



EMERGENCY FOOD & SHELTER PROGRAM

EFSP - New Grantee Application

Welcome to the Grant Application for the Long Island Emergency Food and Shelter Program.

Thank you for your interest in the HWCLI Emergency Food and Shelter Program Grant. This application process has two components:

1. Complete this online application, and
2. Email the following supplemental documents to efsp@hwcli.com.
 - A brief history of your organization.
 - A brief statement of the emergency needs in your community and a description of the program your agency currently operates to meet these needs.
 - Describe agency's internal accounting system that will monitor spending in the program.
 - Agency's ability to serve entire jurisdiction (entire county) if providing rent/mortgage/utility payments, food vouchers, food baskets or food pantry on premises.
 - How money spent will be accounted for, in specific terms.
 - Copy of agency's 501(C)(3) Internal Revenue Service charitable determination.
 - A list of the volunteer Board of Directors, indicating addresses and officers.
 - Operating budget for current and prior year – Breakdown of Revenues and Expenses.
 - Audited Financial Statements – most recent.
 - Form 990 – most recent.

Please read the material carefully and submit all application materials by **6:00PM on Friday, May 22**.

Below are additional criteria and key information pertaining to the EFSP Grant Applications:

- EFSP funds must supplement CURRENT EMERGENCY feeding, sheltering and rent/mortgage and utility assistance efforts only (startup funding for a new service is prohibited).
- Eligible programs must serve the entire county jurisdiction.
- The information included on the application is required by the EFSP National Board and must be provided to be considered for participation in the program by the Local EFSP Board.
- All complete applications will be considered at the next meeting of the Oversight Committee and the Local Board.
- A notice will be sent to inform agencies of the Local Board's decision.
- Criteria for selection are in accordance with the National Board's guidelines and availability of funds.

Thank you for carefully reading the enclosed material. Any questions about your application can be directed to Lori Andrade at HWCLI at landrade@hwcli.com. Thank you.

** Please note that all fields in this online application are required. Please indicate "N/A" in any fields that are not pertinent to your application. **



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PART I - AGENCY INFORMATION

* 1. Please provide the following information about your organization.

Organization legal name:

Physical address:

Physical address 2:

Congressional district where agency is physically located:

Mailing address:

Mailing address 2:

Main telephone number:

Fax number:

Website:

Agency's Federal Employer Identification Number (FEIN):

Agency's DUNS Number:

Total operating budget of organization: \$

Fiscal Year:

Is agency NONPROFIT or UNIT OF GOVERNMENT

* 2. Please provide the following information about the official in charge of your organization.

Name of Official in Charge of Organization

Title of Official:

Telephone number:

Email address:

* 3. Please provide the following information about your organization's Chief Fiscal Officer.

Name of Chief Fiscal Officer:

Telephone number:

Email address:



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PART II - PROJECT INFORMATION

Please provide the following information about the project site where the EFSP funded services are provided.

* 1. Please provide the following information about the project requesting EFSP funding.

Name of project:

Physical address:

Physical address 2:

Congressional district where project is physically located:

Project director:

Title:

Telephone number:

Email address:

* 2. If more than one site provides the EFSP funded services, please provide the address, congressional district, project name and director name, phone number and email below.



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PART III - PHASE 37

Due to the COVID-19 pandemic, Long Island is receiving two EFSP allotments, Phase 37 and CARES Act. Please complete separate program information- one for Phase 37 and one for CARES Act. This page of the application asks for information as it pertains to Phase 37.

* 1. Type of application (check all that apply):

- Emergency food
- Served meals
- Supplies
- Mass shelter
- Emergency rent/mortgage assistance
- Emergency utility assistance

PROPOSED BUDGET FOR EFSP FUNDING TO SUPPLEMENT A CURRENT EMERGENCY PROGRAM

(provide information only for the category/categories checked above)

* 2. Emergency Food (bulk purchases for food pantries, food baskets, food vouchers, transportation of food)

\$

Estimated # meals

* 3. Served Meals @ \$2.00/meal (per diem allowance of \$2.00 per congregate meals/soup kitchens or individual invoiced food expenditures)

\$

Estimated # meals

* 4. Mass Shelter @ \$12.50/night (per diem allowance of \$12.50 per person per night for mass shelter (five beds or more in one location))

\$

Estimated # nights

* 5. Supplies/Equipment only for Pantries, Mass Feeding or Shelter Programs (maximum \$300 for small equipment purchase relating to the provision of food)

\$

* 6. Emergency Rent/Mortgage (emergency payments up to one month's rent or mortgage payment)

\$

Estimated # bills

* 7. Emergency Utilities (emergency payments up to one month for utility)

\$

Estimated # bills

* 8. TOTAL BUDGET (questions 6-11)

\$

CURRENT PROGRAM - 2020

* 9. Provide a brief description of Food, Shelter, and/or Utility Program(s) currently offered by organization:

* 10. Current Cost of Above Program: \$

*** 11. FACILITY PROFILE**

If a food serving facility, current number of on-site feeding places:

If a food distributing facility, number of families served:

If a shelter facility, number of current beds:

Days of operation per month:

Number of meals provided per month:

Number of nights lodging provided per month:

Population served:

How long has the program been in existence?

What geographic area does it serve?

Are there any limitations on who will be served or a geographic limit? (If YES, explain)

PROPOSED PROGRAM EXPANSION

* 12. Provide a brief description of proposed program's objectives and methods - what are the expected outcomes?

* 13. This expansion represents a growth of _____% in clients served over the current year of 2020.

* 14. Number of additional meals and/or food packages, beyond current program, to be provided with an EFSP award:

meals per month

food packages per month

* 15. Amount of emergency shelter or utility provided, beyond current program, to be provided with award:

of additional nights lodging per month

emergency rent/mortgage assistance per month

utility assistance per month



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PART IV - BUDGET SUMMARY FOR PHASE 37

Due to the COVID-19 pandemic, Long Island is receiving two EFSP allotments, Phase 37 and CARES Act. Please complete separate program information- one for Phase 37 and one for CARES Act. This page of the application asks for budget information as it pertains to Phase 37.

BUDGET SUMMARY FOR PHASE 37

* 1. 2020 Budget Total for current emergency food and/or shelter program: \$

PROPOSED BUDGET - 1/1/20 to 12/31/20 - FOR SUPPLEMENTED PORTION OF PROGRAM

* 2. Food Purchase Cost (Unit Cost: \$2.00/meal National Board Guideline)

TOTAL COST OF
PROJECT ITEM: \$

* 3. Direct Expenses for the expanded portion of service (Unit Cost: \$2.00/meal)

a) Mass Feeding-related
Food - TOTAL COST OF
PROJECT ITEM: \$

b) Mass Shelter-related -
TOTAL COST OF
PROJECT ITEM: \$

* 4. Mass Shelter Cost (Unit Cost: \$12.50/night)

TOTAL COST OF
PROJECT ITEM: \$

* 5. Once-only Emergency Rent or Mortgage Assistance (1 month maximum per family)

a) Unit cost of project item:
\$

b) TOTAL COST OF
PROJECT ITEM: \$

* 6. Supply Cost (limited to \$300 per item for small equipment purchase)

a) Unit cost of project item:
\$

b) TOTAL COST OF
PROJECT ITEM: \$

* 7. Once-only Emergency Utility Assistance (1 month maximum per family)

a) Unit cost of project item:
\$

b) TOTAL COST OF
PROJECT ITEM: \$

* 8. TOTAL AMOUNT OF REQUEST

* 9. As stated in Part III of this application, this budget represents an increase of _____% over agency's current program cost of 2020.

* 10. TOTALS

Food Related Items (addition of project items 2, 3a, 3b): \$

Estimate number of additional meals to be provided with this portion
of award:

Shelter Related Items (addition of project items 3b, 4, 5b):

Estimate number of additional nights to be provided with this portion
of award:

Supplies (item 6b):

Emergency Utility Assistance (item 7b): \$



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PART V - CARES ACT

Due to the COVID-19 pandemic, Long Island is receiving two EFSP allotments, Phase 37 and CARES Act. Please complete separate program information- one for Phase 37 and one for CARES Act. This page of the application asks for information as it pertains to the CARES Act.

* 1. Type of application (check all that apply):

- Emergency food
- Served meals
- Supplies
- Mass shelter
- Emergency rent/mortgage assistance
- Emergency utility assistance

PROPOSED BUDGET FOR EFSP FUNDING TO SUPPLEMENT A CURRENT EMERGENCY PROGRAM

(provide information only for the category/categories checked above)

* 2. Emergency Food (bulk purchases for food pantries, food baskets, food vouchers, transportation of food)

\$

Estimated # meals

* 3. Served Meals @ \$2.00/meal (per diem allowance of \$2.00 per congregate meals/soup kitchens or individual invoiced food expenditures)

\$

Estimated # meals

* 4. Mass Shelter @ \$12.50/night (per diem allowance of \$12.50 per person per night for mass shelter (five beds or more in one location))

\$

Estimated # nights

* 5. Supplies/Equipment only for Pantries, Mass Feeding or Shelter Programs (maximum \$300 for small equipment purchase relating to the provision of food)

\$

* 6. Emergency Rent/Mortgage (emergency payments up to one month's rent or mortgage payment)

\$

Estimated # bills

* 7. Emergency Utilities (emergency payments up to one month for utility)

\$

Estimated # bills

* 8. TOTAL BUDGET (questions 6-11)

\$

CURRENT PROGRAM - 2020

* 9. Provide a brief description of Food, Shelter, and/or Utility Program(s) currently offered by organization:

* 10. Current Cost of Above Program: \$

*** 11. FACILITY PROFILE**

If a food serving facility, current number of on-site feeding places:

If a food distributing facility, number of families served:

If a shelter facility, number of current beds:

Days of operation per month:

Number of meals provided per month:

Number of nights lodging provided per month:

Population served:

How long has the program been in existence?

What geographic area does it serve?

Are there any limitations on who will be served or a geographic limit? (If YES, explain)

PROPOSED PROGRAM EXPANSION

* 12. Provide a brief description of proposed program's objectives and methods - what are the expected outcomes?

* 13. This expansion represents a growth of _____% in clients served over the current year of 2020.

* 14. Number of additional meals and/or food packages, beyond current program, to be provided with an EFSP award:

meals per month

food packages per month

* 15. Amount of emergency shelter or utility provided, beyond current program, to be provided with award:

of additional nights lodging per month

emergency rent/mortgage assistance per month

utility assistance per month



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PART VI - BUDGET SUMMARY FOR CARES ACT

Due to the COVID-19 pandemic, Long Island is receiving two EFSP allotments, Phase 37 and CARES Act. Please complete separate program information- one for Phase 37 and one for CARES Act. This page of the application asks for budget information as it pertains to the CARES Act.

BUDGET SUMMARY FOR PHASE 37

* 1. 2020 Budget Total for current emergency food and/or shelter program: \$

PROPOSED BUDGET - 1/1/20 to 12/31/20 - FOR SUPPLEMENTED PORTION OF PROGRAM

* 2. Food Purchase Cost (Unit Cost: \$2.00/meal National Board Guideline)

TOTAL COST OF
PROJECT ITEM: \$

* 3. Direct Expenses for the expanded portion of service (Unit Cost: \$2.00/meal)

a) Mass Feeding-related
Food - TOTAL COST OF
PROJECT ITEM: \$

b) Mass Shelter-related -
TOTAL COST OF
PROJECT ITEM: \$

* 4. Mass Shelter Cost (Unit Cost: \$12.50/night)

TOTAL COST OF
PROJECT ITEM: \$

* 5. Once-only Emergency Rent or Mortgage Assistance (1 month maximum per family)

a) Unit cost of project item:
\$

b) TOTAL COST OF
PROJECT ITEM: \$

* 6. Supply Cost (limited to \$300 per item for small equipment purchase)

a) Unit cost of project item:
\$

b) TOTAL COST OF
PROJECT ITEM: \$

* 7. Once-only Emergency Utility Assistance (1 month maximum per family)

a) Unit cost of project item:
\$

b) TOTAL COST OF
PROJECT ITEM: \$

* 8. TOTAL AMOUNT OF REQUEST

* 9. As stated in Part V of this application, this budget represents an increase of _____% over agency's current program cost of 2020.

* 10. TOTALS

Food Related Items (addition of project items 2, 3a, 3b): \$

Estimate number of additional meals to be provided with this portion
of award:

Shelter Related Items (addition of project items 3b, 4, 5b):

Estimate number of additional nights to be provided with this portion
of award:

Supplies (item 6b):

Emergency Utility Assistance (item 7b): \$



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SUPPLEMENTAL DOCUMENTS

* 1. Please email all of the following documents to efsp@hwcli.com with the subject line "EFSP APP - [Your Company Name]." Check the boxes below to confirm that these documents have been submitted via email to accompany your application.

- A brief history of your organization.
- A brief statement of the emergency needs in your community and a description of the program your agency currently operates to meet these needs.
- Describe agency's internal accounting system that will monitor spending in the program.
- Agency's ability to serve entire jurisdiction (entire county) if providing rent/mortgage/utility payments, food vouchers, food baskets or food pantry on premises.
- How money spent will be accounted for, in specific terms.
- Copy of agency's 501(C)(3) Internal Revenue Service charitable determination.
- A list of the volunteer Board of Directors, indicating addresses and officers.
- Operating budget for current and prior year – Breakdown of Revenues and Expenses.
- Audited Financial Statements – most recent.
- Form 990 – most recent.

* 2. Is agency debarred or suspended from receiving funds or doing business with the Federal government?

- No
- Yes



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E-SIGNATURE AND SUBMIT

*** 1. Organization's Official in Charge:**

Name	<input type="text"/>
Title	<input type="text"/>
Date	<input type="text"/>

*** 2. Check here to denote electronic signature**

Signed

*** 3. Contact Person for Questions on Application**

Name	<input type="text"/>
Title	<input type="text"/>
Telephone Number	<input type="text"/>
Email Address	<input type="text"/>

**** YOU WILL NOT BE ABLE TO MAKE ADJUSTMENTS TO THIS APPLICATION AFTER CLICKING SUBMIT. PLEASE REVIEW ALL ANSWERS BEFORE SUBMITTING APPLICATION. ****