

**Emergency Food & Shelter Program
Phases 39, 40 & ARP
Request for Funding Proposal
Application**

Please email Stacey Piecuch at spiecuch@svuw.org with the counties and phases you intend to apply for by August 4, 2023. You will then receive a personalized link for you to upload your application and all necessary documents.

Applications and all required attachments are due by August 11, 2023.

SECTION I: AGENCY INFORMATION

Agency's Legal Name: _____

Agency Principal: _____

Physical Address: _____

City, State, Zip (plus 4): _____

Mailing Address: _____

City, State, Zip (plus 4): _____

Congressional District (where Agency is physically located)

Agency address for Place of Performance: _____

City, State, Zip (plus 4): _____

Congressional District where EFSP funded services will be provided: _____

Agency Contact for Application questions:

Phone: _____ Fax: _____

Email: _____

Agency Contact for EFSP, if funded

Phone: _____ Fax: _____

Email: _____

Agency Web Site: _____

Agency Federal Employer Identification Number (FEIN): _____

Unique Entity Identifier (UEI): _____

Is Agency a non-profit or unit of Government: _____

Agency's Total Operating Budget: _____

Is the agency debarred or suspended from receiving funds or doing business with the Federal Government? Yes No

What is your mission statement?

What programs/services did your agency provide during the past year? (total agency i.e. educational programs, shelter program, food bank, etc.) *If applying for multiple county funding, please specify programs by county.

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 for emergency food, feeding, and shelter programs for the homeless and at-risk families/individuals. Will the program/services continue at the conclusion of these phases 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?)

SECTION 3: PROGRAM DESCRIPTION

Check Counties and/or Phases you would like your application to be considered for:

Snyder:	___ Phase 39	___ Phase 40	___ ARPAR
Union:	___ Phase 39	___ Phase 40	___ ARPAR
Northumberland:	___ Phase 39	___ Phase 40	___ ARPAR
Montour:	___ Phase 39	___ Phase 40	___ ARPAR

What is the amount of EFSP funding requested by program area AND by Phase (food, rent, utilities, etc.)? If applying for multiple counties, please add additional lines to reflect all counties and phases you are applying for.

Phase 39: _____

Phase 40: _____

ARPAN: _____

What is the Agency's budget for the program area(s) requested (food, rent, utilities, etc.)? (attachment required?)

Please provide a summary statement of the program for which you are requesting funds. *If applying for multiple county funding, please specify.

What are the eligibility criteria for clients requesting services?

How many clients did the agency serve last year for the program(s) EFSP funding is being requested for? *If applying for multiple county funding, please specify by county.

Additional comments/information pertaining to the EFSP program that you would like the Board to consider.

SECTION 4: Budget Form

Please report anticipated expenditures and units of service, and your EFSP Request in the blanks provided below. *If applying for multiple county funding, please complete one per county.

Program	Total Expenditures	Units of Service	Phase 39 Request (\$)	Phase 40 Request (\$)	ARPAR Request (\$)
Served Meals		# of meals			
Other Food		# of meals			
Mass Shelter		# of nights			

Other Shelter		# of nights			
Supplies/Equipment for mass feeding/shelter site		XXXXXXXXXX X			
Emergency Repairs for mass feeding/shelter site		XXXXXXXXXX X			
Rent/Mortgage		# of bills			
Utilities		# of bills			
Administration		XXXXXXXXXX X			

TOTAL					
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EMERGENCY FOOD & SHELTER CHECKLIST

Please use this checklist to provide the Local Emergency Food and Shelter Board with the following information:

Non-profit Organizations:

_____ Provide a copy of your latest audit or similar monitoring document indicating that financial accounting is consistent with standard accounting practices.

_____ Provide a list of your Board of Directors.

_____ Provide a copy of a document verifying your 501(c)3. Status. (*)

_____ Provide a copy of your Bylaws. (*)

_____ Provide a copy of your PA charitable organization certificate if applicable. (*)

_____ Provide a copy of your Current Agency budget

(*) These items needed first year of application or if the documentation has changed unless requested by the local board.

Government Agencies:

_____ Provide a copy of your Current Agency budget

APPLICATIONS AND REQUIRED ATTACHMENTS ARE DUE BY August 11, 2023

Reminder: A zoom information session will be held Wednesday, August 2, 2023 at 2pm. The session will be recorded for those unable to attend. Please bring all questions to the information session.

Zoom Link:

<https://us06web.zoom.us/j/87305210199pwd=bnJzTlk4ZUJUVHR6Vmw1YjJBZlhwUT09>