

EMERGENCY FOOD & SHELTER PROGRAM, LOCAL BOARD 3816-00



United Way
of Washington County, MD

EFSP PHASE 35 APPLICATION FOR FUNDS

All Applications must be received by: 3:00 P.M., Friday, June 29, 2018.

Contact: Kathy C. Saxman
 Director of Community Impact & Investments
 United Way of Washington County, MD
 83 West Washington Street, Suite 101
 Hagerstown, MD 21740

Agency's Legal Name	
If existing LRO, LRO Number	
Agency Director	
Phone/fax/ and email for Director listed above	
Agency Contact for Application Questions	
Phone/ fax and email for Application Contact	
Agency Contact for EFSP, if funded	
Phone/ fax and email for EFSP Contact	
Agency Physical address	
Congressional District, where agency is physically located	
Agency Mailing Address	
Agency Address, where EFSP funded services are provided	
Congressional District where EFSP funded services are provided	

Agency Federal Employer Identification Number (FEIN)	
Agency's DUNS Number	
Amount of EFSP Funds requested / Total Budget Amount by EFSP Program Area (i.e., rent, food, utilities, etc.)	Rental Assistance: _____ Utilities: _____ Food/ Soup Kitchen: _____ Food/ Food Pantry: _____ Emergency Shelter/ Motel Placements: _____ Cold Weather Shelter: _____ Served Meals/ Mass Shelter: _____ Food / Meals on Wheels: _____ Total request: _____
Total Agency Operating Budget	
Total Agency budget for the Program area Requested (i.e., rent, food, utilities, etc.)	
Attach Copy of Agency's Most Recent Annual Audit	
State whether the Agency is a Nonprofit or a Unit of Government	
If the agency is a nonprofit, provide a roster of the agency's volunteer Board.	
Is the Agency debarred or suspended from receiving funds or doing business with the Federal Government? Yes or No	

REQUIRED PROJECT NARRATIVE

Applications for EFSP funds must include the following narrative items, which will be used for ranking the applications.

1. **Past Performance.** (Maximum 5 Points)
Please provide a brief history of:
 - Your agency's services and clients served, with particular emphasis on:
 - Your Emergency Food and Shelter Programs
 - Your prior use of EFSP dollars

2. **Cost Effectiveness.** (Maximum 2 Points)
Based on your proposal, please provide an analysis of per-unit cost.

3. **Ability to spend.** (Maximum 2 Points)
Please provide a history of your agency's ability to expend EFSP and other emergency service dollars in a timely manner.

4. **Target Population.** (Maximum 1 Point)
Please provide a detailed description of the population(s) that you intend to serve and your rationale for the selection of this target population.

5. **Leverage.** (Maximum 2 Point)
 - a. Please identify any additional client benefit dollars available within your agency
 - b. Discuss how these benefit dollars will be matched with EFSP dollars.

6. **Readiness to begin and ability to perform.** (Maximum 3 Points)
 - a. Is the agency equipped to provide required EFSP reports (i.e., Computer, printer, internet access, staff trained in using system and carrying out required work, etc.)?
 - b. Provide the contact information for the staff that will be responsible for all EFSP reporting.
 - c. Has the agency received federal funds in the past? If so, please provide a brief summary of the amount and use of these funds.