

DEADLINE FOR SUBMISSION June 29th, 2018 at 11:00am
<p><u>Submit Applications to:</u> Citrus County EFSP, Board of Directors C/O United Way of Citrus County 1582 N Meadowcrest Blvd Crystal River, FL 34429 Questions?: Email: Bridget.Puckett@CitrusUnitedWay.org <i>Faxed copies will not be accepted. Original Copy must have Original Signatures. We require one original and one copy.</i></p>

Before You Start:
<p>Any organization wishing to apply for EFSP funding <i>must read</i> the EFSP Phase 35 Responsibilities & Requirements document located on their website: https://www.efsp.unitedway.org/efsp/website/websiteContents/PDFs/EFSPManual/Phase_35_Manual.pdf</p>

Please Provide:

- One Original Application with signatures
- One Copy of Application
- 2 Sets of Attachments
- Program Budget
- Application **must be complete** in order to be eligible for funding. **No exceptions!**

Funding Period: EFSP Phase #35 Funding must be expended between August 1st, 2018 and January 31st, 2019.

****Per EFSP, all addresses must be complete – street number and name, city, state and zip code.*

Organization Legal Name:	
Agency Principal:	
Contact Name:	
Physical Address:	
Congressional District where agency is physically located:	
Congressional District where agency’s EFSP funded services are provided:	

Agency address for place of performance (where the EFSP funded services are provided)					
Mailing Address:					
Phone #:		FEID#:		DUNS#:	
Fax #:		Email		Website:	
Has your organization ever been disbarred or suspended from receiving federal funds?					
If YES, please explain:					
Are you a 501 (3)(c) organization:		Are you a unit of Government (please list unit):			

Amount of EFSP Funding Requested*	
<i>Please see explanation of Service Categories on page 7.</i>	
Food	
Mass Shelter	
Other Shelter	
Rent/Mortgage	
Supplies/Equipment	
Utility Assistance	
Total Amount Requested	
Annual Agency Operating Budget	

***Please attach a Program Budget indicating how these funds will be used.**

How long have you provided this service in Citrus County, that EFSP funding is requested for?	
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The EFSP is a needs-based program for which clients must qualify.

Please provide a short narrative of the program(s) for which you are requesting funds and a clear program description.
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How are services tracked/monitored and who reviews information? (Please be specific)	
What is the target population?	
How frequently is client data information summarized and reviewed?	
Who reviews the information?	
Please list disqualifying criteria.	

What criteria determine client's eligibility and describe intake method/procedures?

In your most recent fiscal year, how many clients were assisted by this program and what was the total cost?

Please use the chart provided at the back of the application to help answer the following questions:

If you are requesting any funds from Category (A)(B)or(C) please be specific in answering the following question.

What are your present resources for acquiring food?

If you are requesting any funds from Category(s) (D) (E) (F) (G) or (H) please be specific in answering the following questions.

Are there any other client eligibility requirements?

Required Attachments to Proposal (Mandatory)

Attachment A: Current Board Member Listing with contact information.

Attachment B: Copy of IRS 501 (c) (3) letter.

Attachment C: Copy of agency's most recent annual audit, if applicable.

Attachment D: 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 E: Copy of Program's Budget for awarded funds.

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 client information and agree to share the information. The only exception is CASA 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 Representative)		Signature : (Board President or Executive Board Officer)	
Title:		Title:	
Date:		Date:	

Explanation of Service Categories

- A. Food:**
- a. Served Meals: category pertains to hot or cold meals prepared and served by the agency either at their facility or delivered to clients.
 - b. Mass Feeding: Food Purchases: Eligible expenditures include: food (hot meals, groceries). Dessert items used as part of a daily meal plan may be purchased in limited amounts.
- B. 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.
- C. Other Shelter:** category pertains to LRO's, which use funds to provide shelter outside of their own facility (motel).
- D. Rent/Mortgage:** category pertains to funds allowed to provide clients with rent/mortgage assistance
- E. Supplies / Equipment:** category includes all supplies and equipment purchased for use in mass feeding or sheltering facility.
- F. Utilities:** category pertains to LRO's, which will use funds to provide clients with energy assistance (Water/Gas/Electric).
- G. LRO:** initials represent "Local Recipient Organization"
- H. EFSP:** initials represent "Emergency Food & Shelter Program"