**PHASE 40**

**Lyon County, NEvada**

**Emergency Food and Shelter Program EFSP**

**Request for Funding Application for Organizations**

The intent of this program is to **supplement and expand ongoing existing efforts** to provide shelter, food and supportive services and not to substitute or reimburse ongoing programs and services or to start new programs. If your agency does not have an existing funded program in the category/ies in which you are applying, you are not eligible to apply. The program must be currently operating and serving people, even without EFSP funding. A separate application must be submitted for each jurisdiction**.** The required category forms will be different for each jurisdiction and are required to be submitted separately. Completion of an application is **NOT** a guarantee of funding. Funding is limited and this is a competitive grant.

|  |
| --- |
| **JURISDICTION: Lyon County**  |
| **CONGRESSIONAL DISTRICT (PHYSICAL LOCATION):** [ ] CD2 [ ] CD4 |
| **LRO STATUS:** Is the applying organization an existing and recent EFSP Local Recipient Organization (LRO)?[ ]  Yes [ ]  No, the organization is new to EFSP (or) it has been more than 3 years since we last received funding.If yes, in which phases did you receive funding:[ ]  39 [ ]  ARPA-R [ ]  38 [ ]  CARES [ ]  37  If yes, under what LRO ID number(s) are you requesting new funding, e.g. 589600-001 and 5886600-003? LRO ID numbers are unique to each jurisdiction; please list all here:  |

|  |  |
| --- | --- |
| **Legal Name of Organization/Agency:** |  |
| D.B.A. (If different than above): |  |
| Federal Employer Identification Number (FEIN): |  |
| Unique Entity Identifier (UEI): | This is a different number. Do not copy the previous DUN. |
| Year Organization Established: |  |
| Physical Address: |  |
| Mailing Address: |  |
| Place of Performance, including physical address (where services are delivered): |  |
| Agency Website: |  | Fax: |  |

**For Local Board Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Funded** | **Category** | **Amount** | **Award Date** |
| ❑ Yes ❑ No ❑ N/A | Served Meals |  |  |
| ❑ Yes ❑ No ❑ N/A | Other Food |  |  |
| ❑ Yes ❑ No ❑ N/A | Mass Shelter |  |  |
| ❑ Yes ❑ No ❑ N/A | Other Shelter |  |  |
| ❑ Yes ❑ No ❑ N/A | Rent/Mortgage Assistance |  |  |
| ❑ Yes ❑ No ❑ N/A | Utilities Assistance |  |  |

**CONTACT INFORMATION**

Provide the names and contact information for all staff members of the agency who are responsible for the program receiving funds from the Emergency Food and Shelter Program. The Program Contact is the primary person who will be administering the program within the agency and serves as the primary contact between United Way of Northern Nevada and the Sierra and the agency. The Application Contact is the person to whom communication regarding the application should be directed. Additional individuals who should be included in occasional communications, e.g. a grants administrator or financial services officer, may also be included in the contact list under other, but they will not be guaranteed to receive all communications.

**The first person listed is the primary contact person at the agency who will be contacted by either UWNNS/the Local Board or EFSP National. One person serves in this role and will be listed on the**

**EFSP National website under contact information and with signature authority.**

|  |  |
| --- | --- |
| **Primary EFSP Contact Name:** |  |
| Primary EFSP Contact Title: |  |
| Primary EFSP Contact Telephone: |  |
| Primary EFSP Contact Email: |  |

|  |  |
| --- | --- |
| **Agency Director/CEO Name:** |  |
| Agency Director’s Title |  |
| Agency Director Telephone: |  |
| Agency Director Email Address: |  |

|  |  |
| --- | --- |
| **Program Contact Name:** | This is the frontline person who runs the program at your agency. |
| Program Contact Title: |  |
| Program Contact Telephone: |  |
| Program Contact Email Address: |  |

|  |  |
| --- | --- |
| **Application Contact Name:** | Insert Here: This is generally the primary contact; this person will receive the award letter (or) denial of award letter (following Local Board determination of awards. |
| Application Contact Title: |  |
| Application Contact Telephone: |  |
| Application Contact Email Address: |  |

|  |  |
| --- | --- |
| **Board Chair Name (if applicable):** |  |
| Board Chair Title: |  |
| Board Chair Telephone: |  |
| Board Chair Email Address: |  |
| Board Chair Address: |  |

|  |  |
| --- | --- |
| **Additional Contact Name:** |  |
| Additional Contact Title: |  |
| Additional Contact Telephone: |  |
| Additional Contact Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  **The Organization:** | **YES** | **NO** | **N/A** |
| Is either a [ ]  nonprofit, [ ]  faith-based agency, or an [ ]  agency of government |  |  |
| Has an accounting system & uses Generally Accepted Accounting Principles |  |  |
| Conducts an independent annual audit *(if no, request a full budget form)*

|  |
| --- |
| **Date of most recent audit:** **Prepared by:**   |

 |  |  |
| Practices non-discrimination according to federal and Nevada State law (*LRO’s with a religious affiliation will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling with allocated funds nor require participation in religious services as a requirement to receive assistance with awarded funds.)* |  |  |
| Has a voluntary Board of Directors. If no, please explain. |  |  |
|  **The Organization:** | **YES** | **NO** | **N/A** |
| Agency must be fully operational with no budget shortfalls. Is this a fully operational agency with no budget shortfalls? If not, you are not eligible to apply. |  |  |  |
| If funded by the Emergency Food and Shelter Program (EFSP) in the past or present, has abided by the reporting requirements set by EFSP, in this and any other jurisdiction. Past LROs who have not submitted required reporting are ineligible. |  |  |  |
| If funded by the Emergency Food and Shelter Program in the past, program has returned funds or not received full award amount. If yes, provide a brief explanation in a separate document. How much? For which categories? Why? |  |  |  |
| Has your organization returned funds to any other non-EFSP grant? If yes, please provide a brief explanation in a separate document. If so, how much? For what was the funding? Why? |  |  |  |
| Has your organization been debarred or suspended from receiving funds or doing business with the Federal government?  |  |  |  |

**The following questions must be completed in order to assist with the consideration of funding:**

1. Describe your organization/agency.
2. Agency must have the demonstrated ability to provide food, shelter or other assistance. Agency must have an existing funded program for which additional funding will allow agency to serve people beyond the current clientele. What is your agency’s experience in providing the assistance for which you are requesting funds? Please describe your existing program(s), including the current amount of funds you have budgeted for the program.
3. Agency must have staff and capacity to take on the additional responsibility of these funds. Please describe the staff and capacity available to fulfill this responsibility, including required documentation and reporting.
4. If funded, program description and contact information may be listed on the UWNNS website and shared with Nevada 2-1-1. Please include the information for the website here:
5. Although not required, please share what capacity your agency has to serve individuals who are Spanish speaking only, e.g. is your application offered in Spanish?

**FUNDING REQUEST (original page 4)**

Write in the amount requested for EFSP dollars that coincides with the category(ies) for which you are applying.**The Estimated Number must be the number you anticipate serving with the requested Emergency Food and Shelter Program dollars ONLY.** This should be an unduplicated number of people, except for the food and mass shelter categories. **Submit with application the required completed documents for the category(s) you are requesting funding in.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Category Description** | **Amount Requested** | **Estimated Number** |
| A | **Served Meals** - *Any food used in served meals (cold or hot); per meal allowance of $3.* | $ | (meals) |
| B | **Other Food** *(nonperishable/perishable)* – *For food banks/pantries and other food providers. Eligible expenses include food purchased for distribution.* | $ | (meals) |
| C | **Mass** **Shelter** – *(on site shelter with 5 or more beds in one location). Direct expenses associated with housing a client (supplies, linens, etc); transportation costs; daily allowance of $12.50.* | $ | (bed nights) |
| D | **Other** **Shelter** - *Off-site emergency lodging (room and tax only) in a hotel/motel or other off-site shelter. Limited to 30 days assistance, unless approved by Local Board. You may not operate as a vendor for yourself or another organization.* | $ | (nights) |
| E | **Rent**/**Mortgage** – *Past due rent or mortgage payment (P&I only); current rent or mortgage due within 5 calendar days; first month’s rent, lot fee for mobile homes. Limited to one month’s costs for an individual/family, unless approved by the Local Board.* | $ | (bills paid) |
| F | **Utilities** - *Past due bills, or current bills due within 5 calendar days; for gas, electricity, oil, water, reconnect fees. May pay budget or actual amount. Limited to one month’s amount (unless approved by the Local Board) that is part of the arrearage at the time of payment or current one month amount. One time delivery of firewood, coal, or propane.* | $ | (bills paid) |
|  | **TOTAL FUNDING REQUEST** (A+B+C+D+E+F) | **$** |  |

**DEADLINE FOR APPLICATIONS – 5:00 p.m. on Wednesday, March 1, 2023**

1. **Email a copy of the completed application, category section document(s), and all required attachments to: EFSP Local Board at communityimpact@uwnns.org. Email(s) must be received by 5:00 p.m. on March 1, 2023.**

**(2) AND mail or hand deliver the signed original (with required attachments) to:**

United Way of Northern Nevada and the Sierra

 ATTENTION: EFSP

 639 Isbell Road, Suite 460, Reno, NV 89509

**Incomplete, late or faxed applications will not be accepted.**

**Hand delivered applications will be accepted provided they are received in the UWNNS Office by 5:00 p.m. on the day of the deadline.**

**Mailed applications must be postmarked no later than above deadline.**

**Executive Director/CEO’s Statement of Understanding**

To the best of my knowledge and belief, the information presented in this application and attached is true and correct. I understand that my agency, if awarded, will be accepting federal funds that have restrictions and documentation requirements as a part of the award. I understand that my agency is responsible for returning any funds for which we fail to spend on approved eligible expenses or fail to provide clear, legible, and approved documentation. EFSP National has very specific documentation requirements for each funding category that must be met and requires that all bills/invoices are paid in a timely manner. I understand that EFSP National is the final authority regarding acceptance of required documentation, including determining eligible and ineligible expenses.

I understand that my agency (LRO) must pay for all eligible program expenses by an EFSP approved method of payment. Using any other method of payment, including third party vendors like Bill.com, automatically makes the purchase ineligible. The only approved payment methods are:

* LRO check,
* LRO debit card,
* LRO credit card (i.e., American Express, Visa),
* Electronic payment from LRO’s bank account.

I understand this program does not allow the reimbursement of staff/volunteers, other LROs or any party other than the vendor of services. Cash payments are ineligible. The use of personal debit cards or credit cards is not allowed.

I will ensure that appropriate staff participate in any provided training or orientation and read the EFSP manuals and addendum provided by EFSP National. The Local Board, through United Way of Northern Nevada and the Sierra, will provide a timeline for the grant, including the spending period and deadlines.

I understand that should my agency be found out of compliance for any previous phase, the compliance issue must be resolved within 45 days of first notification. Should the non-compliance NOT be resolved within this time frame, any pending or unspent Phase 40 awards will be brought back to the Local Board immediately for reallocation. I understand that any portion of the unspent awards may be reallocated by the Local Board if they determine that my agency is not sufficiently progressing toward spending the full award by the end of the spending period.

Further, I also acknowledge and accept responsibility for maintaining a current contact with both the Local Board, through United Way of Northern Nevada and the Sierra, and EFSP National (through the national website).

Executive Director/CEO’s signature: Date: \_\_\_\_\_\_\_\_\_\_

**FUNDING REQUEST checklist – A Complete Application Must Include:**

❑ This document is the main application. A complete application includes the main application and all attachments outlined below. When emailing the application, consider the size of the files you are sending. Emails will bounce back or be rejected if attached files are too large. Do not send application materials for multiple jurisdictions in one email. For each email sent, in the subject line, the title should be “EFSP 40 Request for Lyon County and then include your organization’s name.” If your files are too large to be sent in one email, please include in the subject line: “1 of 3” or “2 of 2”, etc. to identify individual emails. Do not rename documents downloaded from the UWNNS website. For the required attachments, the requested name for each document is listed below.

**Submit the following required attachments with your application**:

❑ Completed documents for the category(ies) you are requesting funds in, e.g. other food, rental assistance. *Document Name: Do not change name; instead add your organization’s name at the end of the file title.*

❑ For those requesting rental/mortgage or utilities assistance, attach a copy of your application or other forms used by individuals seeking assistance. See the Category Form for instructions.

❑ Copy of two budgets that are the most recent Board approved: (1) Operating Budget (refers to your overall organization) and (2) Program Area Budget (refers to the program for which you are requesting funding). *Document Name: Either Program Area Budget or Operating Budget; add your organization’s name at the end of the file title.*

 ❑ The completed Summary Budget Worksheet in its original Excel format. Do not convert to a PDF. Do not scale down to size that is effectively 10 pt or smaller font size. The Local Board needs to be able to read it clearly. *Document Name: Do not change name; instead add your organization’s name at the end of the file title.*

❑ Copy of your 501(c) (3) tax-exempt status letter for your organization. If your organization does not have one, you must utilize the FEIN of a fiscal agent. A fiscal agent is another non-profit organization that may receive Emergency Food and Shelter Program dollars and maintains fiscal responsibility on behalf of another organization. *Document Name: Tax-Exempt + your organization’s name.*

❑ A Roster of the Agency’s Volunteer Board. This is a requirement for all non-profit organizations. *Document Name: Roster + your organization’s name.*

❑ Copy of your most recent audited financials (or) other financial review as follows:

* For LROs receiving $100,000 or more of federal funding, submit a copy of your most recent independent audit report.
* For LROs receiving between $50,000 to $99,999 of federal funds, submit your most recent annual accountant’s review (or the above audit report if no accountant’s review)
* For LROs receiving less than $50,000 in federal funds, submit a copy of your P&L for the last year.

If you have a very large file for your audit and make your audit available online (on your website), you may submit the web address for the most recent audited financials. Generally, this is appropriate for large city or county budgets. Submit document as *Document Name: Audit (or) Review (or) P&L + your organization’s name at the end of the file title.*

To Be Completed Prior to Submitting Application and Emailed as Instructed:

All applying agencies that received a past EFSP award, must log into the national EFSP website and confirm or correct both their contact and banking information within the EFSP National online system before submitting your application. After updating this information, **please email** communityimpact@uwnns.org and say “ I have confirmed that our contact and banking information is current in the EFSP portal for \_\_\_\_\_\_\_\_\_\_ (LRO #) in \_\_\_\_\_\_\_\_\_\_ (Jurisdiction).” Please repeat for every jurisdiction you are applying in as well as any past jurisdictions your agency has received an award under. Although not attached, we will confirm whether this has been received by the application deadline.