

EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) OF BROWARD COUNTY  
PHASE XXXIII FUNDING APPLICATION

For Period: **Phase 34**  
APPLICATION DEADLINE: February 24, 2017

APPLICANT'S INFORMATION:

1. Organization Name:
2. Executive Director/Administrator:
3. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_
4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. E-Mail Address: \_\_\_\_\_
6. Program Name: \_\_\_\_\_
7. Contact Person Name and Telephone:  
*(Person responsible for monthly reports)*
8. Contact Person E-Mail Address:  
*(Person responsible for monthly reports)*
9. Organization Status: \_\_\_ **Non-Profit** (MUST BE TAX EXEMPT TO APPLY) \_\_\_ Government
10. Federal Employer Tax Number: \_\_\_\_\_
11. Name of Agency's Fiscal Person: \_\_\_\_\_
12. Agency Fiscal Year: \_\_\_\_\_
13. Does your agency conduct an annual audit?  
If your agency is not mandated by EFSP National to conduct an audit,  
please provide a certified financial statement. ? For most agencies the answer to this question is Yes.  
If your agency is not mandated by EFSP National to conduct an audit, please provide a certified financial  
statement.
14. DUNS Number: \_\_\_\_\_

# EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) OF BROWARD COUNTY PHASE XXXIII FUNDING APPLICATION

## 15 A- FINANCIAL INFORMATION

**PROGRAM Budget (EFSP Request )**

Organization Name: \_\_\_\_\_

Address, City & Zip Code: \_\_\_\_\_ Agency Fiscal Year Begins \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

AGENCY'S TOTAL ANNUAL BUDGET FOR 2017 \$ \_\_\_\_\_

TOTAL BUDGET FOR YOUR "EFSP" FUNDING REQUEST \$ \_\_\_\_\_

**PROGRAM BUDGET (Funding Request Categories)**

| Categories for Funding                                      | <u>Type of Service Provided</u>      | Units of Service to be Provided with EFSP Funding | Clients to be Served w/EFSP Funds (Estimate) | EFSP Funding Request | Non-EFSP Program Budget | Total Program Budget EFSP + Non EFSP |
|---|--------------------------------------|---|--|----------------------|-------------------------|--------------------------------------|
| <i>Example Only:<br/>Requested Grant Amount for Program</i> | <i>Eg. Meals</i>                     | <i>3,000</i>                                      | <i>3,000</i>                                 | <i>\$6,000</i>       | <i>\$40,000</i>         | <i>\$46,000</i>                      |
| A. Mass Feeding Program (\$2 per meal served)               | Meals                                |   |  |                      |                         |                                      |
| B. Food Pantry Operations                                   | Meals                                |   |  |                      |                         |                                      |
| C. Food Vouchers  | Food Vouchers                        |   |  |                      |                         |                                      |
| D. Mass Shelter \$12.50 Per diem per day                    | Bed Nights                           |   |  |                      |                         |                                      |
| E. Hotel/Motel  | Bed Nights                           |   |  |                      |                         |                                      |
| F. Rent/Mortgage Assistance                                 | Payment<br>(average \$\$ assistance) |   |  |                      |                         |                                      |
| <b>TOTAL EFSP FUNDING REQUESTED</b>                         |                                      |   |  | \$                   | \$                      | \$                                   |

*\*See attached example\**

**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) OF BROWARD COUNTY  
PHASE XXXIII FUNDING APPLICATION**

**15B PROJECTED ANNUAL INCOME:**

| <b>SOURCES OF SUPPORT</b>        | <b>(A)<br/>Mass<br/>Feeding</b> | <b>(B)<br/>Food<br/>Pantry</b> | <b>(C)<br/>Food<br/>Vouchers</b> | <b>(D)<br/>Mass<br/>Shelter</b> | <b>(E)<br/>Hotel/<br/>Motel</b> | <b>(F)<br/>Rent/<br/>Mortgage</b> | <b>Total</b> |
|----------------------------------|---------------------------------|--------------------------------|----------------------------------|---------------------------------|---------------------------------|-----------------------------------|--------------|
| 1. EFSP Award                    |                                 |                                |                                  |                                 |                                 |                                   |              |
| 2. Federal                       |                                 |                                |                                  |                                 |                                 |                                   |              |
| 3. State                         |                                 |                                |                                  |                                 |                                 |                                   |              |
| 4. Local                         |                                 |                                |                                  |                                 |                                 |                                   |              |
| 5. Special Events                |                                 |                                |                                  |                                 |                                 |                                   |              |
| 6. Foundations/Corporations      |                                 |                                |                                  |                                 |                                 |                                   |              |
| 7. Individuals                   |                                 |                                |                                  |                                 |                                 |                                   |              |
| 8. Service Fees (Program Income) |                                 |                                |                                  |                                 |                                 |                                   |              |
| 9. Other (specify: _____)        |                                 |                                |                                  |                                 |                                 |                                   |              |
| <b>*TOTAL PROGRAM FUNDING*</b>   | <b>\$</b>                       | <b>\$</b>                      | <b>\$</b>                        | <b>\$</b>                       | <b>\$</b>                       | <b>\$</b>                         | <b>*\$</b>   |

\*This should be the same number as listed at bottom right box of chart 15A.

16. Did you receive EFSP dollars in any of the last four Funding Phases?  
 Yes  No

| <u>PHASE</u>          | <u>AMOUNT OF AWARD</u> | <u>CATEGORIES OF FUNDING</u> |
|-----------------------|------------------------|------------------------------|
| XXXIII (33) 2015-2017 | _____                  | _____                        |
| XXXII (32) 2014-2015  | _____                  | _____                        |
| XXXI (31) 2013-2014   | _____                  | _____                        |
| XXX (30) 2012-2013    | _____                  | _____                        |

17. Were your reports and demographic information submitted on time? Yes\_\_\_No\_\_\_

If no, why not? \_\_\_\_\_

**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) OF BROWARD COUNTY  
PHASE XXXIII FUNDING APPLICATION**

**PROGRAM INFORMATION**

18. Agency's Mission Statement:
19. State your rationale and need for each program, including supporting statistics.
20. EFSP does not fund start-up programs or administrative costs. Are you currently providing services for which you are requesting EFSP funds? If not, how will services continue should you not receive EFSP funds for each program for which you are applying?
21. Please provide a description of each program for which you are applying. Include locations where services are provided. Agency has provided food, rent/mortgage and/or shelter programs since 19 \_\_\_\_\_ 20 \_\_\_\_\_.
22. a.) Keeping in mind, according to regulations, you **cannot restrict service to any specific geographic areas of Broward**, please list the primary geographic areas of your clients for which these EFSP funds will be used.
- b.) Do you agree to serve all Broward County clients? Yes  No
23. Keeping in mind EFSP **does not pay salaries**, explain staffing for the service(s) for which you are requesting funds.

**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) OF BROWARD COUNTY  
PHASE XXXIII FUNDING APPLICATION**

24. Client Population Served [Please prioritize (1 being highest priority, 2, 3, etc.) which categories best represent your primary target population(s)]: you do not have to fill in each category.

- Homeless
- Families with Children
- Elderly
- Children
- HIV/AIDS Clients
- Victims of Domestic Violence
- Mental Health Clients
- Substance Abusers
- People with Disabilities
- Veterans
- Native Americans
- Other \_\_\_\_\_

25. Briefly describe your current procedures for screening and intake, including determination of client's eligibility.

**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) OF BROWARD COUNTY  
PHASE XXXIII FUNDING APPLICATION**

26. Describe your collaboration and coordination with area service providers and county agencies.

27. How do you determine if your clients have received similar services from other agencies?

28. Since EFSP requires funded agencies to accept community referrals, what procedure does your agency have in place to assure compliance?

29. If you received funds in the last year, please put statistical information; i.e. outcomes.

**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) OF BROWARD COUNTY  
PHASE XXXIII FUNDING APPLICATION**

**CERTIFICATION**

I certify that this application accurately reflects the perceived needs of my agency/organization. In the event that my agency/organization is approved for Phase XXXIII funding, this agency/organization agrees to abide by all rules, regulations, and decisions, both of the National Board and the Local Board. In addition my agency agrees to provide services to all eligible clients without regard to age, disability, race, religion, color, national origin, marital status, gender, sexual orientation, or location of residence and that no fees will be charged for services supported through EFSP funds. As an applicant, I also understand and agree that the Local Board rules and regulations supersede the National Board guidelines. I also understand that any violation of terms or conditions pertaining to this program, **including submission of reports by the 15<sup>th</sup> of each month**, may result in the withdrawal, suspension or cancellation of funding at any time by the Local Board.

I also certify that I am an authorized signatory for this agency/organization. In this capacity, I am able to bind this agency to all program rules, and to act on behalf of this applicant organization.

\_\_\_\_\_  
Signature of Executive Director/Administrator

**(Sign in blue ink)**

\_\_\_\_\_  
Printed Name of Executive Director/Administrator

\_\_\_\_\_  
Date

**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) OF BROWARD COUNTY  
PHASE XXXIII FUNDING APPLICATION**

**REQUIRED ATTACHMENTS (Must be included for eligibility. Please provide only ONE copy of all required attachments with the original application).**

- \_\_\_\_\_ 1. Certificate of Incorporation or Charter (Current Year)
- \_\_\_\_\_ 2. Certified Audit
  - If your agency is requesting \$25,000 or more from EFSP, a Certified Audit (with management letter, if any) dated within 120 days of the last fiscal year is required
  - If your agency is requesting less than \$25,000 from EFSP, a certified financial statement or balance sheet showing agency's income and expenditures must be submitted in lieu of a Certified Audit.
- \_\_\_\_\_ 3. 501(c)(3) Certification.
- \_\_\_\_\_ 4. List of Names and Addresses of Board Members.
- \_\_\_\_\_ 5. EEO Policy Statement of Agency/Organization.
- \_\_\_\_\_ 6. Agency brochure or one-page program description.
- \_\_\_\_\_ 7. Sign with **blue ink** the Agency Certification (page 7 of the application).
- \_\_\_\_\_ 8. **One** original application with *all required attachments*, plus four copies of the application only (no attachments).

***Submit application package to:***

**GATEWAY COMMUNITY OUTREACH.**  
**291 SE 1<sup>ST</sup> TERRACE**  
**DEERFIELD BEACH, FL 33441**

**DUE BY FEBRUARY 24, 2017 NO LATER THAN 4:00 PM**  
**Must be received by mail or hand delivered by the *due date*.**

**APPLICATION CANNOT BE SUBMITTED ONLINE, FAXED, OR E-MAILED**  
**LATE APPLICATIONS WILL NOT BE ACCEPTED**



**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) OF BROWARD COUNTY  
PHASE XXXIII FUNDING APPLICATION**

**CALENDAR OF APPLICATION  
2017**

|                           |   |
|---------------------------|---|
| January 31                | Planning Meeting of Local EFSP Board.   |
| February 12               | Legal Ad Placed in the <i>Sun-Sentinel</i> .  |
| February 13 – February 24 | <b>Download</b> RFP's from <a href="http://www.gcoflorida.org">www.gcoflorida.org</a> or <b><i>pick-up from Gateway Community Outreach</i></b> , 291 SE 1 <sup>st</sup> Terrace, Deerfield Beach Monday - Friday between 8:30 AM - 4:30 PM. |
| February 13 – February 24 | Technical Assistance will be available by calling Carol Ray, 954-725-8434 between the hours of 10:00 AM to 2:00 PM, Monday- Friday.   |
| February 24               | Applications must be submitted no later than <b>4:00 PM</b> at Gateway Community Outreach 291 SE 1st Terrace, Deerfield Beach, FL 33441.<br><b><u>No E-mails or Faxes will be accepted!</u></b>   |
| March 7                   | Allocation Meeting of Local Board   |
| March 8                   | Non funded agencies will be notified by noon by email and letters will be mailed out  |
| TBA                       | Written appeals must be submitted by email to <a href="mailto:gatecomm291@aol.com">gatecomm291@aol.com</a> to Carol Ray no later than 12:00 noon  |
| TBA                       | Local Board meets if necessary to hear appeals.   |
| TBA                       | Approved applicants are notified of Local Board decision.   |
| TBA                       | The Applicants will have received notice of appeal decision.  |
| TBA                       | Local Board Plan submitted to National Board.   |
| TBA                       | <b><u>Mandatory Training</u></b> , Start of Phase XXXIII.   |

**Enclosure A**  
**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) OF BROWARD COUNTY**  
**PHASE XXXIII FUNDING APPLICATION**

**(You may keep this page)**

**I. LOCAL BOARD APPLICATION PROCESS**

The application process begins with a Legal Notice placed in the local newspaper (i.e. Sun-Sentinel) Sunday prior of the starting date of the application process before the application pick-up date.

Once the announcement has been listed in the newspaper, agencies can pick-up an application from Gateway Community Outreach between 8:30 am – 4:30 pm, Monday – Friday, for one week. The application can also be downloaded on our website: [www.gcoflorida.org](http://www.gcoflorida.org).

The deadline for the application is normally two weeks from the close out of the pick-up date. No late applications will be accepted from any agency.

**II. LOCAL BOARD APPEALS PROCESS**

The Local Board will then meet the following week to review applications and allocation amounts. Letters of awards will be sent to the agency within 10 business days after the allocation meeting.

The non funded agencies will then receive by email and registered mail the date, time and location of the appeals meeting. The agency appeals must be put in writing and the local board will set a deadline date for the written appeals.

The Board will decide on the appeal and the majority vote will rule. A written response will be mailed to the agency within 5 business days after the appeal informing the agency of the Board's decision.

**Enclosure B**  
**Selection Criteria**  
**EFSP Phase XXXIII Funding**

Date \_\_\_\_\_

Organization Name \_\_\_\_\_

Reviewer's Names \_\_\_\_\_

Proposals will be evaluated against the following criteria and selection will be made on the basis of overall scores and community need. The reviewers may request additional information.

Proposal Evaluation Criteria and Weighing

A. Proposal must meet the following criteria to be evaluated against the criteria delineated in Section B below:

\_\_\_\_\_ Completion of ALL PARTS of the project application

\_\_\_\_\_ Application submitted and received on time

\_\_\_\_\_ Required attachments

\_\_\_\_\_ Signed certification in blue ink

\_\_\_\_\_ Consistency with EFSP Goals

B. Specific Programmatic Evaluation Criteria

The following criteria will be evaluated on a scale of 0 - 3 as follows:

Not At All

Inadequate

Meets  
Standards

Above  
Standard

0

1

2

3

| Maximum Allowable Points | Score | Criteria  |
|--------------------------|-------|---|
| 3                        |       | Budget was complete, reasonable, cost effective & appropriate. <b>Questions 15A, 15B, 16 &amp; 17</b>             |
| 3                        |       | Rationale and need for the project were clearly stated and included supporting statistics. <b>Question 19</b>     |
| 3                        |       | Description if funds are not received.<br><b>Question 20</b>  |
| 3                        |       | Program description was clearly stated.<br><b>Questions 21</b>  |
| 3                        |       | Methods for screening client eligibility.<br><b>Question 25</b>   |
| 3                        |       | Collaboration and coordination with area service providers and county agencies<br><b>Question 26, 27 &amp; 28</b> |
| 3                        |       | Agency demonstrates capacity to deliver services<br><b>(OVERALL APPLICATION.)</b>                                 |

\_\_\_\_\_ Total points