

EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)
Chatham County, North Carolina
Call for Phase 37 and 2020 CARES Act supplemental EFSP Applications

The Salvation Army Chatham County Service Unit is pleased to accept applications for Emergency Food and Shelter Program Phase 37 and the CARES grant funds. Applications are due **via email or postal mail by 5:00 PM on Thursday, June 18, 2020. Applications received after the due date/time will not be considered.**

Brief History:

The Emergency Food and Shelter Program was established on March 24, 1983, with the signing of the “Jobs Stimulus Bill,” Public Law 98-8. That legislation created a National Board, chaired by the Federal Emergency Management Agency (FEMA) that consisted of representatives of the American Red Cross, Catholic Charities USA, The Jewish Federations of North America, National Council of the Churches of Christ in the USA, The Salvation Army and United Way Worldwide.

The EFSP was authorized under the Stewart B. McKinney Homeless Assistance Act (P.L. 100-77 signed into law on July 24, 1987, since renamed the McKinney-Vento Homeless Assistance Act and subsequently reauthorized under P.L. 100-628, signed into law on November 7, 1988). Since 1983, in its 29-year history, the EFSP will have distributed \$3.8 billion to over 14,000 human service agencies in more than 2,500 communities across the country through this collaborative effort between the private and public sectors.

Under the guidance of the National Board and direct supervision of the Local Board, The Salvation Army serves as administrator for our jurisdiction. These funds are awarded only in Chatham County.

Grant Eligibility and Restrictions:

Local agencies chosen to receive funds must be able to adhere to the following:

- 1) Be private voluntary non-profits or units of government
- 2) Not be barred or suspended from receiving Federal funding
- 3) Have a checking account (cash payments are not allowed)
- 4) Have an accounting system or fiscal agent approved by local board
- 5) *Have a Federal Employer Identification Number (FEIN)
- 6) *Have a Data Universal Number System (DUNS) number
- 7) Conduct and provide a copy of an independent annual review if receiving \$50,000 - \$99,000 /or an independent annual audit if receiving \$100,000 or more in EFSP funds, and follows OMB’s Uniformed Guidance if receiving \$750,000 or more in Federal funding.
- 8) Be providing services and resources in Chatham County in which they are seeking funds
- 9) Practice non-discrimination
- 10) Have a voluntary board if private, not-for-profit
- 11) To the extent practicable, involve homeless individuals and families
- 12) Have demonstrated the capability to deliver emergency food and/or shelter programs
- 13) Have ability to fulfill all reporting requirements as requested

***Federal Employer Identification Number (FEIN)** - FEIN numbers are issued by the Internal Revenue Service (IRS) at no cost. [Link for FEIN - www.irs.gov](http://www.irs.gov)

*** Data Universal Numbering System (DUNS) Number.** DUNS numbers are issued by Dun & Bradstreet (D&B) at no cost. [Link to Apply for DUNS - https://www.dnb.com/duns-number/get-a-duns.html](https://www.dnb.com/duns-number/get-a-duns.html)

EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)
Chatham County, North Carolina
PHASE 37 and 2020 CARES Act supplemental EFSP Applications
Application for Program Funds

Applications must be legible and received via email or mail at Salvation Army, PO Box 752, Pittsboro, NC 27312 by 5:00 PM, Thursday, June 18, 2020.

Email application to: jane.wrenn@uss.salvationarmy.org

Questions? Please contact Jane Wrenn at 919-542-1593 or email at jane.wrenn@uss.salvationarmy.org

A. ADMINISTRATION INFORMATION

Agency's Legal Name		
Federal Employer Identification #		
D-U-N-S Number (Data Universal Number System)		
Please select one	<input type="checkbox"/> Non-profit <input type="checkbox"/> Unit of Government	
Phase 36 EFSP Recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your organization been barred or suspended from receiving Federal funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Address		
Mailing Address		
City, State, and Zip		
Phone	Fax	
Website		
Primary Contact Person	Title	
Title		
Phone/Ext.	Fax	
Email Address		
When was your agency's last audit?		
Congressional district where agency is physically located?		
Congressional district where agency's EFSP funded services are provided (Place of Performance)?		

Organization is applying for:	Phase 37 <input type="checkbox"/> Yes <input type="checkbox"/> No	Phase CARES <input type="checkbox"/> Yes <input type="checkbox"/> No
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AGENCY SERVICES

Please give a brief description of your overall agency services. Please include the year that your agency began providing services.

B. CERTIFICATION

The signatures of these two officers indicate that the agency’s Board has reviewed and has approved the details of the completed application; and if awarded EFSP funds, the agency agrees to read, understand, and comply with all components addressed in the EFSP Responsibilities and Requirements Manual.

Agency Name			
	<i>Chief Professional Officer</i>		<i>Chief Volunteer Officer</i>
Print Name		Print Name	
Title		Title	
Date		Date	
Signature		Signature	

C. FUNDING REQUEST NARRATIVE

Please give a brief description of the program for which you are seeking funding, including criteria used to determine participation eligibility:

If applicable, summarize how you intend to use Phase 37 funds to *supplement* your existing services:

If applicable, summarize how you intend to use CARES funds to *supplement* your existing services:

D. FINANCIALS

CATEGORY	Phase 36 EFSP Award <i>(if applicable)</i>	Phase 37 EFSP REQUEST	2020 CARES REQUEST
1. Served Meals	\$	\$	\$
2. Other Food	\$	\$	\$
3. Mass Shelter	\$	\$	\$
4. Other Shelter	\$	\$	\$
5. Rent/Mortgage	\$	\$	\$
6. Utilities	\$	\$	\$
TOTAL	\$	\$	\$
Total AGENCY Budget			
Total AGENCY Budget	\$	\$	\$
What percentage of Total AGENCY Budget funded by EFSP dollars?	%	%	%
Current Clients served			
Additional Clients to be served if EFSP funds are granted			
What is your Total PROGRAM Budget? (Where EFSP funds are used)			
What is your Total PROGRAM Budget? (Where EFSP funds are used)	\$	\$	\$
What is the percentage of your total PROGRAM Budget funded by EFSP dollars?	%	%	%

For total funding request for either or both Phase 37 or 2020 CARES, respond below as applicable.			
\$50,000-\$99,999	<input type="checkbox"/> Yes <input type="checkbox"/> No	Independent Annual Review Date	
\$100,000 or more	<input type="checkbox"/> Yes <input type="checkbox"/> No	Independent Annual Audit Date	
\$750,000 or more in Federal funding	Follows OMB's Uniformed Guidance		<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are requesting an increase in funding from the previous EFSP phase, please explain/justify the increase (ex. Increased need, etc.)

Please list other 2020-21 anticipated sources of support for the program(s) for which you are seeking EFSP funds.

	SOURCE(S)	AMOUNT
Federal Funds		\$
State Funds		\$
Local Government		\$
Other		\$
Other		\$
Other		\$
EFSP REQUEST		\$
2020-21 Total Program Budget		\$