

EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) OF BROWARD COUNTY
PHASE 42 FUNDING APPLICATION

APPLICATION DEADLINE: February 21, 2025 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)
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. Unique Entity Identifier (UEI) Number: _____

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15A- FINANCIAL INFORMATION – PHASE 42

Program Budget (EFSP Request)

Organization Name: _____

Address: _____

Contact Person: _____

Telephone: _____ Fax: _____ Email: _____

Agency Fiscal Year Begins: _____

AGENCY'S TOTAL ANNUAL BUDGET FOR 2025: _____

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						

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15B PROJECTED ANNUAL INCOME:

SOURCES OF SUPPORT	(A) Mass Feeding	(B) Food Pantry	(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.

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>
41	_____	_____
40	_____	_____
ARPA-R	_____	_____
39	_____	_____

17. Were your reports and demographic information submitted on time? Yes___No___

If no, why not? _____

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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

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

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 _____

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25. 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.

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.

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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 42 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
(Sign in blue ink)

Printed Name of Executive Director/Administrator

Date

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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 application with *all required attachments*, plus four copies of the application only (no attachments).
- _____ 9. Every question must be answered.

Submit application package to:

GATEWAY COMMUNITY OUTREACH.
291 SE 1ST TERRACE
DEERFIELD BEACH, FL 33441

DUE BY February 21, 2025 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

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CALENDAR OF APPLICATION
2025

Planning Meeting dates of Local EFSP Board by email

February 9th

Legal Ad Placed in the *Sun-Sentinel*.

February 10th – February 21st **Download** RFP's from www.gcoflorida.org

February 10th – February 21st 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 21st

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!

February 26th

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 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 42

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Enclosure A

(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 download the application on Gateway Community Outreach website: www.gcoflorida.org.

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.

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Enclosure B
Selection Criteria
EFSP Phase 42 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

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 0	Inadequate 1	Meets Standards 2	Above Standard 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

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COUNTY PHASE 42 FUNDING APPLICATION**