

# EMERGENCY FOOD & SHELTER PROGRAM (EFSP) PHASE 31 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 *Monday, January 6, 2014, 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 31 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 30. 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](mailto: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 January 6, 2014, at 4:00 p.m. Electronic transmissions will not be accepted.**

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Signature & Title

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Date

# EMERGENCY FOOD & SHELTER PROGRAM (EFSP) – PHASE 31 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 30?  
**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: \_\_\_\_\_

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

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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: \_\_\_\_\_

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

## EMERGENCY FOOD & SHELTER PROGRAM PHASE 31 FUNDING REQUEST

Name of Organization: \_\_\_\_\_

Federal Employer ID # \_\_\_\_\_

Location of Services: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PLEASE PROVIDE YOUR PLAN FOR PHASE 31 BELOW:

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