



Waldo Community Action Partners
9 Field Street | P.O. Box 130 Belfast, ME 04915
Tel: (207) 338-6809, ext. XXX | Fax: (207) 338-6812
"Building strong families and communities by empowering people to achieve economic independence and self-reliance"

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM GRANT APPLICATION

Indicate which funding source(s) you are applying

to: Phase 37: amount \$ 8,108

CARES: amount \$ 21,804

TOTAL REQUEST: \$

EFSP funding is intended to be supplemental in nature and it is the hope of the Local EFSP Board that your request amount reflects your actual need.

For the Phase 37 applications: we will accept requests between \$500 and \$2,500.

For CARES applications: we will accept requests between \$500 and \$10,000.

New Applicant: YES NO

If you are a new applicant, please attach a copy of your 501(c)3 status. If your agency does not have a 501(c)3, you are not eligible for FEMA funds.

Applications are due by mail or electronically by **September 30, 2020 at 5:00 pm** to:

**EFSP/FEMA Local Board
Dorothy Havey
Waldo Community Action Partners
P.O. Box 130
Belfast, ME 04915
dhavey@waldocap.org**

NO LATE APPLICATIONS WILL BE ELIGIBLE FOR Phase 37 FEMA EFSP and CARES FUNDS

PLEASE TYPE OR PRINT. The information you provide will help the Local Board determine how to most effectively allocate the available funds. If you need assistance with any parts of this application, please refer to **Phase 36 Emergency Food and Shelter National Board Program Manual & Phase 37 Addendum**

GENERAL INFORMATION

ORGANIZATION NAME:

PROGRAM NAME:

CONTACT(s): TELEPHONE: EMAIL:



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TELEPHONE: EMAIL:

FAX:

WEBSITE:

DUNS#: *You must have a DUNS # in order to receive EFSP funds*

CONGRESSIONAL DISTRICT:

FEIN (Federal Employment Identification No.):

MAILING ADDRESS:

STREET ADDRESS:

CITY: STATE: ME ZIP:

Is your agency non-profit or a unit of government? YES NO

How long has your agency been in existence?

How long has your agency been providing emergency shelter, utilities, and/or food services?

Does your agency provide food or shelter to individuals in need without discriminating based on a person's age, race, gender, disability or religion? YES NO

Does your agency operate a checking account? YES NO

Is this account able to receive Electronic Funds Transfer? YES NO
This account must be in the Agency's name, not an individuals.

Is your agency debarred or suspended from receiving funds or doing business with the federal government? YES NO

Please read the Responsibilities for a Local Recipient Organization (LRO) to receive EFSP funds found in the attached *Emergency Food and Shelter National Board Program Manual*. Your agency, if accepted by the local board as an LRO, will be expected to adhere to these responsibilities.



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I, _____, contact of _____, have read, understand, and agree to abide by the cost eligibility, documentation requirements and reporting standards of this program and the responsibilities for the FEMA EFSP, and any other requirements made by the Local Board if my agency is chosen to be funded as a LRO.

PROGRAM DESCRIPTION

PART A: Services(s) provided for which you are requesting funds:

Served Meals Mass Shelter Other Food

Other Shelter Rent/Mortgage Assistance Utility Assistance

PART B: Provide a brief description of the services for which you are requesting FEMA funds.



PART C: FEMA funds allow you to address unmet needs, what is the unmet need for this service in your community?





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PART D: Describe any collaborative efforts you are involved with, or plan to be involved with, to meet emergency food and/or shelter needs. Example: partnerships or cooperative efforts with other providers, state or local governments, churches, or businesses.



PART E: Please list the towns you serve and the number of individuals served from *each* town.



EXPLANATION OF EFSP SERVICE CATEGORIES

Served Meals –hot or cold meals prepared and served by the agency either at their facility or delivered to clients (Reporting requirements allow either actual program expenditures or a per diem method of \$2.00 per meal)

Other Meals – food vouchers for grocery orders, food boxes, or food purchased for distribution from food pantries.

Rent/Mortgage Assistance –funds to provide rent/mortgage assistance.

Mass Shelter (on-site) –funds for shelter provided within your own facility. (Per Diem rate approved by the Local Board is \$12.50 per person, per night).

Other Shelter – funds providing shelter outside your own facility (motel or other shelter).

Utility Assistance –funds to provide utility assistance (i.e. heat, electricity, water, sewer, etc.)

FEMA EFSP FUNDS REQUEST



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Please complete the section below and indicate number of units, cost per unit, and total amount of your request for each line item for which you are requesting funding. (Refer to pages 65-75 in the **Phase 35 Emergency Food and Shelter National Board Program Manual**).

SAMPLE	Number of Units	Cost Per Unit or Per Diem Rate	FEMA EFSP Request
Other Food	2,000 meals	\$0.75	\$1,500.00
Served Meals	1,000 meals	\$2.00	\$2,000.00
Mass Shelter	500 nights	\$12.50	\$6,250.00
Other Shelter	6 nights	\$50.00	\$300.00
Rent/Mortgage Assistance	5 bills paid	\$250.00	\$1,250.00
Utilities Assistance	26 bills paid	\$125.00	\$3,250.00
Total FEMA EFSP Request			\$13,500.00

EFSP Service Category	Number of Units	Cost Per Unit or Per Diem Rate	FEMA EFSP Request
Other Food (
Served Meals		\$2.00	
Mass Shelter		\$12.50	
Other Shelter			
Rent/Mortgage Assistance			
Utilities Assistance			
Total FEMA EFSP Request			

BUDGET INFORMATION

PART E: Budget Information. (DO NOT include FEMA funds, since FEMA EFSP funding cannot be used for budget shortfalls.)

What is your agency operating budget?

What is your total annual budget for this program?

What percent of your agency budget is the program budget?

What percent of the program budget is your request for EFSP funds?

Please list all sources of revenue for your program. (State or local government funds, grants, private donations, etc.) (DO NOT INCLUDE FEMA EFSP FUNDS.)



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Revenue Source Amount

AGENCY BOARD OF DIRECTORS

Board of Directors is defined as the non-compensated, volunteer governing body of an organization. Its' purpose is to oversee the financial, operational, and management functions of an organization. Members of an organization's Board of Directors cannot be on the organization's payroll.

Agency Name:

CEO / Executive Director:

Officers and Directors	Name	Employer	Mailing Address and Phone Number	Term Expiration
President	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vice President	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secretary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treasurer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEMA EFSP REQUIREMENTS CHECKLIST

Applicants that do not meet all of the program requirements or funding requests that do not include all of the required documentation will not be considered for Phase 37 funding.

Please submit the following documentation:

- Phase 37/CARES FEMA EFSP Funding Request Initials
- Agency's most recent annual financial report and/or independent audit. Initials
(Only if the agency received more than \$25,000 in EFSP funds under Phase 36)
- Agency's Non-Discrimination and Conflict of Interest policy Initials
- Client Authorization for Release of Information Form (3rd party release clause included) Initials
- Client Eligibility Form and/or Service Documentation Form Initials
- Agency's 501(c)(3) certification (IRS & State Tax exempt letters) *(For new applicants only)* Initials



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Authorized Signature: _____ Date: _____

Printed Name: Title: