EMERGENCY FOOD AND SHELTER PROGRAM

C/O UNITED WAY OF NORTHERN SHENANDOAH VALLEY

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EMERGENCY FOOD AND SHELTER PROGRAM

GRANT APPLICATION- Phase 41 (Winchester City)

Date: Click here to enter a date.

Name of Applying Agency: Click here to enter text.

Agency Mailing Address: Click here to enter text.

Physical Address (if different from mailing): Click here to enter text.

Main Phone: Click here to enter text.

Fax: Click here to enter text.

Website: Click here to enter text.

FEIN #: Click here to enter text.

Duns #: Click here to enter text.

Organization Contact Name: Click here to enter text.

Organization Contact E-Mail Address: Click here to enter text.

Jurisdiction:

Winchester City

Phase:

Phase 40

GRANT APPLICATION DEADLINE: April 11, 2024

EMERGENCY FOOD AND SHELTER PROGRAM

The Emergency Food and Shelter Program was established in 1983 by Congress with the intent of supplementing local efforts to provide emergency food and shelter to people in need. The EFSP National Board governs the program and the local Winchester/Frederick EFSP Board manages the program locally.

Applicants must meet the following criteria to be considered for funding:

1. Be a 501(c)(3) non-profit or governmental agency.
2. Provide EFSP services at no charge.
3. Funding must supplement existing programs
4. Non-profit organizations must be directed by a volunteer governing body with an organizational structure to administer programs.
5. Have an accounting system or fiscal agent approved by the Local Board.
6. Have a checking account.
7. Conduct an independent annual audit if receiving $50,000 or more in EFSP funds, conduct a financial review if receiving $25,000 to $49,999.
8. Have Federal Employer Tax ID and Unique Entity Identifier (UEI) number issued by the System for Award Management (SAM).
9. Already provide human services in the area in which funds are applied.
10. Operate without discrimination.
11. Involve homeless individuals, through employment or volunteer programs, in the provision of services, to the extent possible.

Eligible Activities for Funding:

The intent of this program is for the purchase of food and shelter, to supplement and expand current available resources and not to substitute or reimburse ongoing services or start new programs.

FOOD

* Food Closets- distribution of bagged groceries to individual clients.
* Served meals/Mass feeding- ready to eat meals served on-site or delivered.
* Food Vouchers- vouchers for food at local grocery stores or restaurants.
* Food Banks- distribution of bulk food to food banks

SHELTER

* Per Diem Shelter- mass shelter
* Motel/Hotel Vouchers- lodging at motels, etc.
* Rent/Mortgage Assistance- eviction prevention or one month’s rent.
* Utility Assistance- up to one month’s assistance (gas, electricity, water, sewer service).
* Non-metered Utility Assistance- one time delivery (firewood, fuel oil, propane)

REVIEW CRITERIA

The following criteria will be used in reviewing EFSP requests:

* Financial and Program Accountability
* How the agency’s service impact needs
* Collaboration with other organizations
* Each program will be rated on a scale of 1 (low) to 5 (high), based on review criteria

PART I- AGENCY/PROGRAM OVERVIEW

1. What is your agency’s mission? (150 words or less)

Click here to enter text.

1. What is your proposal (EFSP Grant Request)? Explain how your organization proposes to meet local priority needs. (What services, programs or activities will be provided or implemented). (500 words or less)

Click here to enter text.

1. How will your organization measure the results and benefits of your effort? (500 words or less)

Click here to enter text.

PART II – FUND REQUEST SUMMARY- PROGRAM BUDGET

1. TOTAL Fund Request: Click here to enter text.
2. Provide a breakdown of funding to those program areas for which you are requesting funds:

|  |  |  |
| --- | --- | --- |
| Program Area | EFSP Fund Request | Estimated number to be served |
| Served Meals |  |  |
| Food Vouchers |  |  |
| Mass Shelter |  |  |
| Motel Vouchers |  |  |
| Utility Assistance |  |  |
| Rent/Mortgage Assistance |  |  |

PART III- CLIENT SERVICE

1. Geographical distribution of current client service (Number served/percent of total)

City of Winchester: Click here to enter text., Click here to enter text.%

Other: Click here to enter text., Click here to enter text.%

PART IV- RESOURCES

1. TOTAL Current Resources: $ Click here to enter text.

2. Funding Sources (Report by dollar and percent of total)

Government: $Click here to enter text., Click here to enter text.%

Fund Raising: $Click here to enter text., Click here to enter text.%

Fees/Dues/Sales: $Click here to enter text., Click here to enter text.%

United Way NSV: $Click here to enter text., Click here to enter text.%

Other (Explain): $Click here to enter text., Click here to enter text.%

Explanation: Click here to enter text.

**PART VII- CERTIFICATION**

“I hereby certify on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name

of applicant agency] that the agency has not been debarred or suspended from receiving funds or doing business with the Federal government. I further certify that that we understand and agree to abide by all EFSP conditions and will use EFSP funds, if granted, in compliance with all applicable financing and asset control laws, statutes and executive orders. “

Attach: Current operating budget

Most recent annual audit

Board roster

Print Name: Click here to enter text.

Signature:

Title: Click here to enter text.

Date: Click here to enter a date.

**Please email completed application to** [**Kchildress@unitedwaynsv.org**](mailto:Kchildress@unitedwaynsv.org)**. The deadline is March 9, 2023.**