

St. Clair County Emergency Food and Shelter Program

Phase 40 Application

for Local Recipient Organization Funding

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Contact Person: _____

Funding Request: _____ Program Area (Circle One): Food / Shelter

Authorized Organization Representative: _____

Title: _____

The above-named organization supplies with this application 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"/> | PLEASE NOTE:
ALL OTHER INFORMATION IS REQUIRED,
REGARDLESS IF ATTACHMENTS ARE
BELIEVED TO BE ON FILE

-Thank You |
| 4. List of organization's board members | <input type="checkbox"/> | |
| 5. Proposed program budget (include income and expense) | <input type="checkbox"/> | |
| SEE ATTACHED WORKSHEET | | |
| 6. Substantiation of unmet emergency needs | <input type="checkbox"/> | |
| 7. Specific time of client access to services | <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

St. Clair County Emergency Food and Shelter Program
Worksheet for Assistance in Completing
Phase 40 Application
for Local Recipient Organization Funding

Please answer the following questions:

Are you willing to manage the funding and EFSP reporting requirements on behalf of your own organization? YES NO

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.