**Emergency Food and Shelter Program**

**Phase 41 Funding Application Guidelines**

**Pitt County**

**Application Requirements:**

1. Applicants must be an agency of the local government, or a 501(c) 3 organization incorporated in the State of North Carolina. Churches and government agencies are exempt from this requirement.
2. Agencies must have been in operation for a minimum of 2 years.
3. Agencies must practice nondiscrimination and must not refuse services to a client based on religion or required attendance in religious services. Special treatment for organizations or church members is not allowed.
4. Agencies must be willing to enroll in electronic funds transfer.
5. Agencies must provide a valid email address.
6. Agencies must have a voluntary board unless they are a local government agency.
7. Agencies awarded funds must certify that they have read and will comply with EFSP regulations. EFSP is federal funding and is monitored.
8. Agencies must not be prevented from receiving federal funds.

**Application Policies:**

1. Incomplete, late, or incorrectly completed or handwritten applications will not be accepted.
2. New applicants seeking first-time EFSP funding will receive no more than $1,000.

**Program Guidelines:**

1. Agencies must demonstrate the capability to deliver emergency food and /or shelter programs.
2. Agencies seeking funds for client emergency rent, mortgage, and/or utility assistance must apply as either the central agency or a satellite agency. To avoid duplication of services, one centralized organization will receive all the funds for client emergency rent, mortgage, and/or utility assistance and satellite programs will have to access their funds through this centralized organization. Agencies seeking funds for food, shelter, and clothing will apply as in previous phases.
3. Agencies must have adequate financial accounting systems in place and internal controls.

**Funding Approval and Payments:**

1. The Local Board for Pitt County will meet and decide on funding recommendations after applications have been received. Those recommendations will be forwarded to the EFSP Board. The Board will submit a final allocation plan to the National Board. Notification of approved funding and initial payments should take place within a short time after the recommendations have been made.
2. Funding is allocated in two equal payments. Payment is made by electronic funds transfer (EFT) (direct deposit). New agencies are required to register for electronic funds transfer (EFT) to receive payment.

**Reporting**

1. Agencies are required to submit mid-year and final reports detailing expenditures, including all supporting documentation as outlined in the EFSP Phase 40 Manual. Any expenditure not in compliance must be repaid by the agencies. Agencies may also be required to submit copies of their independent audit.
2. Additional information about the Emergency Food and Shelter Program is available at [http://www.efsp.unitedway.org](http://www.efsp.unitedway.org/).

**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)**

**Pitt County**

**PHASE 41**

**Application for Program Funds**

***Applications must be typed and received via email by 11:59 PM Wed., March 20, 2024.***

**Questions? Please contact.**

**Dwain Cooper at (252) 758-1604 x 205**

**email** [**dcooper@uwpcnc.org**](mailto:dcooper@uwpcnc.org)

**Email application to:** [**dcooper@uwpcnc.org**](mailto:dcooper@uwpcnc.org)

1. **ADMINISTRATION INFORMATION**

|  |  |
| --- | --- |
| **Agency’s Legal Name:** |  |
| **Program Name** |  |
| **Federal Employer Identification** |  |
| **UEI Number (Unique Entity Number)** |  |
| **Has your organization been barred or suspended from receiving Federal funding?** |  |
| **Physical Address** |  |
| **Mailing Address (if different)** |  |
| **City, State, and Zip** |  |
| **Phone** |  | |
| **Website** |  |
| **Primary Contact Person** |  | |
| **Title** |  |
| **Email Address** |  |
| **When was your agency’s last audit?** |  |

# **CERTIFICATION**

The signatures of these two officers indicate that the agency’s Board has reviewed and approved the details of the completed application; and if awarded EFSP funds, the agency agrees to read, understand, and comply with all components addressed in the EFSP Responsibilities and Requirements Manual.

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name** |  | | |
| ***Chief Professional Officer*** | | ***Board Chair*** | |
| **Print Name** |  | Print Name |  |
| **Title** |  | **Title** |  |
| **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  |
| ***Emergency Food and Shelter Program; Lynne James, Chair*** | | | |

# **AGENCY SERVICES**

|  |
| --- |
| ***Please give a brief description of your overall agency’s services. Please include the year that your agency began providing services.*** |
|  |

# **FUNDING REQUEST NARRATIVE**

|  |
| --- |
| ***Please describe the program for which you are seeking funding, including the criteria used to determine participation eligibility:*** |
|  |
| ***Does your agency collaborate with other agencies in the community to provide services to those in need? Please explain.*** |
|  |

1. **FINANCIALS**

|  |  |
| --- | --- |
| **CATEGORY** |  |
| Served Meals | $ |
| Other Food | $ |
| Mass Shelter | $ |
| Other Shelter | $ |
| Rent/Mortgage | $ |
| Utilities | $ |
| **TOTAL** | $ |
|  |  |
| Total AGENCY Budget | $ |
| What percentage of the Total AGENCY Budget is funded by EFSP dollars? |  |
|  |  |
| Current Clients served |  |
| Additional Clients to be served *if* EFSP funds are granted | |
|  |  |
| What is your Total PROGRAM Budget? (Where EFSP funds are used) |  |
| What is the percentage of your total PROGRAM Budget funded by EFSP dollars? |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| For the total funding request for Phase 41 respond below as applicable. | | | |
| $50,000-$99,999 | € Yes € No | Independent Annual Review Date |  |
| $100,000 or more | € Yes € No | Independent Annual Audit Date |  |
| $750,000 or more in Federal funding | Follows OMB’s Uniformed Guidance | | € Yes € No |

|  |
| --- |
| **If you are requesting an increase in funding from the previous EFSP phase, please explain/justify the increase (ex. Increased need, etc.)** |
|  |

1. **GEOGRAPHIC INFORMATION**

|  |  |
| --- | --- |
| **Please check off geographic areas served by your agency and provide the number of residents served by this program in each area.** | |
| €Greenville \_\_\_\_\_ | €Grifton \_\_\_\_\_\_\_ |
| € Ayden \_\_\_\_\_\_ | € Grimesland \_\_\_\_\_\_\_ |
| € Bethel \_\_\_\_\_ | € Stokes \_\_\_\_\_\_\_ |
| € Farmville \_\_\_\_\_\_\_ | € Winterville \_\_\_\_\_\_\_\_ |
| €Fountain \_\_\_\_\_\_\_ | € Other (please specify here) \_\_\_\_\_\_\_\_\_ |
| € All of Pitt County (includes all the areas listed) ­­\_\_\_\_\_\_\_\_ |  |
| **Please Note: Funds awarded by the Pitt County EFSP Board may only be used in Pitt County for Pitt County Residents.** | |

1. **EFSP REQUIREMENT CHECKLIST**

|  |  |
| --- | --- |
| **Applications that do not meet all the program requirements listed below or do not submit all the necessary documentation will not be accepted or reviewed.** | |
| **PLEASE SUBMIT THE FOLLOWING DOCUMENTATION.** | |
| **A copy of your 501 (c) (3) certification. (Exempt Local Gov’t.)** | € |
| **A copy of your current Board Member Roster** | € |
| **A copy of your most recently submitted IRS Form 990. (Exempt Local Gov’t.)** | € |
| **A completed copy of the USA Patriot Act Compliance Form** | € |

|  |  |
| --- | --- |
| **PLEASE ANSWER THE FOLLOWING QUESTIONS.** | |
| **Does your organization assist to all qualified persons equally and without discrimination?** | €Yes € No |
| **Is your organization currently qualified to received federal funding?** | €Yes € No |
| **Are your agency’s Annual Financial Statements audited by an independent CPA?** | €Yes € No |

|  |
| --- |
| **Please note that any agency receiving $50,000 or more in EFSP funding must submit an independent audit. Agency’s receiving $25,000 to $49,000 must submit an independent CPA review of their financial statements.** |

USA Patriot Act

Anti–Terrorism Compliance Measures

In compliance with the USA Patriot Act and other counterterrorism laws, the EFSP Board of Pitt County requires that each agency receiving funds from our organization certify the following:

“I hereby certify on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that all EFSP funds will be used in compliance with all applicable anti-terrorism financing and asset control laws, statutes, and executive orders.”

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please print and return the signed document with your completed applications.***