



**EMERGENCY FOOD AND SHELTER GRANT PROGRAM (EFSP)
FUNDING APPLICATION**

**Montgomery County, Office of Housing & Community Development
PA-504- Your Way Home (YWH) Montgomery County CoC**

PHASE 36 - Spending Period: 6/1/2019 – 05/31/2020

EFSP is a restricted federal grant with funds made available through the U.S. Department of Homeland Security/Federal Emergency Management Agency. Phase 36 Notice of Funding Availability has not yet been announced, therefore the County and the EFSP Local Board do not know, at this time, the amount of funding that will be available to distribute to eligible applicants. 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 **12:00NOON, FRIDAY, MARCH 29, 2019.**

Please do not use application forms from previous EFSP phases.

Name of Organization:			
Federal ID #:	-	Agency's DUNS # (REQUIRED):	- -
		Non Profit:	<input type="checkbox"/>
		Government:	<input type="checkbox"/>
Mailing Address:			
Executive Director:			
Contact Name:			
Contact Title:			
Phone #:		Fax #:	
Email Address:			
Address for Place of Performance (<i>where EFSP funded services are to be provided</i>)			
Congressional district where agency is physically located		Congressional district of Place of Performance	
EFSP Funding Request	EFSP Funding Request Breakdown	Total Program Budget	Total Program Budget Breakdown
Total amount of EFSP funds requested (all categories): \$	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): _____
- c. Total Funding Requested for Mass Shelter (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: _____
- c. Total Funding Requested for Mass Feeding/Served Meals (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, including payment backup documentation will be required for final reporting.):

- Emergency rent assistance
- Emergency utility assistance (gas, electric, water, sewer)
- Emergency mortgage assistance

- a. Total Funding Requested for Emergency Rent Assistance, Emergency Mortgage Assistance or Emergency Utility Assistance (in spending period): \$_____

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)

- a. Total Funding Requested for Other Food Purchases (in spending period): \$_____
-

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

Will the project abide by the most current EFSP Requirements and Responsibilities Manual published annually by the EFSP National Board?

Yes No N/A

Will the agency agree to add or update its listing in the 2-1-1 database?

Yes No

Does the project agree to accept referrals from Your Way Home's Coordinated Entry (2-1-1)?

Yes, 100% of project recipients will be referred from YWH Coordinated Entry

Yes, project will accept referrals from YWH Coordinated Entry and other sources (walk-ins, word of mouth, etc.)

No, project will not accept referrals from YWH Coordinated Entry

Is this project currently an active program or service in the county's HMIS system? (If you are a domestic violence agency, is the project actively using a comparable HMIS system?)

Yes No

If no, please describe the agency's technological ability to join the county's HMIS system (or use a comparable database if you are a DV agency):

Does your agency have any outstanding monitoring issues?

Yes No

If yes, please comment on the status or steps your organization is taking toward resolution of these issues:

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). The services that were/will be provided.
 - e. The program results or outcomes.
 - f. The staff (background and number of) who operate the program(s).
 - g. The number of unduplicated persons served/to be served in a program year.
 - h. Any specific sub-group(s) that were/will be targeted.
 - i. How clients enter and are terminated from the service, including your intake/admission procedures, geographic restrictions or requirements, and rules for participating or remaining in the program/service.
 - j. The way(s) in which this program represents an expansion of existing services.
 - k. The way(s) in which clients are enrolled in public benefits (SNAP, SSI, etc.).
 - l. 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.
 - m. 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 36 spending period in particular (See page 1 header for specific period date range).

Major funding sources expected for services during Phase 36 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)	Funding Amount	# Beds Funded by these sources
1.			\$	
2.			\$	
3.			\$	

B. MASS FEEDING/SERVED MEALS

Major funding sources expected for services during Phase 36 spending period	Funding Amount	Confirmed? Yes or No
1.	\$	
2.	\$	
3.	\$	

C. 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 36 spending period	Funding Amount	Confirmed? Yes or No
1.	\$	
2.	\$	
3.	\$	

D. EMERGENCY RENT/MORTGAGE 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 36 spending period	Funding Amount	Confirmed? Yes or No
1.	\$	
2.	\$	
3.	\$	

E. EMERGENCY UTILITY 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 36 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 **12:00NOON on Friday, March 29, 2019.** Applications received late will not be reviewed.

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

or by Physical Delivery: Office of Housing & Community Development, Montgomery County Human Services Center, 3rd Floor, 1430 DeKalb St, Norristown, PA 19404-0311