**PUBLIC NOTICE**

Information & Application for Federal (EFSP) Funding

Emergency Food & Shelter Program - Phase 41

FOR

Snohomish County

Due by March 18, 2024, at 11:59 to [snocoefsp@uwsc.org](mailto:snocoefsp@uwsc.org)

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**EFSP BACKGROUND**

The Emergency Food and Shelter Program (EFSP) began in 1983. The program was created by Congress to help meet the needs of hungry and homeless people throughout the United States and its territories by allocating federal funds for the provision of food and shelter. The program is governed by a National Board composed 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 Board is chaired by a representative of the Federal Emergency Management Agency (FEMA).

EFSP funds are open to organizations helping people who are experiencing hunger and homelessness. EFSP funds must be used in feeding, sheltering, and providing rental assistance efforts only.

In FY 2023, FEMA awarded the Emergency Food and Shelter Program (EFSP) National Board the $130 million made available under the Department of Homeland Security Appropriations Action, 2023 (Pub. L. No. 117-382). This funding is Phase 41 of the program and is not the supplemental humanitarian relief funding.

The Snohomish County Emergency Food and Shelter Program Local Board is the entity responsible for allocation of the **$329,867.00** in Federal dollars that have been awarded to Snohomish County. The local board selects local nonprofit or governmental organizations that have a demonstrated capability to provide emergency food and/or shelter. All awards must be expended by the recipient organizations within the funding cycle.

**Criteria To Receive Funding**

Before completing this application, please review the LOCAL RECIPIENT ORGANIZATION STATEMENT OF RESPONSIBILITIES for organizations receiving EFSP funding below. These responsibilities are an example of what is required of each organization and signed by the CEO/Executive Director before National EFSP funds are released to the organization. It is best practice to have the Finance department leadership also understand these expectations. **A copy of this page is included in the Application Submission Form for your Agency Principal (Example: CEO (Chief Executive Officer) or Executive Director) to sign.**

**LOCAL RECIPIENT ORGANIZATION STATEMENT OF RESPONSIBILITIES**

•Has the capability to provide emergency food and/or shelter services.

•Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services.

•Is nonprofit or an agency of government.

•Will not use EFSP funds as a cost-match for other Federal funds or programs.

•Has an accounting system and will pay vendors within 90 days of services provided by an approved method of payment.

•Understands that cash payments (including petty cash) are not eligible under EFSP.

•Conducts an independent annual review if receiving $50,000-$99,999/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.

# •Has not received an adverse or no opinion audit.

•Is not debarred or suspended from receiving Federal funds.

•Has provided a Federal Employer Identification Number (FEIN) to EFSP. (http://www.irs.gov)

# •Has provided a Unique Entity Identification (UEI) number and required associated information to EFSP. UEI numbers are requested in, and assigned by, the System for Award Management. (http://sam.gov)

•Practices non-discrimination (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds).

•Will not charge a fee to clients for EFSP funded services.

•Has a voluntary board if private, not-for-profit.

•Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports).

•Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks -- front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.

•Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds ($5.00 or more) to the National Board.

•Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end- of-program date.

•Has no known EFSP compliance exceptions in this or any other jurisdiction.

•Will not use EFSP funding for any lobbying activities and if receiving $100,000 or more, will provide the “Certification Regarding Lobbying” and, if applicable, will complete Standard Form LLL, “Disclosure Form to Report Lobbying”, in accordance with its instructions.

•Will not and will ensure its employees, volunteers or other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect.

•Will not and will ensure its employees, volunteers or other individuals associated with the program will not use EFSP funds to support access to classified national security information.

**Criteria** **For Funding Use**

**GUIDE TO ELIGBILE & INELIGIBLE EXPENSES**

|  |  |  |
| --- | --- | --- |
| **Category** | **Sample Eligible Items** | **Sample Ineligible Items** |
| **Served Meals** - Intended to allow mass feeding facilities to pay for the purchase of food items, items used to prepare and serve foods, and other food-related items to assist in the mass feeding of clients | Any food used in served meals (cold or hot); paper products (paper plates, towels, toilet tissue); Items and utensils used to prepare food (forks, pots, pans, gloves); cleaning products; costs of transporting food to site or client; One of two options to calculate costs is allowed. Either daily per meal schedule ($3/meal) when providing congregate meals or direct costs. | Any items not related to actual feeding of a client. Excessive meal costs. Excessive snack food items. Staff events/functions. |
| **Other Food** – Intended to allow agencies such as food pantries and food banks to pay for the purchase of all food items. | All food items. food vouchers, diapers and feminine hygiene products, food boxes and plastic bags, grocery orders, restaurant vouchers, gift certificates (limited), transportation costs. | Items used in service food such as eating utensils, Tobacco, alcohol, paper/cleaning/personal care/first aid products, vitamins. Any non-food item. Excessive meal costs. Excessive snack food items. Staff events/functions. Per diem or meal allowance spreadsheets are not in this category. |
| **Mass Shelter** - Intended to allow mass shelter providers (five beds or more in one location) to provide on-site housing for clients. | Must select one of two options for eligible costs for entire spending phase. Either Direct Costs or Daily Per Diem Allowance. Direct costs include cots, mattresses, soap, linens, blankets, cleaning supplies, and clothing limited to diapers and underwear only. Some transportation costs Daily per diem schedule is ($12.50). May use per diem to cover operational expenses as well as direct expenditures. | Year-round ongoing operational costs (rent, pest-control, garbage pick-up, utilities); food expenditures, salaries of employees. |
| **Other Shelter**- Intended to allow agencies to provide off-site emergency housing for clients. | Any reasonable hotel/motel or non-profit facility acting as a vendor; single room occupancy of individuals or families; actual charge by vendor, per night; local taxes added to bill, 90-day limit. Some transportation. | More than 90 days, telephone calls, deposits for keys or damages. An LRO receiving funds may not act as a vendor for themselves, or another funded LRO. Prepayments for hotel/motel |
| **Supplies/Equipment-**Intended to allow agencies including served meal facilities, mass shelter, food pantries and banks, to purchase supplies and equipment necessary for the provision of food and/or shelter | $300 per item maximum. **Mass feeding facilities**: pots, pans, toasters, blenders, microwave, utensils, paper products, any item essential to the preparation of food, shelving. Diapers. **Mass shelter facilities**: cots, blankets, pillows, limited personal products like toilet paper, soap, toothpaste, toothbrushes, cleaning materials, first-aid supplies, underwear/diapers. Emergency repair of essential small equipment. **Food Pantries and Food Banks**: plastic bags, boxes for storing and distributing food, shelving, had truck: freezer, items essential to making purchased or donated food available to clients. | Decorative curtains, carpet, clothing, TVs, computer systems, office equipment, bedroom furniture other than beds (nightstand, lamps, etc.). If using the per diem for mass food or shelter, then cannot use this category for supplies and equipment as it is covered in the per diem allowance. |
| **Rent Assistance** – Intended to allow agencies to pay up to 90 days of rent for qualifying clients. | Up to 90 days of past due rent; current rent due within 10 calendar days; first month's rent. Limited to 90 days’ cost for an individual/family per spending period | More than 90 days, deposits; down payments for purchase of home; late fees; legal fees; taxes, insurance. |

**Funding Request Examples**

The diagram below contains examples by service category, funding approach, and how to calculate request. You will enter your request(s) on the **Funding Request** **By Category page.** See the **Guide to Eligible & Ineligible Expenses (Page 3)** to ensure your funding requests are EFSP eligible expenses.



**APPLICATION SUBMISSION FORM**

**Do not include the previous 4 pages with your final application submission.**

**Submission** **Deadline:** March 18, 2024, by 11:59 p.m.

**Submit** **To:** [snocoefsp@uwsc.org](mailto:snocoefsp@uwsc.org) with subject line “EFSP Application”

**Submit Application** **Format:** MSWord or PDF document

**Submission Form Length:** Limit completed application form to no more than 8 pages. The Supplemental Submission Requirements apply only to new or first-time applicants, are not included in the 8-page limit.

**APPLICANT AGENCY INFORMATION**

Agency’s Legal Name:

Agency Principal (Example: CEO or Executive Director):

Agency Contact Regarding This Application Submission:

Name:

Email:

Phone:

Agency Contact(s) for EFSP Questions and Fund Management (if funded):

Name:

Email:

Phone:

Agency Applying:

Physical Address:

Mailing Address:

Phone:

Website:

Congressional district where agency is physically located:

Agency where EFSP funded services are to be provided (if different from agency applying):

Physical Address:

Mailing Address:

Phone:

Website:

Congressional district where agency EFSP funded services are to be provided:

Agency FEIN #:

Agency UEI #:

Agency Type: □ Nonprofit □ Government

Is your agency a **Fiscal Conduit/Fiscal Agent** (requesting funding for other agencies)? □ Yes □ No

If **yes**, for how many agencies?

**Funding Request by Category**

See **Guide to Eligible & Ineligible Expenses on Page 3** to ensure that your agency will request funding for only EFSP eligible expenses. See **Funding Request Examples on Page 4** containing examples by service category, funding approach, and how to calculate request. Complete only the category section(s) in which you are requesting funding.

|  |  |  |
| --- | --- | --- |
| **Category** | **Amount Requested** | **People Served (Est.)** |
| Served Meals  Identify if using  Direct Cost or $3/meal |  |  |
| Other Food |  |  |
| Mass Shelter  Identify if using  Direct Cost or $12.50/  Person |  |  |
| Other Shelter |  |  |
| Supplies / Equipment |  |  |
| Rent Assistance |  |  |

**BUDGET NARRATIVE**

Please provide an explanation for each category of funding requested. How will the funds be used in Snohomish County? How else is your agency funded for these categories? How does your request fit into your overall agency budget for these categories?

**AGENCY NARRATIVE**

**Please answer the following questions in approximately five sentences.**

1. Describe your agency’s mission.
2. Provide a brief overview of the programs/services your agency will provide with EFSP funding. Is this an established program rather than a new start?
3. What cities or neighborhoods does your agency serve?
4. How many people were served by your agency in 2023?
5. What is the target population for your EFSP program?
6. What challenges does your agency encounter in serving this population?
7. For those programs providing food, what is the screening process for people seeking food assistance?
8. How are program services tracked/monitored and who reviews the information?

**Agency Responsibilities Certification**

**LOCAL RECIPIENT ORGANIZATION STATEMENT OF RESPONSIBILITIES**

I certify my organization:

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Exec. Dir./CEO Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supplemental Submission Requirements**

**Only first time EFSP applicants or first-time recipients must provide the following list of items with your application submission. These items are not included in the 8-page submission limit.**

1. Copy of the agency’s board roster (non-profit agencies only)
2. Most recent audit, financial statement, or balance sheet (highest level appropriate)
3. Copy of IRS letter indicating non-profit status (non-profit agencies only)
4. Copy of Washington State Charitable Solicitation registration letter (non-profit agencies only)