITLE: _____

DATE: _____

STEP 4: MANDATORY ATTACHMENTS

- I. Agency brochure or an informational flier
- II. List of your Board of Directors
- III. Most recent annual audit or Form 990

STEP 5: SAVE YOUR APPLICATION AND MANDATORY ATTACHMENTS TO YOUR COMPUTER AND SUBMIT AS INSTRUCTED ON PAGE 1.