

**Emergency Food and Shelter Program
Phase 38
APPLICATION GUIDELINES
KINGS COUNTY**

Purpose:

Supplement and expand local efforts to provide emergency food and shelter services to individuals and families in Kings County.

Eligible Applicants:

Emergency Food and Shelter Program (EFSP) funding is open to all private voluntary and public organizations having a 501 (c)3 status whose mission aligns with the purpose stated above. **EFSP funds supplement shelter and food programs and are not intended as the primary source of funding.**

Local Board:

The Local Board, comprised of organizations corresponding with the National Board representation, will make allocation decisions.

Appeals Process:

The appeals process outlined below is a statement to eligible organizations that the EFSP Local Board is committed to fairness and openness in the EFSP funding process. The National Board does not mandate any particular appeals process; however, the National Board has determined that it is the responsibility of the Local Board to establish an appeals process that is available and timely. The Local Board is the primary decision maker in the EFSP review process.

An organization may appeal a funding decision under the following circumstances:

- If there is significant question of misapplication of guidelines, fraud or other abuse on the part of the Local EFSP Board, or
- If significant new information becomes available that would warrant reconsideration.

Please note that the amount of funding awarded to an agency is not a valid basis for appeal. All agencies will be given equal consideration in the allocations process.

Should an agency wish to appeal, it must submit the appeal in writing within 10 working days of the date of the EFSP funding notification. The appeal must be submitted to Kings United Way, 125 West 7th Street, Hanford. Kings United Way will forward the appeal to members of the EFSP appeals panel. The written appeal must address specifically the rationale for the appeal, including:

- In what way the funding decision causes significant question of misapplication of guidelines, fraud or other abuse on the part of the Local EFSP Board, or
- What new significant information needs to be introduced and why it was not available earlier.

A review panel consisting of the EFSP Board Chairperson and two additional Board members will determine if the appeal has merit and decide on a course of action, as appropriate. A written response shall be provided to the appealing agency within 10 business days of when the appeal was received. Copies of the appeal and subsequent decision will be kept on file at Kings United Way.

Cases of fraud or other misuse of Federal funds should be reported to the Office of the Inspector General, FEMA, in writing or by telephone.

Phase 38 Funding Priorities

Below are the funding priorities established by the Emergency Food and Shelter Program Local Board of Kings County. The local board will allocate Phase 38 funding based on the percentages listed below:

Emergency Shelter/Other Shelter= 12% of allocation

Food (Meals and Other Food)= 34% of allocation

Rent Assistance= 35% of allocation

Utility Assistance= 17% of allocation

Administration= 2% of allocation

General Information

1. Applications must be received **no later than 5:00 pm on Friday, November 20, 2020**. Late applications, including those arriving after 5:00 pm on Friday, November 20, 2020, regardless of sending time, will not be considered for funding.
2. Applications are available in fillable PDF format.
3. Please submit application by **Friday, November 20, 2020 no later than 5 pm to:**

Via Email: Nanette Villarreal, Executive Director
Kings United Way
nanettev@kingsunitedway.org

Proof of submittal of the EFSP Phase 38 application is the sole responsibility of the applicant organization.

**EMERGENCY FOOD AND SHELTER PROGRAM
PHASE 38 APPLICATION
KINGS COUNTY**

Submit one (1) application **no later than 5:00 pm on Friday, November 20, 2020.** Late or incomplete applications will not be accepted or reviewed.

I. AGENCY INFORMATION

Name of Applicant (as incorporated): _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ E-Mail: _____

Executive Director: _____ Federal Employer ID: _____

Phone: _____ E-Mail: _____

DUNS Number: _____ LRO Number: _____

II. REQUEST SUMMARY

A. Type of service(s) you are applying for and funds requested:

- Served Meals \$ _____
- Other Food \$ _____
- Mass Shelter \$ _____
- Other Shelter \$ _____
- Rent/Mortgage \$ _____
- Utility Assistance \$ _____
- Administration \$ _____

Total Funds Requested: \$ _____

III. GEOGRAPHICAL AREAS SERVED

Please list cities and unincorporated areas of Kings County where residents will be served by your EFSP program activities (please be detailed):

IV. GENERAL AGENCY INFORMATION

1. What year did your agency begin providing services in Kings County?

2. What year did your agency incorporate as a 501c(3)? _____
3. Did your agency receive EFSP funds in Phase 37? Yes No
4. Has your agency returned EFSP funds to the Local Board within the past three years? Yes No If yes, how much and why:

V. BUDGET

Expense Category	Received in Phase 37	Request for Phase 38
Served Meals		
Other Food		
Mass Shelter		
Other Shelter		
Supplies/Equipment		
Repairs/Code		
Rent/Mortgage Assistance		
Utility Assistance		
Administration		
Total		

1. What financial resources, other than EFSP, are available for this program?

Emergency Food and Shelter Program
Kings County
Phase 38

2. Does any other organization provide a similar program within your service area? If yes, please explain how you work together to reduce duplication and maximize the use of EFSP funding. If your services are new to Kings County, please explain the gap in services you are working to fill?

3. Are services free of charge to clients on a continuous, year-round basis?

Yes No

4. Are all related services provided without discrimination and without requirement of participation in religious activities? Yes No
If no, please explain:

I certify that all information contained in this application is true, accurate and current at the time of application submission.

Authorized Official

Date

Printed Name of Authorizing Official

ATTACHMENTS:
PLEASE COMPLETE ONLY THE ATTACHMENTS
FOR THE TYPE OF SERVICES YOU ARE
REQUESTING EFSP FUNDING FOR

Attachment A: Served Meals and/or Other Food

Attachment B: Mass Shelter and/or Other Shelter

Attachment C: Rent/Mortgage

Attachment D: Utility Assistance

Attachment A

Served Meals

1. What days of the week are meals served? Is the meal served in the morning, afternoon or evening? Please check all that apply:

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Wednesday | |
| <input type="checkbox"/> Thursday | |
| <input type="checkbox"/> Friday | |
| <input type="checkbox"/> Saturday | |

2. What cost will you be claiming per meal? _____
(The maximum Per Diem reimbursement is \$2.00 per meal)

Other Food

1. Where and when is this food provided?

2. Please describe what is typically provided in a bag/box of food.

3. Where is the food purchased? Does your agency utilize the Community Food Bank or any Food Bank that offers food at a reduced cost?

Attachment B

Mass Shelter

1. What days of the week is shelter provided?
 Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
2. What is the maximum length of stay? _____
3. What cost will you claim per bed night? _____
(The maximum Per Diem reimbursement per bed night is \$12.50)

Other Shelter

1. What is your eligibility criteria for providing motel/hotel assistance?

2. Do you receive special rates from any local hotels/motels?

3. How long may the clients stay and when can they stay again?

Other Pertinent Information (Optional):

Attachment C

Rent/Mortgage

1. Please provide an estimate of the number of clients to be served?

2. What is the average cost of each rent/mortgage payment provided?

3. What are your guidelines regarding rent or mortgage assistance? How do you determine who receives assistance?

Attachment D

Utilities

1. Estimated number of clients to be served: _____
2. Average cost of each utility payment paid with EFSP funds : _____
3. What are your guidelines for providing utility assistance? How do you determine who receives assistance?
