

Application for Local Recipient Organization Funding St. Clair County Emergency Food and Shelter Program

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Contact Person: _____

Funding Request: _____ Program Area: _____

Authorized Organization Representative: _____

Title: _____

The above named organization supplies with this application (or has on file with the United Way of St. Clair County) the following:

- | | Annual Submission | On File |
|---|--------------------------|--------------------------|
| 1. Proof of non-profit or government agency status | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Federal Employer Identification number | <input type="checkbox"/> | # _____ |
| 3. Copy of most recent audit (if applying for \$25,000 or more) | <input type="checkbox"/> | |
| 4. List of organization's board members | <input type="checkbox"/> | |
| 5. Proposed program budget (include income and expense)
SEE ATTACHED WORKSHEET | <input type="checkbox"/> | |
| 6. Substantiation of unmet emergency needs | <input type="checkbox"/> | |
| 7. Specific time of client access to services | <input type="checkbox"/> | |
| 8. LRO Certification Form (available from United Way) | <input type="checkbox"/> | |

The above named organization agrees to:

- Have an accounting system or an approved fiscal agent
- Practice Nondiscrimination
- To the extent practicable, involve homeless individuals and families, in providing emergency food and shelter services.
- Provide services within the intent of the program
- Deposit funds for this program in a Federal insured bank account (not necessary for organizations with a fiscal conduit agreement). Maintain proper documentation for all expenditures under this program according to the guidelines.
- Submit reports to the Local Board by their due date.
- Work with the Local Board to quickly clear up any problems related to compliance exceptions (s) at the end of the program.
- Read and abide by manual provided.

Authorized Organizational Signature

Title

Authorized Volunteer Signature (If applicable)

Title

**WORKSHEET FOR ASSISTANCE IN COMPLETING APPLICATION
LOCAL RECIPIENT ORGANIZATION FUNDING
ST. CLAIR COUNTY EMERGENCY FOOD AND SHELTER PROGRAM**

Please answer the following questions:

Who are you serving?

Why are you serving them (are they referred, is initial screening done)?

What are you serving them with (for food providers, what are you giving them and how often)?

Where does your main source of funding come from (for food providers, where does the food come from, how much is donated versus contributed)?

What are you requesting funding for (be specific) (for food providers, is this for perishable or nonperishable items or consumable supplies only)

PROGRAM BUDGET MUST SHOW INCOME AND EXPENSE ITEMS AND LIST INCOME SOURCES AS DETAILED ITEM. IN-KIND DONATIONS MUST BE NOTED.

What are your normal hours of operation?

How many people are you currently serving as well as your projected increase in number served if EFSP funding received?

ATTENTION FOOD PROVIDERS: THE LOCAL BOARD ONLY FUNDS FOOD PURCHASES. DOCUMENTATION OF ACTUAL PURCHASES WITH DATED RECEIPTS IS REQUIRED.