



**Montgomery County, Office of Housing & Community Development
FUNDING APPLICATION FORM**

**Emergency Food and Shelter Program (EFSP) – Montgomery County Jurisdiction
Phase 34 - Spending Period: 10/1/2016 – 09/30/2017**

EFSP is a restricted federal grant with funds made available through the U.S. Department of Homeland Security/Federal Emergency Management Agency. The Montgomery County Office of Housing and Community Development administers the EFSP program through the Your Way Home (YWH) Montgomery County Continuum of Care Governance Team, which also serves as the EFSP Local Board for the Montgomery County jurisdiction. The vision of YWH is to make the experience of homelessness rare, brief and non-recurring.

Please answer the following questions in the space provided. Additional pages and attachments **other than** those requested will not be reviewed. Proposals will be considered only if all appropriate questions are answered.

Applications are due to the Montgomery County Office of Housing & Community Development by **10:00AM ON FRIDAY, JULY 14, 2017.**

Please do not use application forms from previous EFSP phases.

Name of Organization:			
Federal ID #:	-	Agency's DUNS # (REQUIRED):	- -
Mailing Address:			
Executive Director:			
Contact Name:			
Contact Title:			
Phone #:		Fax #:	
Email Address:			
Total amount of EFSP funds requested, by category:	Mass Shelter: \$ Mass Feeding:\$ Other Food: \$ Rent/Mortgage:\$ Utilities Assist:\$ Other Shelter:\$	Total budget for the Program(s) for which EFSP funds are requested:	Mass Shelter: \$ Mass Feeding:\$ Other Food: \$ Rent/Mortgage\$ Utilities Assist:\$ Other Shelter:\$
Total budget for your agency's current fiscal year:	\$	Number of paid staff in your organization:	

To the best of my knowledge, the information in this application is true and correct. **I understand that incomplete applications and applications submitted after the deadline will not be accepted.**

Name: _____

Title: _____

Date: _____

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I. PURPOSE OF THE GRANT

The Local Board has chosen to allow requests for the following types of programs – please indicate the program services you are applying for by checking the box(es):

Mass Shelters with beds serving populations including but not limited to families, including safe havens (as defined by 42 U.S.C. § 11392). *Note: EFSP per-person per-diem is \$12.50 per bed, per night. (A spreadsheet/report specific to spending period date range/#of bed nights will be required for final reporting.)

- a. Average # of beds per night to be funded by EFSP: _____
- b. Total # nights of care (in spending period): _____

Mass Feeding/Served Meals

*Note: Mass shelter providers may utilize their \$2.00 per diem/meal served for costs related to regular served meals and NOT for special holiday meals. (Spreadsheet/Report specific to spending period date range/# of bed nights will be required for final reporting.)

- a. Average # of meals per day to be funded by EFSP: _____
- b. Total # of meals served in spending period: _____

Rent, Mortgage, Utility Assistance programs, with descending service priority as follows. (Spreadsheets, letters from landlords/mortgage companies, utility billing and payment history, Motel/Hotel receipts, etc. and other documentation will be required for final reporting.):

- Emergency rent assistance
- Emergency utility assistance (gas, electric, water, sewer)
- Emergency mortgage assistance
- Emergency off-site lodging hotel/motel assistance

Other Food Purchases (for Food Banks, Pantries and Other Food providers). (Spreadsheet/Report specific to purchased food reimbursement during spending period date range, vendor invoices/receipts, check payment copies –credit card statement and payment copies, and bank statements required for final reporting):

- Other Food purchases (food and diapers only)

Multi-agency proposal

Does your organization provide these services with funds other than EFSP?

- Yes No

Is, or was, your agency debarred or suspended from receiving funds or doing business with the Federal government?

- Yes No

II. GENERAL AGENCY / PROGRAM INFORMATION

1. As an attachment to this application form, please provide information about the following items. Please be specific to the spending period, and limit your response to two single-spaced pages (Also see **Funding Application Checklist** on the last page for a list of additional documentation required with this application).
 - a. The mission and history of your organization.
 - b. The organization’s previous and current capability to provide those services for which funding reimbursement is sought.
 - c. Your organization’s impact in preventing or ending homelessness for the clients you serve.
 - d. The overall goals for the program(s).
 - e. The services that were/will be provided.
 - f. The program results or outcomes.
 - g. The staff (background and number of) who operate the program(s).
 - h. The number of persons served/to be served.
 - i. Any specific sub-group(s) that were/will be targeted.
 - j. How clients enter and are terminated from the service, including your intake/admission procedures.
 - k. The way(s) in which this program represents an expansion of existing services.
 - l. The way(s) in which clients are enrolled in public benefits (SNAP, SSI, etc.).
 - m. Your relationship with any other organizations or institutions that may be cooperating/have cooperated in the program. Please include how your agency relates to other agencies, initiatives, and strategies.
 - n. The sources of funding for the program.

III. SPECIFIC INFORMATION BY PROVIDER TYPE

ONLY COMPLETE SECTIONS THAT APPLY TO YOUR REQUEST

A. MASS SHELTERS

Please provide information about funding you expect to receive from other sources for use of services pertaining to the Phase 34 spending period in particular (See page 1 header for specific period date range).

Major funding sources expected for services during Phase 34 spending period	Funding Amount	Confirmed? Yes or No
1.	\$	
2.	\$	
3.	\$	

NOTE: Rent and fees cannot be charged for EFSP-funded shelter beds.

Does your agency have shelter beds that are funded by sources other than EFSP?

YES NO

If yes, please provide the following information about these shelters:

Shelter Name and Address	Total # Beds (Legal Capacity)	Major Funding Source(s)	# Beds Funded by these sources
1.			
2.			
3.			

B. MASS FEEDING/SERVED MEALS

Major funding sources expected for services during Phase 34 spending period	Funding Amount	Confirmed? Yes or No
1.	\$	
2.	\$	
3.	\$	

C. OFF-SITE LODGING EMERGENCY ASSISTANCE (OTHER SHELTER)

1. Indicate the number nights of non-mass shelter/off-site emergency lodging you propose to/provided during the spending period (see page 1 header for specific period date range).

HOTEL/MOTEL- Major funding sources expected for services during Phase 34 spending period	Total # Nights	# OTHER Funding Nights	# EFSP-Funded Nights
Other, please specify:			

OTHER TYPE (BE SPECIFIC) - Major funding sources expected for services during Phase 34 spending period	Total # Nights	# OTHER Funding Nights	# EFSP-Funded Nights
Other, please specify:			

D. PROVIDERS OF OTHER FOOD (for Food Pantry use)

Please provide information about funding you will receive from other sources for services during the spending period (see page 1 header for specific period date range).

Major funding sources expected for services during Phase 34 spending period	Funding Amount	Confirmed? Yes or No
1.	\$	
2.	\$	
3.	\$	

E. RENT/MORTGAGE EMERGENCY ASSISTANCE

Please provide information about funding you will receive from other sources for services during the spending period (see page 1 header for specific period date range).

Major funding sources expected for services during Phase 34 spending period	Funding Amount	Confirmed? Yes or No
1.	\$	
2.	\$	
3.	\$	

F. UTILITY EMERGENCY ASSISTANCE (gas, electric water, sewer)

Please provide information about funding you will receive from other sources for services during the spending period (see page 1 header for specific period date range).

Major funding sources expected for services during Phase 34 spending period	Funding Amount	Confirmed? Yes or No
1.	\$	
2.	\$	
3.	\$	

IV. SUBMISSION OF APPLICATION AND ATTACHMENTS

Funding Application Checklist

All Applicants

- Application Form

- Agency-wide Budget (related to spending period)

- Board of Directors Roster (current)

- Agency's IRS Tax Exemption letter

- Two-page maximum "General Agency/Program Info" description (see Section II)

- Most recent audited financial statement. Agencies requesting less than \$99,999 in EFSP funding may provide an annual accountant's review in place of audited financials.

- An Itemized Budget of the program(s) for which EFSP funds are requested (in spending period):
 - a. **Budget Related to Requests for Shelter Funding**
Budget should cover those shelter locations where EFSP dollars were/will be used. Awards will be made based on a per diem reimbursement of \$12.50 per person per night of shelter care.

 - b. **Requests for all other types of funding**
Budget should cover those locations where EFSP dollars were/will be used.

The deadline for submission of applications is 10:00AM on Friday, July 14, 2017. Applications received late will not be reviewed.

Applications are due by US Mail to: The Office of Housing & Community Development, Human Services Center, PO Box 311, Norristown, PA 19404-0311

or by Physical Delivery: Office of Housing & Community Development, Montgomery County Human Services Center, 5th Floor, 1430 DeKalb St, Norristown, PA 19404-0311