EFSP Emergency Food and Shelter
National Board Program

EFSP Phase 34 Application for Funding
Ventura County

About EFSP

The Emergency Food and Shelter National Board Program was created in 1983 to supplement the work of local social service organizations within the United States, both private and governmental, to help people in need of **emergency assistance**. EFSP funding is to be provided without discrimination due to age, race, gender, religion, national origin, disability, economic status, sexual orientation, or marital status. It is understood that verification of proof of citizenship or qualified alien status of any applicant or applicant's family member *is not required* in order to receive EFSP funding. The Local Board encourages funding consideration for those who are undocumented or households with mixed documentation.

The allocation to Ventura County for EFSP Phase 34 has not been announced.

How to Apply/Deadline

Complete a hard copy of the EFSP Phase 34 Application, the Local Recipient Organization Certification Form (if applicable) with original signatures. Include all required documentation (as outlined in the application), and deliver the completed documents to the Ventura County EFSP Local Board, United Way of Ventura County, 4001 Mission Oaks Blvd., Suite E, Camarillo, CA 93012. You may also send all documents via mail but they must be received by the deadline of January 31, 2017
You <u>must</u> also e-mail a digital copy of the EFSP Phase 34 Application and EFSP program(s) budget (page 5, II B2) to
 noemi.bibian@vcunitedway.org by the **February 15th deadline.**

<u>There will be no exceptions to this EFSP Phase 34 application deadline.</u>

If you need more information or have questions regarding this application, please call 805.485.6288, ext. 226.

EFSP Local Board Program Objectives are:
- to allocate food and shelter funds to serve persons in high-need areas throughout Ventura County
- to ensure fast and easy access to assistance
- to allocate <u>EFSP funding to Mass Shelter, Rental Assistance/Eviction Prevention programs, Food Assistance programs, including Served Meals</u>
- to maintain reporting as directed by the EFSP National Board

Criteria for EFSP Phase 34 Funding
1. Agencies must be established 501(c)3 nonprofit organizations; community projects operating under a 501(c)3 non profit organization serving as a fiscal sponsor; public agencies; faith-based organizations, only if the proposed project is open to all community members and has benefit beyond the organizations' membership.
2. Programs for which EFSP funding is requested must have an established track record, and must have been in place for a minimum of two years. <u>EFSP cannot be the sole source of funding for the program.</u>
3. EFSP funds must be used to serve Ventura County residents.
4. EFSP grantees must complete all reports and correspondence in a timely manner online using the EFSP National Board website - www.efsp.unitedway.org.
5. Prior EFSP grantees must be current with all reports due to the EFSP National Board to apply for the new phase funding. Previous performance as well as the success of particular programs may also be taken into consideration.
6. EFSP grantees are required to provide a 9-digit DUNS Number to the EFSP National Board
7. EFSP grantees must maintain record keeping and documentation as mandated by EFSP regulations.
8. EFSP grantees funded for Rental Assistance/Eviction Prevention must make timely, on-going entry of data into UWRAD (rental assistance database).

What Documentation for Expenditures is required? - (See addendum for documentation expectations)

All funded agencies must retain invoices and canceled checks for EFSP program expenditures and must submit a final report to the National Board at the end of the funding period, along with documentation as specified in the National Board EFSP Phase 33 Manual. Agencies funded for the first time under the program, and those that have unresolved compliance issues, must submit their documentation to the National Board. Funded agencies must maintain all program documentation for three years.
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EFSP

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Cover Sheet:

Applicant Organization	Name:
	LRO#: (Previously Funded Local Recipient Organization Only)
Physical Address	
Mailing Address (if different)	
EFSP Agency Contact Information (Official staff person and agency information to allow correspondence with EFSP National Board. All updates and official correspondence will be via email for the EFSP grant.)	Contact Person Name:
	Contact Person Email:
	Contact Person Phone:
	Contact Person Fax:
	Agency Executive Director Name:
	WEBSITE:
	F.E.I.N #: Agency DUNS#: (Mandatory)

Name of Program(s) for which you are requesting funding	1.
	2.
Is this program(s) (Check only one per program)	1. ___ New __ Existing __ Expanding 2. ___ New __ Existing __ Expanding
EFSP Priority Area Funds Requested	Served Meals $_____ # of meals _____ @ ($2.00/meal) Other Food $_____ Mass Shelter $_____ # of nights _____ @ ($12.50 per/night) Rent/Mortgage $_____ # estimated of bills to be paid _____
TOTAL EFSP FUNDING REQUESTED	$ _____

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Please Provide the Agency's Current Year Budget Information Below:

Indicate the year for which you are reporting: __/__/__ to __/__/__

TOTAL AGENCY BUDGET for FOOD

$ _____

Projected # of **Households** to be supplied Food with this <u>EFSP</u> funding request (indicated on page 2) **#**_____	What % of the <u>total</u> Agency Food Budget does this request represent **%** _____	Projected # of <u>total</u> **Households** to be supplied Food by the <u>agency</u> **#**_____

TOTAL AGENCY BUDGET for RENTAL ASSISTANCE/EVICTION PREVENTION

$ _____

Projected # of **Households** to be given Rental/Eviction Prevention assistance with this <u>EFSP</u> funding request (indicated on page 2) **#** _____	What % of the <u>total</u> Agency Rental Assistance/Eviction Prevention budget does this request represent **%** _____	Projected # of <u>total</u> **Households** to be given Rental/Eviction Prevention assistance by the <u>agency</u> **#** _____

TOTAL AGENCY BUDGET for MASS SHELTER

$ _____

Projected # of **Households** to be given Mass Shelter assistance with this <u>EFSP</u> funding request. (indicated on page 2) **#** _____	What % of the <u>total</u> Agency Mass Shelter budget does this request represent **%** _____	Projected # of <u>total</u> **Households** to be given Mass Shelter assistance by the <u>agency</u> **#** _____

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EFSP Funding Objective: The Ventura County EFSP Local Board seeks qualified agencies to address emergency food and sheltering needs of persons in Ventura County**.**

Section I – Narrative – Please number your responses to each question below. Limit the narrative responses to a total of not more than 3 pages. Please type your responses using the font Arial, 10 point size.

1. Provide a brief overview of your agency. What qualifies your organization to manage EFSP Phase 34 funding?

2. Describe the program(s) for which EFSP funds are requested, including the target population. What are the days and hours of operation when clients may apply of EFSP assistance? What is the projected average amount of assistance per household provided by this program?

3. Please list agency service sites and specific cities to be served with EFSP funds.

4. Describe your case management and referral process. What is your agency's process for dealing with client's needs that cannot be met using EFSP funds?

5. The Local Board defines "emergency assistance" as assistance to address a need provoked by a particular incident or event (such as an unexpected auto repair or medical bill or reduction in hours worked) rather than to address a constant state of need. How does your agency document the emergency need?

6. If your agency is selected for funding under EFSP Phase 34, how will you cover EFSP program costs if funding is delayed in the EFSP process?
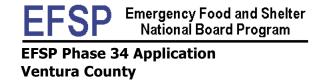
Section II – Documentation – Please provide:

A.   **EFSP Local Recipient Organization (LRO) Certification Form** to be submitted by agencies previously receiving EFSP funding. Please note, the form has not yet been posted on the website. Agencies not previously funded will have opportunity to complete the form later.

B.   **All EFSP Phase 34 applicants, must provide the following:**

1. Most recent Audit, or, for agencies with an annual budget of less than $100,000, please provide a signed year-end financial statement and most recent IRS Form 990

2. Current calendar or fiscal year Annual Income & Expense Budget for the program(s) for which you are requesting EFSP Funding (Not your organization budget). Should be the same budget information as provided on page 3

3. Your agency's local Ventura County Board of Directors roster

Section III - Certification - Please sign below to **certify that your organization agrees that**:

EFSP Phase 34 funds will be provided without discrimination due to age, race, gender, religion, national origin, disability, economic status, sexual orientation, or marital status. It is understood that verification of proof of citizenship or qualified alien status of any applicant *is not required* in order for said applicant to receive EFSP Phase 34 funding.

_____   _____

Agency Name

_____

Signature: Executive Director   **Print name**   **Date**

_____

Signature: Board of Directors Chair or designee   **Print name**   **Date**
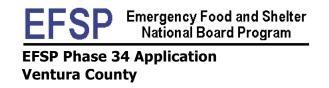
SECTION IV – EFSP Phase 33 Program Data

A.   Please provide the information requested below. Statistics should be from the ***prior year EFSP Phase 33 funding cycle for each program for which you are requesting EFSP funding***. Unduplicated EFSP **households** please.

Enter total number of <u>unduplicated</u> EFSP <u>households</u> served by city:

FOOD/Served Meals	Rental/Mortgage Assistance/ Eviction Prevention	Mass Shelter
Camarillo _____	Camarillo _____	Camarillo _____
Fillmore/Piru _____	Fillmore/Piru _____	Fillmore/Piru _____
Moorpark _____	Moorpark _____	Moorpark _____
Newbury Park _____	Newbury Park _____	Newbury Park _____
Ojai/Oak View _____	Ojai/Oak View _____	Ojai/Oak View _____
Oxnard _____	Oxnard _____	Oxnard _____
Point Mugu _____	Point Mugu _____	Point Mugu _____
Port Hueneme _____	Port Hueneme _____	Port Hueneme _____
Santa Paula _____	Santa Paula _____	Santa Paula _____
Simi Valley _____	Simi Valley _____	Simi Valley _____
Somis _____	Somis _____	Somis _____
Thousand Oaks _____	Thousand Oaks _____	Thousand Oaks _____
Ventura _____	Ventura _____	Ventura _____
Westlake _____	Westlake _____	Westlake _____
Unknown _____	Unknown _____	Unknown _____
Unincorporated _____	Unincorporated _____	Unincorporated _____
Total unduplicated EFSP House-holds: _____	**Total unduplicated EFSP Households:** _____	**Total unduplicated EFSP House-holds:** _____

Addendum
Agencies applying for EFSP funding must be able to meet the following
Documentation requirements:

<u>**Accounting records that support payments for EFSP expenditures**</u>:

1. Copy of the agency's proof of payment made not more than 90 days following the invoice date/purchase date or date of intake;
   <u>**EITHER:**</u>
   - Cancelled check returned from the bank payable to the vendor, or
   - Agency's bank statement showing electronic payment or debit card payment to vendor, or
   - Agency's canceled check payable to the credit card company;

   <u>**AND**</u>

2. Copy of the vendor's itemized invoice:
   - Must be vendor-originated and have name of vendor; and
   - Must have name of purchaser and date of purchase; and
   - Must be itemized – description/number of items/cost of each item; and
   - Must have total cost of purchase.

<u>**For Rental Assistance/Eviction Prevention:**</u>

Copy of landlord letter for each client receiving assistance (template provided)

<u>Reminder</u>: You must regularly enter rental assistance information into the UWRAD database. This is the mechanism for preventing duplication of payment to a single client.

In addition, spreadsheets are required as part of the documentation requirement to support all expenditures made with EFSP funds. Samples of the required spreadsheets and elements for each category of funding are available on the EFSP website.