

**Sumter County EFSP Jurisdiction # 1720-00**  
**EMERGENCY FOOD & SHELTER PROGRAM**  
**REQUEST for FUNDING APPLICATION (PHASE 36)**

**DEADLINE FOR SUBMISSION 5:00 p.m. September 13, 2019**

***SUBMIT APPLICATIONS TO:***

Sumter County EFSP, Board of Directors

c/o Mid Florida Homeless Coalition, Inc.  
104 E Dampier Street, Inverness, FL 34450

Questions: email mfhc015@gmail.com

Faxed copies will not be accepted. Original Copy must have Original Signatures

**Please Provide:**

- **Original Application with signatures**
- **(1) STAMPED ORIGINAL**
- **(1) COPY OF APPLICATION**
- **(1) Set of Attachments (per organization)**

**FUNDING PERIOD:** EFSP PHASE 36 Funding is set for the period of **July 1, 2019 through March 31, 2020**.  
**(Funding period may change due to Federal Release dates)** Upon approval and official notification from the local EFSP Local Board, expenditures may begin upon receipt of funds and including all eligible expenses.

ORGANIZATION NAME: \_\_\_\_\_

DIRECTOR NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ TAX ID#: \_\_\_\_\_ DUNS # \_\_\_\_\_  
(Required for funding) (Required for funding)

FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**BEFORE YOU START:**

Any organization wishing to apply for EFSP funding ***must read*** the  
**EFSP Phase 35 & 36 Responsibilities & Requirements** document located on their website:  
[https://www.efsp.unitedway.org/efsp/website/websiteContents/PDFs/EFSPManual/Phase\\_36\\_Manual.pdf](https://www.efsp.unitedway.org/efsp/website/websiteContents/PDFs/EFSPManual/Phase_36_Manual.pdf)

**Late and/or Incomplete Applications will NOT be Considered**

Please indicate the dollars requested by category, estimated number to receive service by unit and per unit cost.  
Your request of federal dollars may only be spent on APPROVED CATEGORIES (see page 8) as designated by the

Local Board. Any change of approved funding **MUST BE** submitted in advance and in writing to the local board chairman for subsequent approval by the Sumter County EFSP Board of Directors.

Current EFSP Funding Request			
DOLLARS REQUESTED	Estimate # of Units	Estimate Unit Cost	SERVICE CATEGORY
\$ _____	_____	_____	A. SERVED MEALS
\$ _____	_____	_____	B. OTHER FOOD
\$ _____	_____	_____	C. MASS SHELTER
\$ _____	_____	_____	D. OTHER SHELTER
\$ _____	#####	#####	E. SUPPLIES/EQUIPMENT (Agency / Facilities)
\$ _____	#####	#####	F. EMERGENCY REPAIR
\$ _____	_____	_____	G. RENT/MORTGAGE ASSISTANCE
\$ _____	_____	_____	H. UTILITY ASSISTANCE
\$ _____ Total Requested Funding (Phase 35)			

**Last Year's Services Provided in Sumter County: Actual Totals- 7/1/2018 to 6/30/2019**

TOTAL DOLLARS EXPENDED	Actual # of Units	Actual Unit Cost	SERVICE CATEGORY
\$ _____	_____	_____	A. SERVED MEALS
\$ _____	_____	_____	B. OTHER FOOD
\$ _____	_____	_____	C. MASS SHELTER
\$ _____	_____	_____	D. OTHER SHELTER
\$ _____	#####	#####	E. SUPPLIES/EQUIPMENT (Agency/Facilities)
\$ _____	#####	#####	F. EMERGENCY REPAIR
\$ _____	_____	_____	G. RENT/MORTGAGE ASSISTANCE
\$ _____	_____	_____	H. UTILITY ASSISTANCE
Total Expended \$ _____ (Type of funds) _____			

**A. Program Data**

1. Please state program's specific objective and how funds will be used? \_\_\_\_\_  
\_\_\_\_\_

2. How are services tracked/monitored and who reviews information? (Please Be Specific)  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the "Target" population: \_\_\_\_\_

4. "Unit of Service" definition (By Category/Be Specific)  
\_\_\_\_\_  
\_\_\_\_\_

5. Please give number of persons served by program: 

<b>Actual</b> [7/1/18 to 6/30/19] Last Year Program [ _____ ]	<b>Projected</b> [7/1/18 to 1/31/20] Current Yr. Funding Request [ _____ ]
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6. What percentage of annual client base population will benefit from EFSP funding, in this service category: ( \_\_\_\_\_ %)

**B. Financial Management**

1. In Sumter County what is the total agency annual revenue? \$ \_\_\_\_\_

2. What types of internal procedures are in place to monitor program expenditures? How often are they monitored and who reviews information? \_\_\_\_\_  
\_\_\_\_\_

3. If organization's main office is headquartered out of the Sumter County area, please list local representative/s: Name: \_\_\_\_\_ Title \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

4. What percent of your agency's total budget is used for Administration & Fund-raising costs [ \_\_\_\_\_ %]  
(Percentage must balance with information provided on redesigned IRS 990 Core Form)

**Overhead Ratio:**

Part IX, line25, Column C (M&G) +Column D (Fundraising Expense)  
\_\_\_\_\_  
Part VIII, Line 12, Column A (Total Revenue)

**C. General Information**

1. What criteria determine client’s eligibility and describe intake method/procedures.  
\_\_\_\_\_  
\_\_\_\_\_

2. How frequently is client data information summarized and reviewed? Who reviews information?  
\_\_\_\_\_  
\_\_\_\_\_

3. If you are requesting any funds from Category(s) (G) or (H) please be specific in answering the following question. Are there any other client eligibility requirements?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How long have you provided this service in Sumter County, that EFSP funding is requested for?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Program Narrative Description:** Please use the area provided to best describe the intent of the program(s) and/or any other additional information for the committee to consider. (If you provide multiple program assistance please describe each program.)

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**D. Signature Page**

**Please check the appropriate boxes:**

- Our Organization has a checking account
- Our organization practices nondiscrimination (those organizations with a religious affiliation wishing to participate in the program must not refuse services to an applicant based on religion or require attendance at religious services as a condition of assistance, nor will such groups engage in any religious proselytizing in any program receiving EFSP funds).
- I agree to use the HMIS system to enter all EFSP participant information and agree to share the information. The only exception to this are domestic violence shelters due to federal law.

**The information given on this application for funding is true and complete to the best of my knowledge. I understand that any misstatement of facts given cancels the funding.**

SIGNATURE: \_\_\_\_\_  
(Authorized Executive Agency Representative)

TITLE: \_\_\_\_\_

(DATE): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(Agency Board President or Executive Board Officer)

TITLE: \_\_\_\_\_

(DATE): \_\_\_\_\_

## **(PART 1) REQUIRED ATTACHMENTS TO PROPOSAL (Mandatory)**

**(1 set) of The Following Attachments Must be Included with Proposal Request:**

**ATTACHMENT A** - Current Board Member Listing

**ATTACHMENT B** - Information from most recently completed 990.

\* If you filed IRS 990 EZ you will need to complete an IRS 990 (proforma). You are required to complete and submit pages, 1,7,8,9,10 & 11 from the IRS Form 990 as well as supplying your actual filed 990EZ with the application. Pro forma IRS Form Instructions are attached.

**ATTACHMENT C** – Copy of Program Requirements and Rules.

**ATTACHMENT D** - Copy of IRS 501 (c) (3) Certification Letter

## **PART 2 – Additional Agency Comments (Optional)**

NOTE: Use this section to include additional information pertinent in describing your program/s.

EXPLANATION OF EFSP SERVICE CATEGORIES- (could be used as units)

- A. SERVED MEALS** - category pertains to hot or cold meals prepared and served by the agency either at their facility or delivered to clients. (Per Diem method \$2.00 per meal advised)
- B. OTHER FOOD** - category includes food vouchers for grocery orders, food boxes, food purchased at restaurants or food banks and food pantries. Estimate number of meals per grocery order or voucher. For example, a voucher for grocery or food box to feed a family of 4 for 3 days would be estimated as 36 meals (4 people x 3 meals x 3 days = 36 meals).
- C. MASS SHELTER** (on-site) - category of funds for shelter provided within their own facility. Fill in the full amount that you are requesting and estimate the number of nights' lodging to be provided. Provide unit cost. (Per Diem method \$7.50 or \$12.50 advised)
- D. OTHER SHELTER** - category pertains to LRO's, which use funds to provide shelter outside of their own facility (motel, another shelter). Fill in the full amount that you are requesting to spend for these purposes. Use the following formula to estimate the number of nights lodging provided: For a shelter, multiply the number of people in a family times the number of nights in the assistance period. (A family of 5 receiving one month of shelter assistance would be 150 nights' lodging (5 people x 30 nights = 150 units).
- E. SUPPLIES/EQUIPMENT** - category includes all supplies and equipment purchased for use in a mass feeding or sheltering facility (provide information on types of supplies and equipment). (\$300.00 per item maximum)
- F. EMERGENCY REPAIRS** - category is for emergency roof repairs, emergency plumbing, emergency carpentry, handicapped ramp, (\$2,500 limit), on facilities such as mass feeding shelters owned by non-profit organization. Refer to EFSP manual or contact local board chair for additional details on compliance. Funds may be used to comply with 1990 Americans with Disabilities Act (ADA). 1. Comply with building code (certificate must be obtained.) 2. Keeping a facility open during the program year. 3. Government owned facilities are not eligible.
- G. RENT/MORTGAGE** - category pertains to funds allowed to provide clients with rent/mortgage assistance. Estimate the number of bills to be paid.
- H. UTILITIES (Energy Assistance)** - category pertains to LRO's, which will use funds to provide clients with energy assistance (Gas/Electric/Water). Estimate the number of bills to be paid.
- I. LRO-** Initials represent "Local Recipient Organization"
- J. EFSP-** Initials represent "Emergency Food & Shelter Program"