

EMERGENCY FOOD & SHELTER PROGRAM (EFSP) PHASE 30 APPLICATION CHECKLIST & ACKNOWLEDGEMENT

Late or incomplete applications will not be accepted and will not be considered for funding. Applications must be received no later than *Friday, February 8, 2013, at 4:00pm, Central Standard Time.*

Please submit the following documentation:

1. An original application and funding request, plus one copy. Attached
2. An original Phase 30 Local Recipient Organization Certification Form. Attached
3. A current and complete list of your organization's board members. Attached
4. A copy of your organization's operating budget for the current fiscal year. Attached
5. A copy of your organization's 501(C)(3) certificate, if the organization was not funded in Phase 29. Attached
6. An annual audit *if your organization is requesting more than \$50,000.* Attached
7. An annual accountant's review *if your organization is requesting \$25,000 - \$49,999.* Attached
(Note: if requesting less than \$25,000, no audit/review is required.)
8. A copy of the organization's annual audit has been/will be forwarded to the National Board, *if the organization expends \$500,000 or more in Federal Funds.* Forwarded

Contact April Owens, Administrative Officer with Community Action, aowens@casoky.org or (270)-782-3162 if you have questions about the process.

Applicant Acknowledgement:

By signing below, I, as an authorized representative of the applicant organization, acknowledge that to the best of my knowledge and belief, the data in this proposal is true and correct. I understand that incomplete applications or applications received after the deadline will not be accepted and will not be considered for funding.

I also understand that a representative of the agency must be present at the EFSP allocations meeting. **To allow all agencies equal opportunity, agency representatives must be at the meeting and signed in when the meeting is called to order. Any agency not represented when the meeting is convened may not be funded during this cycle.**

The undersigned acknowledges having read and understood the program guidelines and will be able to fully comply with the provisions of these guidelines. **I understand that original hard copy applications and attachments must be either mailed (USPS) or hand delivered to EFSP, c/o Community Action of Southern Kentucky, 921 Beauty Avenue, PO Box 90014, Bowling Green, KY 42102, (270) 782-3162, by February 8, 2013, at 4:00 p.m. Electronic transmissions will not be accepted.**

Signature & Title

Date

EMERGENCY FOOD & SHELTER PROGRAM (EFSP) – PHASE 30 APPLICATION

1. Agency's Legal Name: _____

2. Is the Agency non-profit or a unit of government? _____

3. Did your agency receive Emergency Food and Shelter Program Funds in Phase 29?
YES NO *If you answered NO to this question, please include a copy of the organizations 501(c)(3) certificate.*

4. Preferred Contact Person:
Name & Title: _____

NOTE: This individual should be able to answer questions regarding the EFSP proposal.

Phone: _____ Fax: _____ Email: _____

5. Agency Principal: _____

Phone: _____ Fax: _____ Email: _____

6. Federal Employer ID # (required): _____ DUNS# (required): _____

7. Mailing Address	Physical Address
_____	_____
_____	_____

8. Agency website address: _____

9. Congressional district where:
EFSP funded services are provided _____ Agency is physically located _____

10. Explain the community need for your services, and describe how your services meet that need:

11. Service statistics related to this application (last year/current year/projection): _____

12. Describe other funding sources for these services: _____

13. How will your services be impacted if you do not receive this funding: _____

14. How do you coordinate with other providers to prevent duplication of these services: _____

15. Days of Operation: _____ Hours of Operation: _____

16. When did your agency become a current continuous provider of food and/or shelter services?

Approximate Date: _____

17. Does your agency have accounting policies and procedures in place by which you would manage EFSP funding if you are awarded funds? **YES NO**

18. Are all EFSP services provided free of charge to clients on a continuous, year-round basis?

YES NO

19. Are all EFSP services provided without discrimination and without any requirement of participation in religious observances? **YES NO**

20. Eligibility requirements for persons seeking assistance: _____

21. Is your organization debarred or suspended from receiving funds or doing business with the federal government? **YES NO**

EMERGENCY FOOD & SHELTER PROGRAM PHASE 30 FUNDING REQUEST

Name of Organization: _____

Federal Employer ID # _____

Location of Services: _____

Address _____

City _____ State _____ Zip _____

PLEASE PROVIDE YOUR PLAN FOR PHASE 30 BELOW:

CATEGORY	REQUESTED AMOUNT	ESTIMATE SERVICE #
FOOD		
Served Meals	\$	# Meals
Other Food (pantry/vouchers)	\$	# Meals
SHELTER		
Shelter (on-site/mass shelter)	\$	# Nights
Other Shelter (motel/hotel)	\$	# Nights
Rent/Mortgage	\$	# Bills Paid
UTILITIES	\$	# Bills Paid
SUPPLIES/EQUIPMENT	\$	
EMERGENCY REPAIRS / BUILDING CODE	\$	
ADMINISTRATION	\$	
TOTAL REQUEST	\$	