



**Five County Emergency Food & Shelter
Program Application
PHASE 37 (FY19)
and
PHASE CARES (FY 2020 COVID-19
Supplemental Funds)**

Organization:

Submitted by:



Funding Period – Phase 37 & Phase CARES

Basic Agency Information

Agency's Legal Name:

Agency's Mission:

Is the Organization a non-profit or unit of Government?

Agency Federal Employer ID (FEIN):

Agency DUNS Number:

Executive Director:

Program Contact Person (A person who will be available via phone during the allocations process to clarify any questions that the Allocations Committee may have.):

Program Contact Person Phone Number:

Program Contact Person Email Address:

Agency Mailing Address:

Agency Physical Address(s):

Agency Phone Number:

Agency Fax Number:

Agency Website:

Pre-Award Risk Assessment

If a non-profit, please list your board members (If Government, please put N/A):

Does Your Agency Conduct an Annual Audit?

Date of Most Recent Independent Audit:

Is Your Organization New To Managing Federal Funds in the Last 2 Years?

Please list monitoring visits from Five County AOG or other state/federal programs in the last two (2) years (Put "None" if no monitoring visits have occurred).

Please list any findings or corrective actions identified by either the independent audit or monitoring visit(s). (Put "None" if no findings or corrective actions were identified).

Has Your Organization Managed EFSP Funds for Less than Two Years?

Has there been change in program management, an increase in staff turnover, an agency reorganization and/or a new system implementation?

If there has been changes in management, increase in staff turnover, or reorganization, please describe:

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Has the organization been untimely in submitted applications, contracts, fiscal reporting, budgets, or other documents (including other grants):

Does your organization have a financial management system in place to track and record expenditures? If no, describe the fiscal management process used. (example: QuickBooks, Visual Bookkeeper, Socrates Media, Peachtree or a Custom Proprietary System)

Does the accounting system identify the receipts and expenditures of program funds separately for each award? (This means that EFSP funds are separated from other federal awards on the ledger. If no, explain how this is tracked).

Did your agency receive EFSP allocations in the past? If so, was it necessary to return any unused portion of the allocation? If so, when and how much was returned?

EFSP Program Information

Name of program or service for which you are requesting funding. State the agency's rationale and need for the program, including supporting statistics.

EFSP does not fund start-up programs or administrative costs. Is the agency currently providing services which will be augmented or expanded with EFSP funds?

If not, how will services continue should you not receive EFSP funds?

Please provide a description of the program for which you are applying. Include locations where services are provided:

Briefly describe your current procedures for screening and intake, including determination of client's eligibility.

When/where will the service be delivered? (Provide address, specific days and times).

What service(s) will be delivered with EFSP funding?

Do you charge your clients for any portion of the program?

Keeping in mind EFSP does not pay salaries, explain staffing for the services(s) for which the agency is requesting funds.

Since EFSP requires funded agencies to accept community referrals, what procedure does your agency have in place to assure compliance? For example, a Centralized Referral and/or Intake & Assessment.

EFSP Budget Information

Total Agency Budget:

Total Program Budget:

How much EFSP funding is being requested for both Phase 37 and Phase CARES?

Which EFSP Allowable Activity is Your Agency Applying For?

What is the service unit(s) being offered? How many total service units will be provided with proposed EFSP funds?

How many unduplicated individuals will be served with EFSP funding (estimated)?

What Other Community Partners Leverage Your Project and Coordinate with your Service?

If your agency was scored the same as another agency, why should the Five County Emergency Food and Shelter Program Board prioritize your agency over another? What is unique that makes your agency stand out?

How has your program helped to off-set the affects of the COVID-19 pandemic?

If your program is awarded COVID-19 supplemental funding, how are you best positioned to off-set the affects of the COVID-19 pandemic?

Is there other information your agency would like to add to this application?

EFSP CERTIFICATIONS

PLEASE NOTE: Five County Association of Governments, Community Action Partnership's total award notice(s) has/have not yet been announced. Therefore, the amount of funds available for awards is undetermined at time of publication. Consideration of all requests for funds will be contingent upon the actual award notification(s) from the State of Utah/EFSP National Board and there is no guarantee of any specific and/or a particular level of funding.

Please also be aware that all recipients of EFSP may be asked to submit a LOR Document prior to receiving funding.

I indicate that my agency understands the above statement regarding funding.

The bidder hereby assures that the Request for Proposal has been reviewed by the organization's governing body and the body has authorized submission of a proposal; that the person identified as "bidder's representative who is the authorized negotiator" has been authorized by the governing body to represent the organization for the purposes of the submission of a proposal and contract negotiation; and that the organization intends to provide services according to the information contained in this Proposal, if selected and funded to do so.

To the best of my knowledge and belief, the data in this proposal is true and correct and the governing body of the applicant has duly authorized the enclosed documents. I understand that incomplete applications or applications submitted after the deadline will not be accepted or reviewed. By signing below, the undersigned acknowledges having read and understood the program guidelines and will be able to fully comply with the provisions of these guidelines as well as any and all additional applicable federal, state and local requirements, including procurement and financial management.

Signature Executive Director/Administrator

Position

Print Name

Date