

BERKSHIRE COUNTY

EMERGENCY FOOD AND SHELTER PROGRAM-PHASE 39 APPLICATION

This funding is awarded through the Department of Homeland Security by the EFSP (Emergency Food and Shelter Program) National Board. EFSP funds are intended to help people with non disaster-related economic emergencies. Awards will be based on an agency’s ability to supplement and expand ongoing efforts to provide shelter and food for those in economic crisis. Funding is available through competitive bid to all organizations helping hungry and homeless people. EFSP funds must be used to provide direct services toward feeding, sheltering, rent/mortgage and utility assistance efforts only; this does not cover overhead expenses.

Instructions: Applicants must send this this completed application as a pdf by February 28th to: ccollier@nbunitedway.org. You will receive a verification response by a separate email. All responses must be typed on this application form. Applicants must also email a copy of their most recent financial audit. If you have application questions please email: ccollier@nbunitedway.org. **Please refer to the EFSP Agency Eligibility Criteria before applying. Agencies who receive this funding will be required to track expenditures and save all purchase orders with receipts. Expenditures and data will need to be uploaded to the Federal EFSP data system. By applying for this funding you are asserting that you will be able to do this.**

EFSP Agency Profile

Legal Name of Applicant Organization: _____

Physical Address of Organization: _____
Street Name and Number City/State ZIP Code

Mailing Address of Organization: _____
Street Name and Number City/State ZIP Code

Agency Executive Director/CEO Name: _____

Contact Person for EFSP application: _____ Position: _____

Phone # _____ Fax # _____ *E-mail: _____
*Must be main contact for EFSP notifications

Federal Employer Identification Number (FEIN): _____

EFSP Agency Eligibility Criteria

YES NO

- | | | |
|--|-----|-----|
| 1. Is your organization a non-profit or an agency of government? | [] | [] |
| 2. Does the organization have an accounting system <u>and</u> conduct an | | |

5. Without EFSP assistance, what gaps or unmet needs will there be in services?
6. Is there anything else you would like us to know about your organization/program?

Total Amount Requested from EFSP: \$_____ (\$500 minimum. Whole \$\$ only)

Service Area

Please list regions of the county served by your organization and the numbers served in the last year/spending period.

Geography	<u>Total Numbers Served by Agency</u>	<u>Total Numbers Served with EFSP Assistance</u>
Northern Berkshire County		
Central Berkshire County		
Southern Berkshire County		
Other County		
TOTAL		

Please indicate whether your program serves the populations listed below:

Population	Yes	No
Elderly		
Families with Children		
Veterans		
People with Mental or Physical Disabilities		

Funding Request and Estimated Numbers to be Served by Category

1. If you received EFSP funds during the past year/spending period (July – June), how many individuals and/or families were covered for the first time with EFSP funds?

2. Please complete the chart below on projected program outcomes for EFSP funding you are requesting. (Note: The \$ amount must equal the # of meals/nights/bills times the cost/unit)

A. Served Meals \$_____ # of Meals: _____ Cost/Unit: _____ # Unduplicated Persons Served _____
Is this program part of the Food Bank of Western Massachusetts USDA program? Yes or No

B. Other Food \$_____ # of Meals: _____ Cost/Unit: _____ # Unduplicated Persons Served _____
Is this program part of the Food Bank of Western Massachusetts USDA program? Yes or No

C. Mass Shelter \$_____ # of Nights: _____ Cost/Unit: _____ # Unduplicated Persons Served _____

D. Other Shelter \$_____ # of Nights: _____ Cost/Unit: _____ # Unduplicated Persons Served _____

E. Rent/Mortgage \$_____ # of Bills: _____ Cost/Unit: _____ # Unduplicated Persons Served _____

F. Utilities \$_____ # of Bills: _____ Cost/Unit: _____ # Unduplicated Persons Served _____

G. Personal Protective Equipment: \$ _____
(not to exceed more than 10% of total request).

FINANCIALS:

Please complete the entire row:

EFSP Program Dollar Amount Requested	Agency's Total Annual Program Budget	Agency's Total Annual Operating Budget

NOTE: Further financial information may be requested and required by the Review Committee

Please email a copy of your most recent financial audit with your application.