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**CUMBERLAND COUNTY EMERGENCY FOOD AND SHELTER PROGRAM**

**Jurisdiction #6372-00**

**2021 EFSP Phase 38 Request for Funding Proposal**

### PLEASE DO NOT RETURN THIS PAGE WITH YOUR REQUEST FOR FUNDING PROPOSAL

### 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 Phase 38 spending period is January 1, 2020 through May 31, 2021.**

### How to Apply/Deadline:

Complete the attached EFSP Phase 38 Application, include all required documentation and signed Checklist. Only complete sections that apply to program(s) for which you are seeking funding. If seeking funding for more than one program please complete all sections that apply on one application.

**Submit** your request for funding proposal via: **Option 1)** Scan and email with attachments to **both** email addresses: [crystalmmcnair@unitedway-cc.org](mailto:crystalmmcnair@unitedway-cc.org) and [crystalmooremcnair@yahoo.com](mailto:crystalmooremcnair@yahoo.com); **Option 2)** Hand or Postal Delivery Mail to: United Way of Cumberland County, Attn-Crystal M. Williams, Community Impact Director, 222 Maiden Lane, Fayetteville, NC 28301.

**Deadline to submit 2021 Request for Funding Proposal: Friday, December 11, 2020 by 4:00 pm**

### Criteria for EFSP Phase 38 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 recordand must have been in place for a minimum of two years. EFSP cannot be the sole source of funding for theprogram.
3. Agencies must have a local governing board, the roster must include board members name, position, and direct contact information. The agency must also provide their local advisory board list as well.
4. To the extent practicable, involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services.
5. EFSP funds must be used to serve Cumberland County residents.
6. EFSP grantees must complete all reports and correspondence in a timely manner to the Local EFSP Board (monthly reports, grant expenditure tracking, and other requested documentation) and to the National EFSP Board on line using the EFSP National Board website -[www.efsp.unitedway.org.](http://www.efsp.unitedway.org/)
7. Prior EFSP grantees must be current with all reports due to the EFSP National Board to apply for the new phase of funding. Previous performance, compliance issues, as well as the success of previously funded programs will also be taken into consideration.
8. EFSP grantees must maintain records and documentation as mandated by EFSP regulations.
9. EFSP grantees must not be debarred or suspended from receiving Federal funding.
10. EFSP grantees must have a checking account and sign up for Emergency Funds Transfer (EFT) (cash payments are not allowed).
11. EFSP grantees must have an accounting system or fiscal agent approved by the Local Board.
12. EFSP grantees must have and provide a Federal Employer Identification Number (FEIN).
13. EFSP grantees must have and provide a Data Universal Number System (DUNS) number issued by Dun & Bradstreet.
14. EFSP grantees must have a valid email address for program communication and electronic signature processes.

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**Office of Management and Budget (Uniform Guidance)**

**Audit/Review Requirements**

For LROs receiving $100,000 or more in EFSP funding, the National Board requires an independent annual audit in accordance with Government Auditing Standards. For LROs receiving from $50,000 to $99,999, the National Board requires an annual accountant's review. For newly funded LROs and LROs funded above the amount requiring an audit

or review for the first time, the LRO must arrange for the audit or review of funds to coincide with the next scheduled annual auditor annual review of its financial affairs.

The National Board will accept an LRO’s national/regional annual audit if the following conditions are met:

* LRO is truly a subsidiary of the national organization (i.e., shares a single federal taxexemption).
* The LRO is audited by the national/regional office internal auditors or other person designated by the national/regional office AND the national/regional office is audited by an independent certified public accountant or public accountant or accounting firm, which includes the national/regional organization’s review of the LRO in a larger auditreview.
* A copy of the local audit review along with a copy of the independent audit of the national/regional office will be made available to the National Board uponrequest.

Any agency expending $750,000 or more in Federal funds must comply with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 2 CFR 200 of the Office of Management and Budget (Uniform Guidance). Note: A copy of this report must be forwarded to the National Board annually along with the regular audit. The $750,000 threshold is a combination of all Federal funds, not just EFSP funding.

Audits of units of government shall be made annually unless state or local government had, by January1, 1987, a constitutional or statutory requirement for less frequent audits. All audits/reviews must clearly identify EFSP funding by ID number and include EFSP funds in the Schedule of Federal Awards. Note: EFSP funding is a direct Federal grant to the LRO; it is not pass through from some other organization (i.e. local government, United Way).

The changes in these requirements are specific to the EFSP and meeting any other local, state, or federal audit requirements or those required by any other funding source are the responsibility of the LRO.

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## (DO NOT RETURN THIS PAGE WITH REQUEST FOR FUNDING PROPOSAL)

## Ineligible Program Costs

The following purposes for which funds **cannot be used** include, but are not limited to:

1. **CASH PAYMENTS** of any kind, including checks made out to cash, petty cash expenditures, money orders or cashier checks purchased with cash.
2. Payments made in any form **other than** LRO check, LRO credit card, electronic payment from the LRO’s

bank account or LRO debit card to vendor. (Payments may not be made to clients.)

1. Advances or reimbursements to staff, volunteers, or clients for program purchases. Cash back to client from gift certificates/vouchers.
2. Payments made more than 90 days after the receipt/invoice or client in take date.
3. Reimbursement to other LROs or agencies including those agencies under an LRO serving as a Fiscal Agent or Fiscal Conduit.
4. Fees: No bank fees, membership fees to food banks, shopping clubs, etc.
5. Deposits of any kind.
6. Administrative cost reimbursement to state or regional offices of governmental or voluntary organizations.
7. Use of administrative funds for purposes other than administering EFSP.
8. Nomeals/foodorbeveragesmaybepurchasedforEFSPLocalBoardmeetingswiththeadministrativefunding.
9. Lobbying efforts.
10. Expendituresmadeoutsidejurisdiction'sspendingperiod.Allawardfundsmustbeexpendedwithinthecurrent phase begin and end dates.
11. No pre-payment for expenses or services not yet rendered or incurred (i.e., where no goods or services have been provided prior to payment during program period).
12. Telephone costs, salaries, or office equipment by LRO, except as administrative allowance authorized by the Local Board, and limited to the total allowance (2%) of the LRO’s award.
13. Rental security deposit or revolving loan accounts.
14. Payments of more than one month’s mortgage, first month's mortgage, or down payment on mortgage. Payment on home equity loan or home equity line of credit.
15. Purchase/lease of real property (land or buildings) of any kind.
16. Property taxes of any kind, escrow accounts, insurance, legal fees, or condo fees.
17. Late fees for rent, mortgage, or utility assistance.
18. Payment of more than one month's rent.
19. Payment of more than one month's portion of a utility bill.
20. Payment of more than $300 per item of essential equipment.
21. Lease-purchase agreement or equipment leases.
22. Routine maintenance of LRO facilities, routine maintenance or service contracts on equipment.
23. Construction, rehabilitation or remodeling for expansion of service.
24. Repairs of any kind to an individual's home or apartment.
25. Supplies or equipment purchases for an individual's home or private use.
26. Transportation of people **not** related to the direct provision of food or shelter (e.g., to another agency, another city, etc.). Also, transportation to a relative's or friend's home.
27. Gas or repairs for client-owned vehicles, maintenance or repairs to LRO-owned vehicles (e.g., oil, tires, etc.). Also, insurance for LRO-owned or client-owned vehicles.
28. Emergency assistance for disaster victims, supplies bought for or in anticipation of a disaster (i.e., fires of any kind, floods, tornadoes, etc.).
29. Prescription medication, medical supplies, or vitamins.
30. Clothing (except underwear/diapers for clients of mass shelters, if necessary).
31. An LRO may not operate as a vendor for itself or other LROs, except for the shared maintenance fee for food banks.
32. LROs may not charge fees for services provided with EFSP funds.
33. Direct expenses associated with new or expanded services or to prevent closing.
34. Encumbrance of funds; that is, no pre-payments for goods or services not received or not rendered which are paid for prior to the end of the jurisdiction's program.
35. No payments on account. Funds cannot be placed on deposit with a vendor and drawn down.
36. Meal costs in excess of the normal daily basic meal cost. Advances or reimbursements to staff, volunteers, or clients for program purchases. Cash back to client from gift certificates/vouchers.
37. Payments made more than 90 days after the receipt/invoice or client in take date.
38. Reserving or withholding funds in anticipation of a future need (e.g., holiday events, holiday baskets, special programs, celebratory events).
39. Staff events/functions/meals of any kind.
40. Supplementing foster care costs, where an LRO has already received payment for basic boarding and feeding of a client. Comprehensive foster care costs beyond food and shelter.

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|  |  |  |
| --- | --- | --- |
| **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 is required. All updates and official correspondence will be made via email from the National EFSP Board.) | 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) |

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|  |  |
| --- | --- |
| **EFSP Phase 38**  **Funds Requested**  (List total amount of program funds you are requesting for each program that applies) | Mass Shelter $ # of nights @ ($12.50per/night)  (Provide case management)  Mass Shelter $ # of nights @ ($7.50per/night)  (No case management provided)  Served Meals $ \_\_\_\_# of meals @($2.00/meal) |
|  | Other Food $\_\_\_\_\_\_\_\_\_ # of households expected to serve \_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  | Rent/Mortgage $ \_\_\_\_# estimated of bills to be paid \_\_\_\_  Utility Assistance $ \_\_\_\_\_\_\_\_\_# estimated of bills to be paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TOTAL EFSP PHASE 38 FUNDING REQUESTED** | **$** |

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**CUMBERLAND COUNTY EMERGENCY FOOD AND SHELTER PROGRAM**

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**2021 EFSP Phase 38 Request for Funding Proposal**

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TOTAL AGENCY BUDGET for Mass Shelter:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List current sources and amounts of funding **without EFSP Phase 38 funding request** for your agency’s **Mass Shelter** program. Attach additional table if needed. NOTE: This information will provide the Local Board with proof of program funding expansion.   |  |  |  | | --- | --- | --- | | **Source** | **Cash Amount/Date Received** | **In-Kind Amount** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Totals** |  |  | | | |
| Projected # of **Households** to be provided **Mass Shelter** with EFSP Phase 38 request for funding.  **# \_\_\_** | What % of the agency **total Mass Shelter** budget does EFSP Phase 38 request for funding represent.  **%** | Projected # of **total Households**  to be provided **Mass Shelter** using current funding + EFSP Phase 38 funding.  **#** |

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**CUMBERLAND COUNTY EMERGENCY FOOD AND SHELTER PROGRAM**

**Jurisdiction #6372-00**

**2021 EFSP Phase 38 Request for Funding Proposal**

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

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

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| **TOTAL AGENCY BUDGET for Other Food (vouchers, food bags/boxes): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  List current sources and amounts of funding **without EFSP Phase 38 funding request** for your agency’s **Other Food** program. Attach additional table if needed. NOTE: This information will provide the Local Board with proof of program funding expansion.   |  |  |  | | --- | --- | --- | | **Source** | **Cash Amount/Date Received** | **In-Kind Amount** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Totals** |  |  | | | | What % of the total Agency Food Budget does this request represent  **%** | Projected # of total**Households**  to be supplied Food by the agency  **#** |
| Projected # of **Households** to be provided **Other Food Assistance** with EFSP Phase 38 request for funding.  **#** | What % of the agency **total Other Food** budget does EFSP Phase 38 request for funding represent.  **%** | Projected # of **total Households**  to be provided **Other Food** using current funding + EFSP Phase 38 request for funding.  **#** |

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**CUMBERLAND COUNTY EMERGENCY FOOD AND SHELTER PROGRAM**

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**2021 EFSP Phase 38 Request for Funding Proposal**

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

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TOTAL AGENCY BUDGET for Served Meals: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  List current sources and amounts of funding **without EFSP Phase 38 funding request** for your agency’s **Served Meals** program. Attach additional table if needed. NOTE: This information will provide the Local Board with proof of program funding expansion.   |  |  |  | | --- | --- | --- | | **Source** | **Cash Amount/Date Received** | **In-Kind Amount** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Totals** |  |  | | | |
| Projected # of Households to be provided **Served Meals** with EFSP Phase 38 request for funding.  **#** | What % of the agency **total Served Meals** budget does EFSP Phase 38 request for funding represent.  **%** | Projected # of **total Households**  to be provided **Served Meals** using current funding + EFSP Phase 38 request for funding.  **#** |

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

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TOTAL AGENCY BUDGET for Rental Assistance/Eviction Prevention:** $  List current sources and amounts of funding **without EFSP Phase 38 funding request** for your agency’s **Rental Assistance/Eviction Prevention** program. Attach additional table if needed. NOTE: This information will provide the Local Board with proof of program funding expansion.   |  |  |  | | --- | --- | --- | | **Source** | **Cash Amount/Date Received** | **In-Kind Amount** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Totals** |  |  | | | |
| Projected # of Households to be provided **Rental Assistance/Eviction Prevention Assistance** with EFSP Phase 38 request for funding.  **#** | What % of the agency **total Rental Assistance/ Eviction Prevention Assistance** budget does EFSP Phase 38 request for funding represent.  **%** | Projected # of **total Households**  to be provided **Rental Assistance/ Eviction Prevention Assistance** using current funding + EFSP Phase 38 request for funding.  **#** |

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

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TOTAL AGENCY BUDGET for Utility Assistance:** $  List current sources and amounts of funding **without EFSP Phase 38 funding request** for your agency’s **Utility Assistance** program. Attach additional table if needed. NOTE: This information will provide the Local Board with proof of program funding expansion.   |  |  |  | | --- | --- | --- | | **Source** | **Cash Amount/Date Received** | **In-Kind Amount** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Totals** |  |  | | | |
| Projected # of Households to be provided **Utility Assistance** with EFSP Phase 38 request for funding.  **#** | What % of the agency **total Utility Assistance** budget does EFSP Phase 38 request for funding represent.  **%** | Projected # of **total Households**  to be provided **Utility Assistance** using current funding + EFSP Phase 38 request for funding.  **#** |

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**CUMBERLAND COUNTY EMERGENCY FOOD AND SHELTER PROGRAM**

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**2021 AGENCY BOARD ROSTER**

***NOTE: Board of Directors is defined as the non-compensated, volunteer locally governing body of an organization. Its’ purpose is to oversee the financial, operational and management functions of an organization. Members of an organization’s Board of Directors cannot be on the organization’s payroll. If Local Board is not the final Policy, Financial, and Legal Authorizing Board of all Contractual, Financial, and Policy Contracts and Obligations please attach a list of those Board Members with same information as for your Local Advisory Board Below.***

**Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Executive Director: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Officers & Directors | Name | Place of Employment or Retirement | Mailing Address/  Phone Number | Year Term Expires | Gender | Race |
| --- | --- | --- | --- | --- | --- | --- |
| President |  |  |  |  |  |  |
| Vice President |  |  |  |  |  |  |
| Secretary |  |  |  |  |  |  |
| Treasurer |  |  |  |  |  |  |
| Director: |  |  |  |  |  |  |
| Director |  |  |  |  |  |  |
| Director |  |  |  |  |  |  |
| Director |  |  |  |  |  |  |

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**CUMBERLAND COUNTY EMERGENCY FOOD AND SHELTER PROGRAM**

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**Applicants that have not been previously funded by EFSP within 2-year funding cycle (Phase 37 & CARES ACT funding cycle must answer the following questions:**

|  |  |
| --- | --- |
| 1. | Emergency Food and Shelter funds must be used in accordance with the purpose of the program. EFSP mandates that funds are to supplement and expand existing resources; they are not to be used to substitute or reimburse ongoing programs and services; and are to be used to for emergency food, feeding, and shelter programs for the homeless and at-risk families/individuals. Will the program/service continue at the conclusion of Phase 38 if there are no funds available from the Emergency Food & Shelter Program? |
|  | * Yes |
|  | * No (If no, what measures are or will be taken to attain services when people request assistance?) |
|  |  |

**PROGRAM DESCRIPTION**

|  |  |
| --- | --- |
| 1. | Does your agency attempt to involve homeless individuals and families in the provision of emergency food and shelter services (through employment, volunteer programs, etc.)?   * Yes (Describe below how they are involved) * No (Describe below how you plan to involve them through this program) |

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

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|  |  |
| --- | --- |
| 2. | Please describe the mission of the organization. |

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

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

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|  |  |
| --- | --- |
| 3. | PROGRAM SUMMARY. Please provide a summary statement of the program for which you are requesting funding. |

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|  |  |
| --- | --- |
| A. Summary/Mission of Program: |  |
| B. Activities/Services Provided: |  |
| C. Target Population: |  |

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**PREVIOUSLY FUNDED AGENCY COMPLIANCE**

**Agencies who received funding in Phase 37 & CARES ACT must complete the following:**

🗌 yes 🗌no All monthly reports required by the LBO were submitted on time

🗌 yes 🗌no All documentation and 2nd request information was submitted to the LBO on time

🗌 yes 🗌no All funds from Phase 37 & CARES ACT were/have been expended

If no, then answer below:

🗌 yes 🗌no Local Board was informed of the unexpended funds in time for the LBO to reallocate

🗌 yes 🗌no Unexpended funds were reallocated prior to the phase reporting deadline

🗌 yes 🗌no Unexpended funds were returned to National Board

🗌 yes 🗌no Unexpended funds were returned prior to the phase reporting deadline

If your agency answered no to any of the above questions, a detailed letter of explanation regarding the compliance issues will need to be attached as well as corrective measures that have been put in place to avoid future challenges. This letter must be signed by the Executive Director and the Local Board President.

Please note that compliance issues **do** affect the levels of funding from the Local Board, additionally, compliance issues in the above areas can result in loss of funds for our community from the National Board.

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTION:**

**All information submitted in this application is accurate and true to the best of our knowledge. It is agreed and understood that this application may not contain all required policy, procedures, and or federal, state, and local rules. It is our responsibility to refer to the EFSP Manual for the current Phase for direction, communicate with the Local Board for local updates and timelines, and visit the National Board Website for timelines, changes, and updates affecting this grant.**

**Agency Name**

**\_ \_**

**Signature: Executive Director Print name Date**

**Signature: Board of Director President Print name Date**

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**CUMBERLAND COUNTY EMERGENCY FOOD AND SHELTER PROGRAM**

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**2021 EFSP Phase 38 Request for Funding Proposal**

**PHASE 38 EFSP REQUEST FOR FUNDING PROPOSAL CHECKLIST**

**Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Note: Applicants that submit Request for Funding Proposals that do not include all of the required documentation will not be considered for EFSP Phase 38 funding.)

**Please submit the following documentation:**

|  |  |  |
| --- | --- | --- |
| 1. | Agency’s most recent annual financial report and/or independent audit.  (NOTE: Please review the financial reporting documents needed according to your organizations overall budget. See Uniform Guidance on 3rd page of application for more detail). | Initials \_\_\_\_\_ |
| 2. | Agency’s 501(c)(3) certification (IRS & State Tax exempt letters).  NC Tax Exemption Letters Non-Profit Tax Division (919) 754-2019 ext. 10094 or (877) 919-1819 ext. 10094 | Initials \_\_\_\_ |
| 3. | Current NC Charitable Solicitation License. | Initials \_\_\_\_\_ |
| 4. | Agency’s Non-Discrimination Policy. | Initials \_\_\_\_ |
| 5. | Agency’s Conflict of Interest Policy. | Initials \_\_\_\_\_ |
| 6. | Client Authorization for Release of Information Form (3rd party release clause included). | Initials \_\_\_\_ |
| 7. | Client Eligibility Form/Intake Forms and/or Service Documentation Form. | Initials \_\_\_\_ |
| 8. | Agency most recent IRS 990 | Initials \_\_\_\_\_\_ |

I certify that all required documentation has been submitted per my initials and that if items are not present the funding application for Phase 38 may not be eligible for consideration this cycle.

***Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_***

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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