

EFSP Phase 42 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 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 42 is \$371,222. The spending period for Phase 42 will be January 1, 2025 to December 31, 2025. 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 the attached EFSP Phase 42 application. Include all required documentation (as outlined in the application) and email the completed application by the **deadline, February 6, 2025** to susan.englund@vcunitedway.org.

There will be no exceptions to the February 6, 2025 EFSP Phase 42 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 42 Funding

1. Agencies must be established 501(c)3 nonprofit organizations; community projects operating under a 501(c)3 nonprofit 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.
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 be taken into consideration.
6. EFSP grantees are required to provide a Unique Entity Identifier (UEI) and Federal Employee Identification Number (FEIN). Go to sam.gov to access your UEI.
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).
9. EFSP grantees may not require attendance at religious services or require payment or request donations for the receipt of EFSP services.

Administrative Allowance – Please note that no administrative allowance/indirect cost rate to agencies is allowed. The Local Board retains the full 2% administrative allowance for Local Board staffing and services.

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. Agencies may be requested to submit documentation as specified in the

Ventura County EFSP Local Board

702 County Square Drive, Ste. 100, Ventura, CA 93003
805-485-6288 ext. 226

National Board EFSP Phase 33 Manual to either the Local Board and/or National Board. Funded agencies must maintain all program documentation for three years.



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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 # (Mandatory): | Agency UEI # (Mandatory) |

| | |
|--------------------------------------|--|
| EFSP Phase 42 Funds Requested | Served Meals \$ _____ # of meals _____ @ (\$3.00/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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Please Provide the Agency's Current Year Budget Information Below:

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

| | | |
|---|---|---|
| <p>TOTAL AGENCY BUDGET for FOOD \$ _____</p> <p>List sources and amounts of funding <u>other</u> than EFSP for your agency's food program: (EFSP cannot be the sole source of funding):</p> | | |
| <p>Projected # of Households to be supplied Other Food with this <u>EFSP</u> funding request (indicated on page 2)</p> <p>Phase 42 # _____</p> <p>Projected # of Persons to be served meals with this <u>EFSP</u> funding</p> <p>Phase 42 # _____</p> | <p>What % of the <u>total</u> Agency <u>Food Budget</u> does this request represent</p> <p>Phase 42 % _____</p> <p>What % of the <u>total</u> Agency <u>Food Budget</u> does this request represent</p> <p>Phase 42 % _____</p> | <p>Projected <u>total</u> # of Households to be supplied Food by the <u>agency</u></p> <p>Phase 42 # _____</p> <p>Projected <u>total</u> # of Persons to be served meals by the <u>agency</u></p> <p>Phase 42 # _____</p> |
| <p>TOTAL AGENCY BUDGET for RENTAL ASSISTANCE/EVICTION PREVENTION \$ _____</p> <p>List sources and amounts of funding <u>other</u> than EFSP for your agency's rental assistance program: (EFSP cannot be the sole source of funding):</p> | | |
| <p>Projected # of Households to be given Rental/Eviction Prevention assistance with this <u>EFSP</u> funding request (indicated on page 2)</p> <p>Phase 42 # _____</p> | <p>What % of the <u>total</u> Agency <u>Rental Assistance/Eviction Prevention budget</u> does this request represent</p> <p>Phase 42 % _____</p> | <p>Projected <u>total</u> # of Households to be given Rental/Eviction Prevention assistance by the <u>agency</u></p> <p>Phase 42 # _____</p> |
| <p>TOTAL AGENCY BUDGET for MASS SHELTER \$ _____</p> <p>List sources and amounts of funding <u>other</u> than EFSP for your agency's mass shelter program: (EFSP cannot be the sole source of funding).</p> | | |

| | | |
|---|---|--|
| <p>Projected # of Persons to be given Mass Shelter assistance with this <u>EFSP</u> funding request.</p> <p>Phase 42 # _____</p> | <p>What % of the <u>total</u> Agency <u>Mass Shelter budget</u> does this request represent</p> <p>Phase 42 % _____</p> | <p>Projected <u>total</u> # of Persons to be given Mass Shelter assistance by the <u>agency</u></p> <p>Phase 42 # _____</p> |
|---|---|--|

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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 type your responses **using 10-point font or larger**. Limit your responses to 2 pages.

1. Based on the criteria listed on page 1, **briefly** state what qualifies your organization to manage EFSP Phase 42 funding?
2. Describe the program(s) for which EFSP funds are requested, including the target population(s). Be specific.
3. 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.

4. 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?
5. If your agency is selected for funding under EFSP Phase 42, how will you cover EFSP program costs if funding is delayed in the EFSP process?
6. If funded for Phase 41 please complete the following table.

Funding -include any funds approved for internal reallocation **Other Food** **Served Meals** **Mass Shelter Rent/Mortgage**

Phase 41 funds received

Phase 41 funds remaining

7. Please select the cities where your EFSP funds will be used to provide services.
 - Ventura County
 - Ojai
 - Ventura
 - Oxnard
 - Port Hueneme
 - Santa Paula
 - Fillmore
 - Camarillo
 - Moorpark
 - Simi Valley
 - Thousand Oaks
 - Newbury Park
 - Somis
 - Unincorporated



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Please Note:

- Per meal rate is \$3.00
- LROs may pay up to 90 days (3 months) rental or mortgage assistance if it is necessary to maintain housing. Must be paid over three consecutive months.

Section I – Documentation – Please provides:

A. All EFSP Phase 41 applicants, must provide the following:

- ___ 1. Your agency's local Ventura County Board of Directors roster

____ 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

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

EFSP Phase 42 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 Phase 42 funding.

Agency Name

Date

Signature: Executive Director

Print Name

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SECTION IV – Year to date EFSP Phase 41 – to be completed only by LROs funded in Phases 41.

A. Please provide the information requested below. Statistics should be from the **EFSP Phases 41 funding cycle for each program for which you are requesting EFSP funding**. Unduplicated EFSP households for Other Food, and Rent/Mortgage and unduplicated **persons** for served Meals, and Mass Shelter.

Enter total unduplicated number served by EFSP funding by city:

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

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**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

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/costs of each item; and
 - Must have total cost of purchase.
 - Credit or debit card purchases must be made with the agency credit or debit card, reimbursement to staff is not allowable.

For Rental Assistance/Eviction Prevention:

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

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 and/or per diem schedules are required as part of the documentation requirement to support all expenditures made with EFSP funds. Samples of the required spreadsheets and per diem schedules and elements for each category of funding are available on the EFSP website.

I have read and understand these documentation requirements:

Name

Signature

Date