

EFSP LOCAL BOARD
City of Detroit and Wayne, Oakland, and Macomb Jurisdictions
Phase 29

APPLICATION PACKET

All of the attached must be completed, signed (if applicable), and returned as part of the application. Other documents created by your agency are also required to be included in the application.

Please use the Application Checklist (next page in this packet) to organize your application and to make sure that all items are included. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

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APPLICATION CHECKLIST

THIS CHECKLIST MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION.

Program name

LRO number

The following are the items that must be included in your application in order to be considered for funding.

- _____ Application Checklist
- _____ Cover Page
- _____ Program information
- _____ Appeals process
- _____ Funding request
- _____ Program income
- _____ Agency's annual operating budget (prepared and returned by applicant agency)
- _____ Narratives
- _____ LRO certification form
- _____ Fiscal conduit forms (3) - Form A must be returned; forms B and C are returned, if applicable
- _____ Roster of current voluntary board (prepared and returned by applicant agency)
- _____ Federal tax exempt letter (prepared and returned by applicant agency)
- _____ Non discrimination policy for services delivered - (prepared and returned by applicant agency)
(This policy addresses non discrimination for **clients**, not staff.)

APPLICATION FORMAT REQUIREMENTS

Typed, on 8 1/2 x 11 inch paper. Print on one side only. HANDWRITTEN APPLICATIONS WILL NOT BE CONSIDERED.

Submit one signed original, plus 2 additional copies.

Do not use staples or notebooks. Use paper clips and/or binder clips.

APPLICATION DEADLINE

The Phase 29 EFSP application deadline is January 28, 2011, at 4 p.m.

Faxed or emailed applications will not be accepted.

Postmarks are not considered to determine if deadline is met.

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

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COVER PAGE

Check one. A separate application must be filled out for each jurisdiction in which you are seeking funding. Please remember that City of Detroit funding must be spent only on City of Detroit clients, Wayne funding on Wayne clients, etc., and you must be able to document the spending.

1.

<input type="checkbox"/>	City of Detroit
<input type="checkbox"/>	Wayne
<input type="checkbox"/>	Oakland
<input type="checkbox"/>	Macomb

Please list all LRO numbers under which your agency has received funding in the past. Failure to list this may mean that your agency will be evaluated as a "new" agency and may affect Phase 29 funding.

2.

Jurisdiction	Agency
ex. 484400	000

3. Legal name of Agency

4. Program name

5. Mailing address

6. City

State
MI

Zip

7. Program site address

8. City

State
MI

Zip

9. Executive Director/CEO

10. Telephone

11. Email

Please choose your contact person carefully. Please be sure that the contact person's name, phone numbers, and email are accurate. Email will be used by both the Local Board and the National EFSP Board for almost all communication, including deadlines.

12. Contact person

13. Telephone

Fax

14. Alternate phone (cell or other)

LROs that are not able to check email 2 or 3 times each week and use it to communicate may have difficulty in meeting the requirements of a successful EFSP partner.

15. Contact person email - MANDATORY

16. What year did program begin delivering services?

17. What year did agency begin delivering services?

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.

Executive Director's signature

Date

Board chair's signature

Date

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PROGRAM INFORMATION

1. Please place an X in each month that the program provides services:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

2. Please write the times each day that the program provides services:

DAYS	Ex. Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
HOURS OPEN	4 - 7 p.m.							

3. Main cross streets _____

4. Approximate number of years receiving FEMA dollars _____

5. Active member of Gleaners
 Forgotten Harvest
 Macomb County Foodbank

6. Did you have EFSP non compliance in Phases 26 or 27? _____ Yes _____ No

7. Did you return EFSP funds in Phases 26, 27 or 28? _____ Yes _____ No

8. For mass feeding only -
 Do any staff have ServSafe certification? _____ Yes _____ No

Is your facility licensed by the Health Department? _____ Yes _____ No

9. Do you wish to use Gleaners as your fiscal conduit in Phase 29? _____ Yes _____ No
 If so, please complete both Fiscal Conduit forms found in packet.

(This allows agencies to use the purchasing power of Gleaners while Gleaners maintains all EFSP financial records on their behalf. A decision to use Gleaners as fiscal conduit is irrevocable during the entirety of Phase 29.)

Please note your affiliation, if any, with the following national organizations.

(For

10. _____ these purposes, EFSP agencies are NOT affiliated with United Way.)

- _____ Aging Council
 - _____ Community Action Agency
 - _____ Catholic Charities and other Catholic organizations (except St. Vincent de Paul)
 - _____ Church organizations or ministerial associations
 - _____ Coalition
 - _____ Food Bank
 - _____ Family Service America
 - _____ Government agency (except Tribal Government)
 - _____ Hotlines/Information and Referral/211
 - _____ Jewish Federations of North American and other Jewish organizations
 - _____ Labor Organizations
- (continued on next page)

- Meals on Wheels
- American Red Cross
- Salvation Army
- St. Vincent de Paul
- Travelers Aid
- Tribal Government
- Urban League
- United Way
- Veterans Organization
- YMCA
- YWCA
- Unaffiliated with any of the above, or no affiliation

11. If your program **targets** specific client populations, please choose the top three from the list below.

- Chemically addicted
- Domestic violence victims
- Elderly
- Families with children
- Mentally disabled
- Minorities
- Native Americans
- Physically disabled
- People with AIDS/HIV
- Single men
- Single women
- Unaccompanied minors
- Veterans
- Other (please describe)

12. Is any payment, attendance in classes or religious services, or volunteer work required of your clients in order to receive services funded by EFSP?

Yes No

If yes, please explain:

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APPEALS PROCESS

The EFSP Local Board is committed to fairness and openness in the EFSP funding process.

The Local Board for the City of Detroit and Wayne, Oakland, and Macomb jurisdictions has established the following appeals process for agencies that wish to contest the decisions of the local board in awarding EFSP funds.

Any organization or agency wishing to appeal funding decisions must submit notice of the appeal, signed by the chief volunteer officer of the organization making the appeal, to the local board chair within 15 working days of the date of mailing of the decision not to fund or incident prompting appeal.

To be considered a valid appeal, **the agency's reasons for appeal must fall within one or more of the following criteria:**

- Misunderstanding or factual error in the Local Board's evaluation or interpretation of the application;
- Other legal issues or concerns such as bias on the part of the Local Board or fraud or misuse of EFSP funds by other funded organizations, etc.

Appeals will not be heard on the following basis:

- Changes in the program or the organization after the application was submitted.
- Funding level
- Incomplete application
- Late submission of application

The appeal shall contain the following information:

- Name, address, and LRO number of organization
- Statement of all relevant facts and issues
- Relief or solution requested
- Supporting documentation for the appeal

The appeal shall be sent to:

Jacqueline Jones, Chair
EFSP Local Board Chair
United Way for Southeastern Michigan
660 Woodward Avenue, Suite 300
Detroit, MI 48226

Appeal process and timeline

1. Agency shall submit all appeals within 15 working days of the date of mailing of decision not to fund or incident prompting appeal.
2. A review panel consisting of the EFSP Local Board Chair and two additional Board members will determine if the appeal has merit and decide on a course of action, as appropriate.
3. A written response shall be provided to the appealing agency within 15 working days of when the appeal is received. Copies will be kept on file at United Way.
4. Agencies not satisfied with the local board's decision have the opportunity to communicate with the Emergency Food and Shelter Program National Board in accordance with National Board guidelines.

Reviewed and agreed upon by the Executive Director or similar authority:

Executive Director (or similar authority)

Date

Printed name

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FUNDING REQUEST

Requests for funding may be made in more than one category.

Please indicate below the categories and amounts for which you are applying for funding. Please be realistic in your requests; all funds must be spent at year's end. Please be aware that once funds are awarded to a category, Local Board approval is required to move funds between categories; this type of reallocation is discouraged.

The Estimated # should be the number of clients you anticipate serving with the requested EFSP funding ONLY.

The Priority ranks your request(s) in order of importance to your program and/or agency.

Category	Funding request (whole dollars only)	Estimated #	Priority for program
Served meals			
		(meals)	
Other food			
		(meals)	
Mass shelter			
		(bed nights)	
Other shelter			
		(nights)	
Rent/mortgage			
		(bills paid)	
Supplies/equipment			

Supplies/equipment is only available to agencies funded in served meals or mass shelter.

Rehabilitation - emergency repairs			
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Rehabilitation - emergency repairs is only available to agencies funded in served meals or mass shelter.

Utility assistance			
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(bills paid)

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PROGRAM INCOME

The intent of the Emergency Food and Shelter Program (EFSP) is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs.

Other funding sources must be in place in the programs for which you are applying and must be reported below.

If no funding other than EFSP is reported below, the application will be denied.

	FEMA/EFSP	Client fees	Agency support	Other funders support	Please list other funders	Total
Served meals						
Other food						
Mass shelter						
Other shelter						
Rent/mortgage						
Supplies/equipment	Supplies/equipment is only available to agencies funded in served meals or mass shelter.					
Rehabilitation - emergency repairs	Rehabilitation/emergency repairs is only available to agencies funded in served meals or mass shelter.					
Utility Assistance						
TOTAL						

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AGENCY'S ANNUAL OPERATING BUDGET

While the Program Income form (included in this packet) details the program's income, an annual operating budget for the agency is also required. Please include your agency's annual operating budget (as most recently approved by the Board of Directors) here.

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NARRATIVES

Please answer each of the following narratives on separate sheets of paper. Please provide a header for each narrative and clearly number each question as shown below. Handwritten narratives are not acceptable. Please use double spacing and print on one side of paper only.

- A. Agency and program background (0 points) – ALL applicants must complete this section – ½ page maximum**
1. What is the agency's mission statement? What is the program's mission statement?
 2. How will the EFSP grant improve your existing services?
- B. Demonstrated effectiveness (30 points) – ALL applicants must complete this section – 3 page maximum**
1. Describe your program's past services in the category in which funds are being requested. Include information on how long such services have been provided and how many clients were served in the last fiscal year. *10 points*
 2. How do you fund services when EFSP funding is not available? *5 points*
 3. Describe your agency's ability to staff the program in which EFSP funds are requested. Include in your answer professional titles, qualifications, and experience. *5 points*
 4. Describe how your program collects feedback from current and former clients regarding program effectiveness. Include in your answer any changes made as a result of feedback received. *5 points*
 5. List the additional supportive services, not funded by EFSP, which your agency/program provides on-site only. Be sure to include a brief description of each service. *5 points*
- C. Coordination and networking (10 points) – ALL applicants must complete this section – 1 page maximum**
1. Describe how your agency coordinates services with other social service agencies? (e.g., shared storage, volunteers, client referrals, deliveries or advocacy efforts). *5 points*
 2. Indicate which coalitions and advocacy groups your agency participates in. Include ways in which your agency advocates to improve the public response to hunger and homelessness, frequency of participation, and topics discussed when meeting. *5 points*

D. Accounting and fiscal reporting ability (30 points) – ALL applicants must complete this section – 2 page maximum

1. Describe how your agency will ensure EFSP funds will be used only for their intended purposes. *5 points*
2. Describe the administrative procedures you will employ to ensure accurate reports and fiscal control over EFSP funds. *5 points*
3. Describe the accounting procedures your agency will use to manage the funds your agency receives. (Include information related to payroll, disbursements, bank reconciliations, receipts, and financial reporting.) *10 points*
4. Who handles the accounting system for the program/agency? (Specify by name of staff, professional title, volunteer, or accounting firm.) *5 points*
5. If you received previous EFSP funding within the past three years, was it necessary to transfer funds to another agency or return unused funds to the Local Board? If so, when and why? *5 points*

E. Served meals – (30 points) ONLY answer this section if you are applying for Served Meals funding – 1 page maximum

1. How do you determine who is eligible for your served meal program? *5 points*
2. How many days of the week do you serve meals? What are the hours of operation during which clients can receive food? *10 points*
3. Describe the process for monitoring the program for which you are applying. What information will be tracked? How do you determine the effectiveness of the program? Who is responsible for evaluating the program? How is the information used to make adjustments and changes to your program? *10 points*

F. Other Food (30 points) ONLY answer this section if you are applying for Other Food funding – 1 page maximum

1. How do you determine who is eligible for your other food program. *5 points*
2. What records do you keep of the clients you serve? *5 points*
3. How many days of the week do you provide food? What are the hours of operation during which clients can receive food? *10 points*
4. Describe the process for monitoring the program for which you are applying. What information will be tracked? How do you ensure the quality of the service being provided? Who is responsible for evaluating the program? How is the information used to make adjustments and changes to your program? *10 points*

G. Mass shelter (30 points) ONLY answer this section if you are applying for Mass Shelter funding – 1 page maximum

1. How do you determine who is eligible for your mass shelter program? *5 points*
2. What records do you keep of the clients you serve? *5 points*
3. Describe how your services assist clients to become stable and placed in longer-term housing. Include information on how many of your clients have been placed in

transitional or permanent housing within the last year and how long these clients have remained housed as such. *10 points*

4. Describe the process for monitoring the program for which you are applying. What information will be tracked? How do you ensure the quality of the service being provided? Who is responsible for evaluating the program? How is the information used to make adjustments and changes to your program? *10 points*

H. Other Shelter (25 points) ONLY answer this section if you are applying for Other Shelter funding. Please note that clients can receive no more than 30 days of Other Shelter funded by EFSP. 1 page maximum

1. How do you determine who is eligible for your Other Shelter program? *5 points*
2. What records do you keep of the clients you serve? *5 points*
3. What criteria are used in choosing these facilities? Describe your methods in monitoring the hotels/motels used by your clients. *5 points*
4. Describe the process for monitoring the program for which you are applying. What information will be tracked? How do you ensure the quality of the service being provided? Who is responsible for evaluating the program? How is the information used to make adjustments and changes to your program? *10 points*

I. Rent/mortgage (35 points) ONLY answer this section if you are applying for Rent/Mortgage funding. 1 page maximum

1. How do you determine who is eligible for your Rent/Mortgage program? *5 points*
2. What records do you keep of the clients you serve? *5 points*
3. Describe the agency's methods for obtaining and validating all required documentation. *5 points*
4. Describe how your services assist clients to become stable and meet their rent/mortgage obligations through their own resources. *10 points*
5. Describe the process for monitoring the program for which you are applying. What information will be tracked? How do you ensure the quality of the service being provided? Who is responsible for evaluating the program? How is the information used to make adjustments and changes to your program? *10 points*

J. Utilities (35 points) ONLY answer this section if you are applying for Utilities funding. 1 page maximum

1. How do you determine who is eligible for your Utilities program? *5 points*
2. What records do you keep of the clients you serve? *5 points*
3. Describe the agency's methods for obtaining and validating all required documentation. *5 points*
4. Describe how your services assist clients to become stable and meet their utilities obligations through their own resources. *10 points*
5. Describe the process for monitoring the program for which you are applying. What information will be tracked? How do you ensure the quality of the service being

provided? Who is responsible for evaluating the program? How is the information used to make adjustments and changes to your program? *10 points*

LOCAL RECIPIENT ORGANIZATION CERTIFICATION FORM

(To be retained by Local Board)

As a recipient of Emergency Food and Shelter National Board Program funds made available through the American Recovery and Reinvestment Act of 2009 (ARRA) and as the duly authorized representative of

_____, I certify that my public or private organization:

(NAME OF LRO)

- ~~Is not debarred or suspended from receiving Federal funds,~~
- Has the capability to provide emergency food and/or shelter services,
- Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services,
- Is nonprofit or an agency of government,
- Has an accounting system, and will pay all vendors by LRO check, LRO vendor issued credit card or LRO debit card,
- Will conduct an independent annual review/audit if receiving \$25,000 or more in EFSP funds,
- Understands that cash payments (including petty cash) are not eligible under EFSP,
- Has a Federal Employer Identification Number (FEIN),
- Practices non-discrimination (LROs with a religious affiliation will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling with Federal funds),
- Has a voluntary board if private, not-for-profit,
- Will comply with the Phase 27 Responsibilities & Requirements Manual and Addendum, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements,
- Will provide all required reports to the Local Board in a timely manner; (e.g., Second Payment/Interim and Final Reports),
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks -- front and back, invoices, receipts, etc.) on all expenditures for a minimum of three years after end of program,
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds to the National Board (\$5.00 or more; make checks payable to United Way of America/Emergency Food and Shelter National Board Program),
- Will provide complete documentation of expenses to the Local Board, if requested, no later than one month following my jurisdiction's selected end-of-program date,
- Will comply with the Office of Management and Budget Circular A-133 if expending \$500,000 or more in Federal funds,
- Will comply with lobbying prohibition certification and disclosure of lobbying activities if receiving \$100,000 or more in EFSP funds, if applicable, and
- Has no known EFSP compliance exceptions in this or any other jurisdiction.

Please check Have read, understand and agree to abide by the EFSP Responsibilities and Requirements Manual and Addendum.

Signature: _____

Print Name: _____

Title: _____

Date: _____

LRO ID#: _____

FEIN#: _____

Address: _____

City/State/Zip: _____

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FISCAL CONDUIT FORMS

Gleaners Community Food Bank serves as a fiscal conduit for some of the EFSP agencies. This means that all EFSP funds for that agency are sent directly to Gleaners by the National EFSP Board, and the EFSP agency draws upon these funds to make purchases from Gleaners during the phase. **Purchasing from Gleaners makes huge cost savings available to agencies** – perhaps three or four times the value of what your dollar can purchase at Sam’s or other food retailers. Gleaners, then, takes the responsibility of supplying any required documentation to the National Board for the phase.

This arrangement requires two forms, Fiscal Agent/Fiscal Conduit Agency Relationship Certification Form (Form B) and Gleaners Community Food Bank Allocation Form (Form C), to be completed and returned. This arrangement, once entered into, is binding for the duration of Phase 29, but does not have to continue in subsequent phases. Agencies new to EFSP are frequently required to have Gleaners as their fiscal conduit during the first year in the program.

_____ Agency **DOES** wish to use Gleaners as fiscal conduit during Phase 29. Both fiscal conduit forms (Forms B and C) must be included with the completed application.

_____ Agency **DOES NOT** wish to use Gleaners as fiscal conduit during Phase 29.

FISCAL AGENT/FISCAL CONDUIT AGENCY RELATIONSHIP
CERTIFICATION FORM

(To be retained by Local Board and Fiscal Agent/Fiscal Conduit)

As a recipient (through the fiscal agent/conduit noted below) of Emergency Food and Shelter National Board Program funds made available for Phase 28 and as the duly authorized representative of _____, I certify that my public or private agency:

(NAME OF AGENCY)

- Is not debarred or suspended from receiving Federal funds,
- Has the capability to provide EFSP services,
- Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services,
- Is nonprofit or an agency of government,
- Has fiscal agent/fiscal conduit approved by the Local Board:
Sleemers Community _____ (Name of Fiscal Agent/Fiscal Conduit), *Ford Bank*
- Practices non-discrimination (if an LRO with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing in any program receiving EFSP funds),
- Has a Federal Employer Identification Number (FEIN),
- Has a Dun & Bradstreet (DUNs) number,
- Will not charge a fee to clients for EFSP funded services,
- Has a voluntary board if private, not-for-profit,
- Will comply with the Phase 28 Responsibilities & Requirements Manual, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements,
- Will provide all required information to the Fiscal Agent, Fiscal Conduit,
- Will incur expenses for eligible program costs and will submit complete documentation on all expenditures to the Fiscal Agent/Fiscal Conduit for payment to the vendors,
- Will spend all funds and close-out the program by the jurisdiction's selected end-of-program date, and
- Has no known EFSP compliance exceptions in this or any other jurisdiction.

Please check Have read, understand, and agree to abide by the EFSP Responsibilities and Requirements Manual.

Signature: _____ Print Name: _____
 Title: _____ Date: _____
 LRO ID#: _____ FEIN#: _____
 Address: _____
 City/State/Zip _____
 Phone #: _____ Fax #: _____
 Email Address: _____

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CURRENT VOLUNTARY BOARD

Please include a roster of your current voluntary board.

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FEDERAL TAX EXEMPT LETTER

Please include a copy of your Federal tax exempt letter. State tax letters are not acceptable and the application will be considered incomplete.

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NON-DISCRIMINATION POLICY FOR SERVICES DELIVERED

Please include a copy of your agency's non-discrimination policy for services delivered.
Please do not confuse this with your non-discrimination policy for employees.

A non-discrimination policy for services delivered would apply to clients and the delivery of services.