**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* 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 37 and Phase CARES is $770,302. The Phase 37/Phase CARES spending period began 3/1/20 immediately following the close of Phase 36. The end of the spending period has not been identified but most likely will be March 31, 2021. Current or former EFSP participation is not required for participation. EFSP funds must be used to supplement food and shelter services and may not be used as seed money for new programs.

**How to Apply/Deadline**

Complete a hard copy of the EFSP Phase 37/Phase CARES Application, and DocuSign the Local Recipient Organization Certification Form (when posted on the EFSP website, not required to be submitted for first time applicants). 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, 702 County Square Drive, Suite 100, Ventura, CA 93003. You may also send all documents via mail, but they must be received by the deadline of **May 22, 2020.**

You must also e-mail a digital copy of the EFSP Phase 37/Phase CARES Application and EFSP program(s) budget (page 5, II B2) to [susan.englund@vcunitedway.org](mailto:susan.englund@vcunitedway.org) by the **May 22 deadline.**

**There will be no exceptions to this EFSP Phase 37/Phase CARES application deadline.**

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 EFSP funding for the following programs: Mass Shelter, Rental Assistance/Eviction Prevention programs, Food Assistance programs, including Served Meals
* to maintain reporting as directed by the EFSP National Board

**Criteria for EFSP Phase 37/Phase CARES 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. **EFSP cannot be the sole source of funding for the program.**
3. EFSP funds must be used to serve Ventura County residents only.
4. EFSP grantees must complete all reports and correspondence in a timely manner online using the EFSP National Board website - [www.efsp.unitedway.org](http://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 programs may also be taken into consideration.
6. EFSP grantees are required to provide a 9-digit DUNS Number and Federal Employee Identification Number (FEIN) to the EFSP National Board (If your agency does not have, you should apply ASAP).
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 (page 7) 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 Phase 37/ Phase CARES Application for Funding**

**Ventura County**

### **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 # (Mandatory): | Agency DUNS#: (Mandatory) |

|  |  |
| --- | --- |
| **EFSP Phase 37 Funds**  **Requested** | Served Meals $  # of meals @ ($2.00/meal)  Other Food $ # estimated households to be served \_\_\_\_\_  Mass Shelter $ # of nights \_\_\_\_ @ ($12.50 per/night)  Rent/Mortgage $ # estimated of bills to be paid  Total Funds $\_\_\_\_\_\_ |
| **EFSP Phase CARES Funds**  **Requested** | Served Meals $  # of meals @ ($2.00/meal)  Other Food $ # estimated households to be served \_\_\_\_\_  Mass Shelter $ # of nights \_\_\_\_\_\_\_\_ @ ($12.50 per/night)  Rent/Mortgage $ # estimated of bills to be paid  Total Funds $\_\_\_\_\_\_ |
| **TOTAL EFSP FUNDING**  **REQUESTED** | **$** |

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### **EFSP Phase 37/Phase CARE7/Phase Application for Funding**

**Ventura County**

**Please Provide the Agency’s Current Year Budget Information Below:**

**Indicate the year for which you are reporting: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **TOTAL AGENCY BUDGET for FOOD $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  List sources and amounts of funding other than EFSP for your agency’s food program: | | | |
| Projected # of **Households** to be supplied Other Food with this EFSP funding request (indicated on page 2)  **#**  Projected # of **Persons** to be served meals with this EFSP funding  **#** \_\_\_\_\_\_\_\_\_ | What % of the total Agency Food Budget does this request represent  **%**  What % of the total Agency Food Budget does this request represent  **%** \_\_\_\_\_\_\_\_ | | Projected total # of **Households** to be supplied Food by the agency  **#\_\_\_\_\_\_\_\_**  Projected total # of **Persons** to be served meals by the agency  **#**\_\_\_\_\_\_\_\_\_ |
| **TOTAL AGENCY BUDGET for RENTAL ASSISTANCE/EVICTION PREVENTION** $  List sources and amounts of funding other than EFSP for your agency’s rental assistance program: | | | |
| Projected # of **Households** to be given Rental/Eviction Prevention assistance with this EFSP funding request (indicated on page 2)  **#** | | What % of the total Agency Rental Assistance/Eviction Prevention budget does this request represent  **%** | Projected total # of **Households** to be given Rental/Eviction Prevention assistance by the agency  **#** |
| **TOTAL AGENCY BUDGET for MASS SHELTER $ \_\_\_\_**  List sources and amounts of funding other than EFSP for your agency’s mass shelter program: | | | |
| Projected # of **Persons** to be given Mass Shelter assistance with this EFSP funding request.   **#** | | What % of the total Agency Mass Shelter budget does this request represent  **%** | Projected total # of **Persons** to be given Mass Shelter assistance by the agency  **#** |

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### **EFSP Phase 37/Phase Cares Application**

**Ventura County**

**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. Based on the criteria listed on page 1, what qualifies your organization to manage EFSP Phase 37/Phase CARES funding? |
|  | 1. 2. Describe the program(s) for which EFSP funds are requested, including the target population(s). Be specific. 2. If applying for rental/mortgage assistance/eviction prevention funding, what is the process, including any agency guidelines, for determining the amount of assistance to be provided. |
|  | 1. Please list agency service sites and specific cities to be served with EFSP funds. 2. What is the plan for outreaching to potential clients to utilize EFSP funded services? |
|  | 1. Describe your case management process and how your agency will track clients served. |
|  | 1. 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? 2. If your agency is selected for funding under EFSP Phase 37/Phase CARES, how will you cover EFSP program costs if funding is delayed in the EFSP process? |

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### **EFSP Phase 37/Phase CARES Application**

**Ventura County**

**Section II – Documentation** – Please provides:

1. **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. This is a DocuSign form, submitted electronically.

1. **All EFSP Phase 37/Phase CARES 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 37/Phase CARES 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* for said applicant to receive EFSP Phase 37/Phase CARES funding.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Name**

**\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: Executive Director Print Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: Board of Directors Chair or designee Print Name Date**

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### **EFSP Phase 37/Phase CARES Application**

**Ventura County**

**SECTION IV – EFSP Phase 36 Program Data** – to be completed only by LROs funded for Phase 36

1. Please provide the information requested below.Statistics should be from the ***prior year EFSP Phase 36 funding cycle for each program for which you are requesting EFSP funding***. Unduplicated EFSP **households** for FOOD/Served Meals and Rent/Mortgage and unduplicated **persons** for Mass Shelter.

**Enter total unduplicated number served by EFSP funding by city:**

|  |  |  |
| --- | --- | --- |
| **Other Food (Households)/ or**  **Served Meals (Persons)** | **Rental/Mortgage Assistance/**  **Eviction Prevention (Households)** | **Mass Shelter (Persons)** |
| Camarillo \_\_\_\_/\_\_\_\_\_  Fillmore/Piru \_\_\_\_/\_\_\_\_  Moorpark \_\_\_\_/\_\_\_\_  Newbury Park \_\_\_\_/\_\_\_\_  Ojai/Oak View \_\_\_/\_\_\_\_  Oxnard \_\_\_\_/\_\_\_\_    Point Mugu \_\_\_/\_\_\_\_  Port Hueneme \_\_\_\_/\_\_\_\_  Santa Paula \_\_\_\_/\_\_\_\_  Simi Valley \_\_\_\_/\_\_\_\_  Somis \_\_\_\_/\_\_\_\_  Thousand Oaks \_\_\_\_/\_\_\_\_  Ventura \_\_\_\_/\_\_\_\_  Westlake \_ \_\_\_/\_\_\_\_  Unknown \_\_\_\_/\_\_\_\_    Unincorporated \_\_\_\_/\_\_\_\_ | Camarillo  Fillmore/Piru  Moorpark  Newbury Park  Ojai/Oak View  Oxnard  Point Mugu  Port Hueneme  Santa Paula  Simi Valley  Somis  Thousand Oaks  Ventura  Westlake  Unknown  Unincorporated | Camarillo  Fillmore/Piru  Moorpark  Newbury Park  Ojai/Oak View  Oxnard  Point Mugu  Port Hueneme  Santa Paula  Simi Valley  Somis  Thousand Oaks  Ventura  Westlake  Unknown  Unincorporated |
| **Total unduplicated EFSP Households**: \_\_\_\_\_\_\_(Other food)  **Total unduplicated EFSP**  **Persons:\_\_\_\_\_\_** (Served Meals) | **Total unduplicated EFSP Households: \_\_\_\_\_\_\_** | **Total unduplicated EFSP Persons: \_\_\_\_\_\_\_** |

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### **EFSP Phase 37/Phase CARES Application**

**Ventura County**

**Addendum**

**Agencies applying for EFSP funding must be able to meet the following**

**Documentation requirements:**

**Accounting records that support payments for EFSP expenditures**:

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:

**EITHER:**

* 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;

**AND**

1. 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/costs of each item; and
* Must have total cost of purchase.

**For Rental Assistance/Eviction Prevention:**

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

Reminder: 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.

I have read and understand these documentation requirements:

Name Signature Date