## 

## APPLICATION DEADLINE: March 22, 2024 by 4:00pm

**No emails or faxes will be accepted**

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*)

1. Contact Person E-Mail Address:

(*Person responsible for monthly reports*)

1. Organization Status: \_\_\_**Non-Profit** (MUST BE TAX EXEMPT TO APPLY) \_\_\_\_Government
2. Federal Employer Tax Number:
3. Name of Agency’s Fiscal Person:
4. Agency Fiscal Year:
5. 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.

1. UEI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**15A- FINANCIAL INFORMATION – PHASE 41**

Program Budget (EFSP Request)

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Fiscal Year Begins:** \_\_\_\_\_\_\_\_\_\_\_\_

**AGENCY’S TOTAL ANNUAL BUDGET FOR 2024:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL BUDGET FOR YOUR ‘EFSP’ FUNDING REQUEST:** \_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM BUDGET (Funding Request Categories)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Categories for Funding** | **Type of Service Provided** | **# Units of Service to be Provided with EFSP funding** | **# Clients to be served w/EFSP Funds** | **EFSP Funding Request** | **Non-EFSP Program Budget**  **funds** | **Total Program Budget**  **EFSP + Non EFSP** |
| **Example Only: Request Grant Amount for Program** | **E.g. Meals** | **3,000** | **3,000** | **$6,000** | **$40,000** | **$46,000** |
| A. Mass Feeding Program ($3 per meal) | 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 | Payment (average $$ Assistance) |  |  |  |  |  |
| **TOTAL EFSP FUNDING REQUEST** |  |  |  |  |  |  |

**15B PROJECTED ANNUAL INCOME:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SOURCES OF SUPPORT** | (A)  Mass  Feeding | (B)FoodPantry | (C)Food Vouchers | (D)Mass Shelter | (E)Hotel/Motel | (F) Rent/  Mortgage | Total |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |  |  |  |
| **\*TOTAL PROGRAM FUNDING\*** | **$** | **$** | **$** | **$** | **$** | **$** | **\*$** |

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

1. Did you receive EFSP dollars in any of the last four Funding Phases?

Yes No

PHASE AMOUNT OF AWARD CATEGORIES OF FUNDING

40

ARPA-R

39

38

1. Were your reports and demographic information submitted on time? Yes No

If no, why not?

PROGRAM INFORMATION

1. Agency’s Mission Statement:
2. State your rationale and need for ***each*** program, including supporting statistics.
3. 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?
4. 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 .
5. 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 □

1. Keeping in mind EFSP does not pay salaries, explain staffing for the service(s) for which you are

requesting funds.

1. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Briefly describe your current procedures for screening and intake, including determination

of client’s eligibility. Please be advised that your agency must use the eligibility criteria that is provided in the EFSP manual (please refer to the Ph 35 manual). Your agency’s current intake form or application may not be used if it includes limitations that are not stated in the manual.

1. Describe your collaboration and coordination with area service providers and county agencies.
2. How do you determine if your clients have received similar services from other agencies?
3. Since EFSP requires funded agencies to accept community referrals, what procedure does your

agency has in place to assure compliance.

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

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 41 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 15th 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 Printed Name of Executive Director/Administrator

(Sign in blue ink)

Date

**FATAL FLAWS**

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 applicationwith *all required attachments*,plus four copies of the application only (no attachments).

***Submit application package to:***

**GATEWAY COMMUNITY OUTREACH.**

**291 SE 1ST TERRACE**

**DEERFIELD BEACH, FL 33441**

**DUE BY March 22, 2024 NO LATER THAN 4:00 PM**

**Must be received by mailor hand delivered by the *due date.***

**APPLICATION CANNOT BE SUBMITTED ONLINE, FAXED, OR E-MAILED**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

**CALENDAR OF APPLICATION**

**2024**

Planning Meeting dates of Local EFSP Board by email

March 10th Legal Ad Placed in the *Sun-Sentinel.*

March 11th – March 22nd **Download** RFP’s from [**www.gcoflorida.org**](http://www.gcoflorida.org)

March 11th – March 22nd 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.

March 22nd Applications must be submitted no later than **4:00 PM** at Gateway Community Outreach 291 SE 1st Terrace, Deerfield Beach, FL 33441.

***No E-mails or Faxes will be accepted!***

TBA Allocation Meeting of Local Board

TBA 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 [gatecomm291@aol.com](mailto:gatecomm291@aol.com) 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 **Mandatory Training**, Start of Phase 41

Enclosure A

**(You may keep this page)**

1. **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 download the application on Gateway Community Outreach website: [www.gcoflorida.org](http://www.unitedwaybroward.org).

No late applications will be accepted from any agency.

1. **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 41 Funding

Date

Organization Name

Reviewer’s Names

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

# Proposal Evaluation Criteria and Weighing

1. 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

1. 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. **Questions 15A, 15B, 16 &17** | | | |
| 3 | |  | Rationale and need for the project were clearly stated and included supporting statistics. **Question 19** | | | |
| 3 | |  | Description if funds are not received.  **Question 20** | | | |
| 3 | |  | Program description was clearly stated.  **Questions 21** | | | |
| 3 | |  | Methods for screening client eligibility.  **Question 25** | | | |
| 3 | |  | Collaboration and coordination with area service providers and county agencies  **Question 26, 27 & 28** | | | |
| 3 | |  | Agency demonstrates capacity to deliver services (**OVERALL APPLICATION**.) | | | |

Total points