Chippewa County
Emergency Food and Shelter Program

Application for Funding – Phase 30

The Emergency Food and Shelter Program was created by Congress to help meet the needs of hungry and homeless people throughout the United States and its territories by allocating federal funds for the provision of food and shelter.

The program is governed by a national board composed of representatives of the American Red Cross; Catholic Charities, USA; United Jewish Communities; The National Council of the Churches of Christ in the U.S.A.; The Salvation Army; and United Way of America. The board is chaired by a representative of the Federal Emergency Management Agency (FEMA).

When and if funding becomes available, the National Board cannot guarantee any specific jurisdiction will qualify for funds or guarantee any particular level of funding. Funding is neither currently available nor guaranteed due to a delay in Congress.

The program objectives are:

*to allocate funds to the neediest areas,
*to ensure fast response,
*to foster public/private sector cooperation,
*to ensure local decision making, and
*to maintain minimal, but accountable reporting.

Under the terms of the program, local agencies chosen to receive funds must:

*be private voluntary non-profits or units of government;
*have an accounting system;
*practice nondiscrimination;
*have demonstrated the capability to deliver emergency food and/or shelter programs;
*have a voluntary board if they are a private voluntary organization;
*and certify if they are debarred or suspended from receiving federal funds.

All funded agencies must retain invoices and canceled checks for all program expenditures. Agencies funded for the first time under the program, and those that have had previous compliance problems, must submit their documentation to the National Board. To help ensure that agencies maintain National Board standards of accountability, National Board staff routinely conduct on-site reviews of agency programs and financial documentation. In addition, any agency may be asked to submit its documentation to the National Board at any time. For more information about the Emergency Food and Shelter Program, contact the program's staff at (703) 706-9660.

CHIPPEWA COUNTY
EMERGENCY FOOD AND SHELTER PROGRAM
APPLICATION FOR Phase 30

-please type-

Application Date

Legal Name of Organization

Federal Employer Identification Number

DUNS# (must have this to apply for funds)

Mailing Address

Executive Director

Application Contact

Phone
Fax

E-mail

AMOUNT OF FUNDS REQUESTED

Please report anticipated expenditures and units of service (meals/nights lodging/bills paid, etc.)

Services	***Expenditures***	***Units of Service***
Served Meals		
Other Food		
Mass Shelter		
Other Shelter		
Supplies/Equipment		
Rent/Mortgage*		
Utilities*		
Administration		N/A
Total Requested		

If seeking funds for rent/mortgage or utility assistance, the client must be at least one month past due or first month rent for a homeless person. Assistance is limited to once a year and to the amount of one month's rent/mortgage or one month's utilities.

1. Are you a non-profit organization or agency of government: __Yes __No
   (for first time non-profit agencies, please provide proof of 501(c) (3) status)

2. Does your organization conduct an independent audit: _____Yes ____No
   Name and address of audit firm _____

3. Do you charge a fee for any services for which funds are requested ___Yes ___No

   If yes, please explain:

4. Do you utilize the EUP Food Bank ___Yes ___No

   If no, please explain:

5. What counties do you serve_____

6. Do clients need to meet eligibility requirements to receive assistance
   ____Yes ____No

   If yes, please explain

7. List phone number for clients to request service _____

8. Briefly describe your organizations' history, mission or purpose and current range of programs:

9. Describe your capability for providing emergency food and/or shelter service:

10. If your agency received EFSP funds last year, indicate the amount awarded and services provided. Include units of service and unduplicated number of households served:

11. Will you still be able to provide services if funds are not awarded through the emergency food and shelter program ____Yes ____No

    Did you use your entire award from Phase 29? ____Yes ____No

12. Please choose your application status
    ___New Recipient ____Current Recipient ____Former Recipient

13. If you checked Current Recipient:
    a. How much funding did you receive in 2011 $_____
    b. How many people were served by this program in 2011? _____

14. In 2011, did your agency have to deny benefits to qualified applicants due to inadequate funding?
    ____Yes ____No

16. What other sources of funding did your agency use for this program in 2011? List the sources and amounts received from each source (use additional page if needed):

17. Please share a short narrative of the program for which you are seeking funds:

18. How do you intend to administer the funds for this program (i.e. distribute the funds over a period of months to ensure availability throughout the year; use funds to purchase bulk supplies; make funds available on a first-come, first serve basis)?

19. Briefly describe the criteria or process you use to determine eligibility for individuals who apply for benefits using these funds. If feasible, attach a sample copy of the application form you use to determine eligibility.

20. Does your agency operate a bank account with FDIC or FSLIC protection?
____ Yes ____ No

Does this account have a balance greater than zero? ____ Yes ____ No

Is this account able to receive Electronic Funds Transfers? ____ Yes ____ No

This account must be in the Agency's name, not an individual's.

New applying agencies please attach a copy of most recent bank statement of the account that would receive EFSP Funds if chosen to be a Local Recipient Organization.

Checklist for Submission of Application

If you applied for and received funds for Phase 29, please do **not** provide any of the following!

If not a current United Way of the Eastern Upper Peninsula partner agency (in which case we would already have this information on file), please submit **ONE COPY** of each of the following:

please do not staple your application to make coping easier

_____ current year agency operating budget
_____ most recent audit, review or compilation by independent reviewer
_____ most recent IRS 990
_____anti-discrimination policy
_____list of agency volunteer board of directors
_____by laws
_____501(c)(3) IRS determination letter or letter of exemption

All applicants must submit:
_____ 1 copy of the Certification Form
_____ 1 copy of the Lobbying Form

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Please return applications by June 16th at 5pm to:

United Way of the Eastern Upper Peninsula
PO Box 451 (or deliver to 511 Ashmun, Suite 200)
Sault Ste. Marie, MI 49783

If you have any questions, please contact Tracey Laitinen, 632-3700x2.