

THIS IS FOR PREVIEW PURPOSES ONLY. DO NOT COMPLETE THIS FORM.

EFSP Phase 40 Application

PURPOSE AND INSTRUCTIONS TO SUBMIT APPLICATION

The Emergency Food and Shelter Program (EFSP) was established in 1983 by Congress with the intent of supplementing local efforts to provide emergency shelter and food to people in need. The EFSP National Board governs the EFSP Program. The New Haven County Program is governed by a Local Board of seven member agencies that represent the local counterparts of the National Board member agencies, as well as a range of service providers, coalitions, advocacy groups, technical assistance providers, planning and community development agencies. The funds come from the federal Stewart B. McKinney Homeless Assistance Act and are sometimes identified as “FEMA” funds.

The Local Board of the New Haven County Emergency Food and Shelter Program invites all interested, qualified 501(c)3 non-profit community organizations to request participation to provide emergency shelter and food to people in need in New Haven County for the spending period from **11/01/2021 - 12/31/2023**. **Interested agencies must be current providers of emergency food and shelter services; participation is not available for a start-up program.**

- Organizations and programs MUST meet eligibility criteria (below).
- Applications must be submitted by **Monday, Feb. 6, 2023 by 4 PM. Applications will not be accepted after this date and time.**
- If any of the application information is incomplete or missing, the application will be deemed incomplete and will not meet the threshold for scoring and allocation. **Due to the volume of applications, you will not be given the opportunity to submit information past the deadline.**
- Applications will be reviewed and scored by a review process coordinated by your local United Ways.
- **Funding allocation will be based on an agency’s program capacity to provide services.**
- EFSP funds are made available by the Department of Homeland Security/FEMA and are contingent upon the federal government's ability to pay.

Please [CLICK HERE](#) for Frequently Asked Questions (FAQ) on the [EFSP website](#).

Eligibility

ORGANIZATION AND PROGRAM ELIGIBILITY

- 501(c), non-profit agencies, or public agencies, providing food and/or shelter to homeless and low-income people.

- Agencies must not charge fees to clients for EFSP-provided services, nor may a donation be suggested.
- Service providers must be **supplementing existing** food and shelter programs. Funding will not be given to start new programs or to stop a program from closing. **If the program were to close if EFSP funds were to be removed, then EFSP funds are not being used properly.**
- Agencies must practice non-discrimination and **not require religious participation**.
- Agencies must be governed by a volunteer Board of Directors (except for government units).
- Agencies must conduct an audit if requesting or receiving over \$50,000 in EFSP funds and must comply with OMB single audit requirements. **NOTE: It is at the Local Board's discretion to request an audit from any agency, regardless of the amount allocated.**
- Agencies receiving over \$750,000 in federal funds must comply with OMB single audit requirements.
- Agencies must have EFSP programs listed on 2-1-1 database.
- Agencies should be able to capture client counts and provide that information in reports as required.
- EFSP participating agencies **cannot** operate as vendors for themselves or other EFSP-funded agencies.

ELIGIBLE PROGRAM ACTIVITIES/COSTS

FOOD: Eligible costs include food and served meals; this funding is intended to provide basic, nutritional meals on an ongoing basis not for non-nutritive items. The funding is not intended to be used for a singular event, special celebratory events, holiday baskets, etc. Also, dessert items (i.e., cookies, snack food, candy, etc.) used as part of a daily meal plan may be purchased in limited amounts.

- **Served Meals**—*a pre-set amount of \$3.00 per meal per person*. Limited amount of funding for food-related supplies and transportation
- **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.

SHELTER/UTILITIES

- **Per Diems, Mass Shelter**—*pre-set amounts of \$12.50 a night per person with case management*
- **Hotel/Motel Vouchers**- *90-days assistance per individual per program period;*
- **Rent/Mortgage Assistance** – *90 days of assistance per household; individual payments must guarantee an additional 30 days of housing; no late fees, legal fees, deposits or condo fees are allowed.*
- **Utility Assistance** - *90-days assistance per household; individual payments must guarantee an additional 30 days of service.* Utilities include water, gas and electricity.

Agency Information

1. Your Name
2. Your Title
3. Your Email
4. Organization
5. Organization Mailing Address

6. Organization Phone
7. Executive Director Name
8. Executive Director Email
9. Please indicate the race/ethnicity of your Executive Director/CEO
 - Asian or Southeast Asian
 - Black or African American
 - Hispanic or Latino/Latina/Latinx
 - Middle Eastern or Arab
 - Native American Indian, Indigenous peoples, or Alaska Native
 - Native Hawaiian or Other Pacific Islander (NHOPI)
 - White or European
 - Multiracial (individuals that identify as two or more races)
 - Other
 - Prefer not to respond
10. Who is the person at your organization in charge of financial management?
11. Financial manager email
12. Please indicate the percentage of each race/ethnicity represented by your organization's staff.

NOTE: The total percentage must equal 100%.

 - Asian or Southeast Asian
 - Black or African American
 - Hispanic or Latino/Latina/Latinx
 - Middle Eastern or Arab
 - Native American Indian, Indigenous peoples, or Alaska Native
 - Native Hawaiian or Other Pacific Islander (NHOPI)
 - White or European
 - Multiracial (individuals that identify as two or more races)
 - Other
 - Unknown
13. Select your local United Way below. (Greater New Haven, Valley, Meriden-Wallingford, Greater Waterbury)

EFSP Funding History

1. Have you received EFSP funding in the past? (Yes/No/Unsure)
2. Does your agency have any unresolved compliance exceptions preventing you from receiving future EFSP funds? NOTE: Agencies with current compliance exceptions are ineligible to receive Phase 40 funding. (Yes/No)
3. Have you ever had to return funds to EFSP?
 - a. If yes, please explain the circumstances below (skip if no)
4. Did your agency receive funding in Phase 38?
 - a. If yes, how much did you receive and how many individuals were you able to serve? (skip if No)
5. Did you receive funding in EFSP Phase 39? (This is one of the current open phases)
 - a. If yes, how much did you receive and how many individuals do you plan to serve? (skip if No)

6. EFSP Phase 40 Categories Check all categories for which you're applying. (Served Meals, Other Food, Mass Shelter, Other Shelter, Rent/Mortgage Assistance, Utilities Assistance)

Agency Narrative

1. What are your agency's overall mission and goals?
2. Please briefly describe all the services your agency provides to the community.
3. Please name the program(s) for which you seek EFSP support.
4. Describe how your agency will ensure EFSP funding will be used only for their intended purposes.
5. Since EFSP funding is supplemental, briefly describe how EFSP supplements your overall revenue stream.

Served Meals

1. Describe the agency's services in this category. Include information on how the program developed, and how long such services have been provided.
2. Describe the eligibility requirements for your served meals program. Describe the enrollment procedures used once a client is determined eligible. Your answer should include a timeline from initial point of contact to having services provided.
3. Describe the process for monitoring the program. How is data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
4. What are your days and hours of operation?
5. How many clients did your program serve last fiscal year? (enter unduplicated number only)
6. Race/Ethnicity Served
Please indicate the percentage of each race/ethnicity group served by this **specific program** NOTE: The total percentage must equal 100%.
Asian or Southeast Asian
Black or African American
Hispanic or Latino/Latina/Latinx
Middle Eastern or Arab
Native American Indian, Indigenous peoples, or Alaska Native
Native Hawaiian or Other Pacific Islander (NHOP)I
White or European
Multiracial (individuals that identify as two or more races)
Other
Not Tracked
7. Please feel free to provide any additional info you want us to know about who you serve
8. How many meals did your program serve last fiscal year? (Enter number only)
9. How many full-time paid staff members operate your program? (Enter number only)
10. How many part-time paid staff members operate your program? (Enter number only)
11. How many weekly volunteers assist in operating your program? (Enter number only)
12. What are your actual program expenses (state past fiscal year here, enter number only)
13. What is your total non-EFSP program funding, including in-kind, between 11/1/2021 and 12/31/23? (Enter number only)

14. List all sources of non-EFSP program funding
15. Requested funding amount for Served Meals in Phase 40 (Enter number only)
16. Projected number of served meals you will be able to produce with this EFSP funding (Enter number only)

Other Food/Pantry

1. Describe the agency's services in this category. Include information on how the program developed, and how long such services have been provided.
2. Describe the eligibility requirements for your food program. Describe the enrollment procedures used once a client is determined eligible. Your answer should include a timeline from initial point of contact to having services provided.
3. Describe the process for monitoring the program. How is data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
4. What are your days and hours of operation?
5. How many clients did your program serve last fiscal year? (enter unduplicated number only)
6. Race/Ethnicity Served
Please indicate the percentage of each race/ethnicity group served by this **specific program** NOTE: The total percentage must equal 100%.
Asian or Southeast Asian
Black or African American
Hispanic or Latino/Latina/Latinx
Middle Eastern or Arab
Native American Indian, Indigenous peoples, or Alaska Native
Native Hawaiian or Other Pacific Islander (NHOPI)
White or European
Multiracial (individuals that identify as two or more races)
Other
Not Tracked
7. Please feel free to provide any additional info you want us to know about who you serve
8. How many food bags did your program serve last year? (Enter Number Only)
9. How many full-time paid staff members operate your program? (Enter Number Only)
10. How many part-time paid staff members operate your program? (Enter Number Only)
11. How many weekly volunteers assist in operating your program? (Enter Number Only)
12. What are your actual program expenses (state past fiscal year here, number only)
13. What is your total non-EFSP program funding, including in-kind, last fiscal year? (Enter Number Only)
14. List the sources of non-EFSP funding
15. Requested funding amount for Other Food for Phase 40 (Enter Number Only)
16. Estimated number of individuals you'll be able to serve with EFSP funding? (Enter Number Only)

Mass Shelter

1. Describe the agency's services in this category. Include information on how the program developed, and how long such services have been provided.
2. Describe the screening methods you use to determine if a client is eligible for accessing your mass shelter services. Also describe in detail the enrollment procedures used once a client is determined eligible. Your answer should include a timeline from initial point of contact to having services provided.
3. Describe the process for monitoring the program. How is data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
4. What are your days and hours of operation?
5. How many clients did your program serve last fiscal year? (enter unduplicated # only)
6. How many bed nights were provided in the last fiscal year? (Enter number only)
7. Race/Ethnicity Served
Please indicate the percentage of each race/ethnicity group served by this **specific program** NOTE: The total percentage must equal 100%.
Asian or Southeast Asian
Black or African American
Hispanic or Latino/Latina/Latinx
Middle Eastern or Arab
Native American Indian, Indigenous peoples, or Alaska Native
Native Hawaiian or Other Pacific Islander (NHOPi)
White or European
Multiracial (individuals that identify as two or more races)
Other
Not Tracked
8. Please feel free to provide any additional info you want us to know about who you serve
9. How many full-time paid staff members operate your program? (Enter number only)
10. How many part-time paid staff members operate your program? (Enter number only)
11. How many weekly volunteers assist in operating your program? (Enter number only)
12. Indicate the number beds available to each population you serve in the space below for: Single Men, Single Women, Families, Youth, Other (specify).
13. If you have a waitlist, how many are currently on it and what is the average length of time on it?
14. List the percent/number of exits into transitional housing last fiscal year
15. List the percent/number of exits into permanent housing last fiscal year
16. List the percent/number of clients that did not have an exit plan last fiscal year
17. What are your actual program expenses (state past fiscal year here, number only)
18. What is your total non-EFSP program funding, including in-kind, last fiscal year? (Enter number only)
19. List the sources of non-EFSP funding
20. Requested funding amount for Mass Shelter for Phase 40 (Enter number only)
21. Estimated number of individuals you'll be able to serve with EFSP funding? (Enter number only)

Other Shelter (Hotel/Motel Vouchers)

1. Describe the agency's services in this category. Include information on how the program developed, and how long such services have been provided.
2. Describe the process for monitoring the program. How is data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
3. Describe the screening methods you use to determine if a client is eligible for hotel/motel vouchers. Also describe in detail the enrollment procedures used once a client is determined eligible. Your answer should include a timeline from initial point of contact to having services provided.
4. What criteria are used in choosing the hotels/motels? Describe your methods in monitoring the hotels/motels used by your clients.
5. Given the limited resources for hotel/motel voucher funds, what other resources does your agency utilize for clients not able to be assisted with hotel/motel voucher funds?
6. How many days/week and hours are you available for appointments?
7. How many clients did your program serve last fiscal year? (enter unduplicated # only)
8. Race/Ethnicity Served
Please indicate the percentage of each race/ethnicity group served by this **specific program** NOTE: The total percentage must equal 100%.
Asian or Southeast Asian
Black or African American
Hispanic or Latino/Latina/Latinx
Middle Eastern or Arab
Native American Indian, Indigenous peoples, or Alaska Native
Native Hawaiian or Other Pacific Islander (NHOPI)
White or European
Multiracial (individuals that identify as two or more races)
Other
Not Tracked
9. Please feel free to provide any additional info you want us to know about who you serve including age, gender, income status, disability, or defined populations.
10. How many full-time paid staff members operate your program? (Enter number only)
11. How many part-time paid staff members operate your program? (Enter number only)
12. How many weekly volunteers assist in operating your program? (Enter number only)
13. What are your actual program expenses (state past fiscal year here, number only)
14. What is your total non-EFSP program funding, including in-kind, last fiscal year? (Enter number only)
15. List the sources of non-EFSP funding
16. Requested funding amount for Other Shelter for Phase 40 (Enter number only)
17. Estimated number of individuals you'll be able to serve with EFSP funding? (Enter number only)

Rent/Mortgage Assistance

1. Describe the agency's services in this category. Include information on how the program developed, and how long such services have been provided.

2. Describe the screening methods you use to determine if a client is eligible for rent/mortgage assistance. Also describe in detail the enrollment procedures used once a client is determined eligible. Your answer should include a timeline from initial point of contact to having services provided.
3. Describe the process for monitoring the program. How is data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?
4. How many days/week and hours are you available for appointments?
5. How many clients did your program assist in rent/mortgage issues last fiscal year? (enter unduplicated # only)
6. Race/Ethnicity Served
Please indicate the percentage of each race/ethnicity group served by this **specific program** NOTE: The total percentage must equal 100%.
Asian or Southeast Asian
Black or African American
Hispanic or Latino/Latina/Latinx
Middle Eastern or Arab
Native American Indian, Indigenous peoples, or Alaska Native
Native Hawaiian or Other Pacific Islander (NHOPI)
White or European
Multiracial (individuals that identify as two or more races)
Other
Not Tracked
7. Please feel free to provide any additional info you want us to know about who you serve, including age, gender, income status, disability, or defined populations.
8. How many full-time paid staff members operate your program? (Enter number only)
9. How many part-time paid staff members operate your program? (Enter number only)
10. How many weekly volunteers assist in operating your program? (Enter number only)
11. What are your actual program expenses (state past fiscal year here, number only)
12. What is your total non-EFSP program funding, including in-kind, last fiscal year? (Enter number only)
13. List the sources of non-EFSP funding
14. Requested funding amount for Rent/Mortgage Assistance for Phase 40 (Enter number only)
15. Estimated number of individuals you'll be able to serve with EFSP funding? (Enter number only)

Utilities Assistance

1. Describe the agency's services in this category. Include information on how the program developed, and how long such services have been provided.
2. Describe the screening methods you use to determine if a client is eligible for utilities assistance. Also describe in detail the enrollment procedures used once a client is determined eligible. Your answer should include a timeline from initial point of contact to having services provided.
3. Describe the process for monitoring the program. How is data tracked (this can include # served, client feedback, any outcomes you might collect, etc.)? What data system do you currently use (paper, Excel, database, etc.)?

4. How many days/week and hours are you available for appointments?
5. How many clients did your program assist in utilities-related issues last fiscal year? (enter unduplicated # only)
6. Race/Ethnicity Served
Please indicate the percentage of each race/ethnicity group served by this **specific program** NOTE: The total percentage must equal 100%.
Asian or Southeast Asian
Black or African American
Hispanic or Latino/Latina/Latinx
Middle Eastern or Arab
Native American Indian, Indigenous peoples, or Alaska Native
Native Hawaiian or Other Pacific Islander (NHOPI)
White or European
Multiracial (individuals that identify as two or more races)
Other
Not Tracked
7. Please feel free to provide any additional info you want us to know about who you serve, including age, gender, income status, disability, or defined populations.
8. How many full-time paid staff members operate your program? (Enter number only)
9. How many part-time paid staff members operate your program? (Enter number only)
10. How many weekly volunteers assist in operating your program? (Enter number only)
11. What are your actual program expenses (state past fiscal year here, number only)
12. What is your total non-EFSP program funding, including in-kind, last fiscal year? (Enter number only)
13. List the sources of non-EFSP funding
14. Requested funding amount for Utilities Assistance for Phase 40 (Enter number only)
15. Estimated number of individuals you'll be able to serve with EFSP funding? (Enter number only)