

EFSP NATIONAL BOARD PROGRAM

APPLICATION FOR FUNDING

PHASE 39 AND ARPA-R Co-APPLICATION

The Emergency Food and Shelter Program (EFSP) is a federal program governed since 1983 by a National Board of nonprofit agencies chaired by the Federal Emergency Management Agency (FEMA). The intent of this program is the purchase of food and shelter to supplement and expand currently available resources – not to substitute or reimburse ongoing programs and services or to start new programs. EFSP funds are allocated to Local Boards within jurisdictions. The Local Board then allocates funds to Local Recipient Agencies.

This document provides information regarding the EFSP Phase 39 and ARPA-R funding process in Onondaga County and an opportunity to apply for funds. For more information, please visit the national website <http://www.efsp.unitedway.org>

AWARD PLAN FOR ONONDAGA COUNTY

Local Board Members

The Onondaga County Local Board consists of nine agencies, as well as local government, community members, and one homelessness advocate. These agencies are primarily local entities that mirror those agencies that serve on the National Board. The Local Board administers the EFSP funds for the Onondaga County jurisdiction.

Duties of Local Board

The Local Board will advertise the program, decide which agencies will receive awards, establish an appeals process, monitor grant expenditures and submit reports to the National Board.

Procedures

The Local Board will send an announcement to local media, to agencies known to be providing emergency food or shelter, and to anyone who has asked to be notified when funds are available. The Local Board will review all applications filed by the deadline. The Local Board will then recommend and finalize grant amounts to accepted applicant agencies.

Submission of an application is not a guarantee that an allocation will be awarded. Each applicant will receive written notice of the decision. Agencies wishing to appeal the Local Board's decision must file written notice within 10 business days.

United Way of Central New York will handle all staff functions of the Local Board, including communication with applicants, processing awards, monitoring expenditures, and filing reports with the National Board.

Local Board Objectives

In meeting its responsibilities under the National Board's principles, the Local Board will strive to:

- serve the largest possible number of needy persons throughout Onondaga County;
- ensure that people, including those with special needs, have reasonable access to assistance;
- equip and maintain shelters and food programs for ongoing service; and
- coordinate the distribution of food and provision of shelter and financial assistance with other programs.

Additionally:

- The local EFSP Board has determined that the most effective distribution of funds within the "Other Food" category is through umbrella organizations. The Board encourages individual food pantries to contact the Food Bank of Central New York (315-437-1899) to determine eligibility for assistance.
- The local EFSP Board has determined that the distribution of "Mass Shelter" funds will be based on shelter nights provided.

Local Board Priorities

Priority consideration for funding will be given to agencies which:

- have a demonstrated capacity to efficiently serve their community;
- provide ongoing emergency assistance in areas of high need or to people with special needs;
- can expand or maintain emergency services; and
- coordinate services with other agencies.

The Local Board has identified this priority so that help may be available to as many people as possible. Agencies serving multiple communities will have priority over agencies serving a single municipality or township.

GENERAL INFORMATION

Applicant agencies should thoroughly review supplemental information about the program before completing the application documentation, including:

- the Emergency Food and Shelter National Board Program Phase 38 Responsibilities and Requirements;
- additional information provided by EFSP National Board (e.g. Key Changes and Guideline Clarifications, etc.); and
- the Onondaga County EFSP Appeals Process (available by request to Meredith Ouderkirk, mouderkirk@unitedway-cny.org).

Please note the following information pertaining to EFSP grants:

No funding will be given for:

- holiday food distribution or special events
- second stage or transitional housing programs
- recovery homes
- services for which clients pay fees
- anticipated need (i.e. fire victims, floods, etc.)

No one may be charged a fee for services funded by this grant.

Successful applicants (i.e. Local Recipient Organizations; LRO) must keep documentation of all grant expenditures for three years after the grant expires.

Documentation required by the National Board includes copies of both sides of the canceled check and an itemized invoice from the vendor. If an LRO cannot provide copies of both sides of the canceled check because the LRO's bank does not return checks, then either of the following items are acceptable alternatives:

- facsimile copies of canceled check (front) from the LRO's checking account statements and written confirmation from the bank that only facsimile copies are provided on the account; or
- LRO's checking account statements along with a copy of the check when it is issued by the agency and written confirmation from the bank that canceled checks are not returned for the account.

Suspected fraud or misuse of federal funds must be reported to the Office of the Inspector General, Federal Emergency Management Agency, 1-800-323-8603.

Deadline: We must receive your application by **4:30 p.m., on Wednesday, March 2, 2022**. Late applications will not be considered by the board unless an extension is explicitly communicated with Meredith Ouderkirk and accepted in writing.

Where to Apply: The application and all attachments must be submitted electronically to Meredith Ouderkirk at MOuderkirk@unitedway-cny.org before the deadline. If necessary, you may mail or deliver the original, signed copy of the application and any required documents to: Meredith Ouderkirk, Onondaga County Local EFSP Board, United Way of Central New York, 980 James Street, Syracuse, New York, 13220-2129. Due to the COVID-19 pandemic, the office is closed so please communicate your plans to deliver or mail ahead of time. To coordinate a hand-delivery to the office, please call Meredith at (315) 428-2220 or utilize the email address above.

Eligibility: Eligible agencies must be 501(c)(3) nonprofits or part of the local government; be eligible to receive federal funds; have an accounting system; have a Data Universal Number System (DUNS); adhere to acceptable nondiscrimination policies; be capable of delivering the proposed programs; and, conduct an independent annual audit if receiving \$50,000 or more in EFSP funds, or, conduct an annual accountant's review if receiving \$25,000 to \$49,999 in EFSP funds.

Agencies wishing to receive EFSP dollars but lacking an adequate accounting system need a fiscal agent, an agency that maintains all EFSP financial records for another agency. A qualified fiscal agent is a nonprofit or government agency whose funds are independently audited. A fiscal conduit is an EFSP-funded agency that maintains all EFSP financial records on behalf of one or more agencies under a single grant. The fiscal agent/fiscal conduit is the organization responsible for the receipt of funds, disbursement of funds to vendors, and documentation of funds received. The fiscal agent/fiscal conduit must meet all requirements of an LRO. Please review the LRO certification sheet beginning on page 14 for requirements. A fiscal conduit agency acting as a network of individual members must submit the required application materials; the individual members in the network do not have to submit individual information.

Required Documents: All applicant agencies must submit a signed Local Recipient Organization certification form (page 13 & 14 of this packet) as part of their application, and if awarded funding, again via the EFSP website when submitting their Local Recipient Organization Plan. Agencies required to have an audit must submit the most recent one available, *unless already on file with United Way of Central New York*. If the applicant agency is using a fiscal agent/fiscal conduit, they must submit a signed Fiscal Agent/Fiscal Conduit Agency Relationship Certification Form (page 15 & 16 of this packet). The CERTIFICATION REGARDING LOBBYING (page 17 of this packet) must be submitted by Local Recipient Organizations receiving more than \$100,000 in EFSP Funds.

All applicant agencies must also submit the following if not already on file with the UWCNY:

- proof of New York State incorporation as a nonprofit agency;
- proof of IRS certification of 501(c)(3) status; and
- applicant agency's Board of Directors roster.

Geographic Area Covered by Application: Onondaga County, New York

Allowable Costs: Please consult the *Responsibilities & Requirements* document or the *Quick Reference Guide* related to your spending category to determine eligible costs for each EFSP funding category. These documents can be located on the EFSP website. If you need assistance locating this, or any other document related to EFSP, please reach out to Meredith Ouder Kirk.

Amount of Funding Available for Phase 39: The total Onondaga County award is \$177,043.

Amount of Funding Available for ARPA-R: The total Onondaga County award is \$547,198.

Grant Period: The start date of the ARPA-R and Phase 39 grant period will be concurrent and is to be determined by the EFSP National Board. The end date will be determined by the Local Board and is to be officially decided. Eligible expenditures made during this grant period, or, by such other date as allowed by the national EFSP program, may be charged to the grant. Most grants will be paid in two equal installments, once shortly after the local board plan is submitted, and once after the LRO submits its interim report and second payment request.

For Assistance with Application: Please contact Meredith Ouderkirk at United Way of Central New York at (315) 428-2220 or mouderkirk@unitedway-cny.org.

**EFSP NATIONAL BOARD PROGRAM
APPLICATION FOR FUNDING
PHASE 39 AND ARPA-R**

Phase(s) Applying for (select all that apply): ARPA-R ___ Phase 39 ___

Legal Name of Organization:

DBA (if applicable):

Agency is: Non-profit ___ Unit of government ___

If non-profit, please attach a copy of the roster of the current Board of Directors unless this is on file with United Way of Central New York.

Is the agency debarred or suspended from receiving funds or doing business with the Federal government: No ___ Yes ___

Name of Agency's Principal (Executive Director, etc.):

Principal's Phone:

Principal's Email:

Name of Agency Contact for Application Questions:

Contact's Phone:

Contact's Email:

Name of Agency Contact for EFSP, if funded (if different from above):

Contact's Phone:

Contact's Email:

Contact's Fax:

Agency Mailing Address (Main Office; must include 9 digit zip code):

Congressional district of Agency's Main Office:

Agency website:

Agency address for Place of Performance (where the EFSP funded services are provided):

Congressional district where EFSP funded services are provided (Place of Performance):

Agency Federal Employer Identification Number (EIN):

Agency's DUNS number:

Amount of EFSP funding requested by phase and program area (food, rent, utilities, etc.)

Phase 39:

ARPA-R:

Agency operating budget (total):

Description of how EFSP Funds will be expended:

Copy of agency's most recent annual audit enclosed, or, please note if it is on file at UWCNY:

THIS SECTION IS FOR AGENCIES APPLYING UNDER A FISCAL CONDUIT ONLY:

FISCAL AGENT/FISCAL CONDUIT (Must be the signatory agency on Certification Forms):

Fiscal Agent (Legal Name of Organization):

Address (Main Office):

Telephone:

Fax:

Executive Director:

Application Contact:

Application Contact Telephone:

Application Contact E-Mail:

Additionally, each applicant must complete:

- **Funding Request (pages 8, 9, 10):** indicating dollars requested, total numbers served/proposed served by program, and unit of measure being utilized.
- **Program Information (pages 11, 12):** complete a separate narrative sheet for **EACH** emergency service for which you are requesting EFSP funds; include **Supplemental Information** as appropriate.
- **Local Recipient Organization Certification Form (pages 13, 14).**

FUNDING REQUEST All Applicants

Please complete the output tables below for each emergency service requesting EFSP funding. Applicants must define the units of services noted within each category; please note that the definitions of meals and shelter nights have been provided below. Please complete all categories.

Please note that outputs are requested for both Total Program (TP) and EFSP-supported service provision (EFSP). Total Program refers to the total units of services provided by the program, while EFSP denotes the units of services directly supported by EFSP funds. *For example, if an applicant provides 100 shelter nights, and 20% of those shelter nights are supported by EFSP funds, the output would be listed as “TP = 100 / EFSP = 20”.*

Food	Phase 38 Actual # Meals Served	Phase 39 Funding Request	Phase 39 Est. # Meals Served	ARPA-R Funding Request	ARPA-R Est. # Meals Served
Please list in each category Total Program Amount / EFSP funded Totals	Total Program # /EFSP #		Total Program # /EFSP #		Total Program # /EFSP #
I. Served Meals: Food purchased & prepared as meals served to clients		\$		\$	
II. Other Food: Food items (groceries) acquired for distribution to clients.		\$		\$	
III. Umbrella Organization: Applicable only to organizations providing food/funding to distribution programs.		\$		\$	
Food Total		\$		\$	

“Meal” = defined as acceptable serving sizes of items from at least three (3) of the five (5) main food groups (e.g. three of the following five food groups: breads and cereals, fruit, vegetables, meat, and dairy products).

Shelter	Phase 38 Actual # Shelter Nights	Phase 39 Funding Request	Phase 39 Est. # Shelter Nights	ARPA-R Funding Request	ARPA-R Est. # Shelter Nights
Please list in each category Total Program Amount / EFSP funded Totals	Total Program # /EFSP #		Total Program # /EFSP #		Total Program # /EFSP #
IV. Mass Shelter		\$		\$	
V. Other Shelter		\$		\$	
Shelter Total		\$		\$	

“Shelter Nights” = defined as number of nights that a bed was used by an individual not the number of beds that were available each night. (e.g. 20 beds available 10 used for 10 nights shelter nights equal 100.)

Special Requests	Phase 38 Actual Served	Phase 39 Funding Request	Phase 39 Est. Units Served	ARPA-R Funding Request	ARPA-R Est. # Shelter Nights
Please list in each category Total Program Amount / EFSP funded Totals	Total Program # /EFSP #		Total Program # /EFSP #		Total Program # /EFSP #
VI. Supplies/Equipment		\$		\$	
VII. Emergency Repairs		\$		\$	
Special Requests Total		\$		\$	

Rent/Mortgage/Utilities Assistance	Phase 38 Actual Served	Phase 39 Funding Request	Phase 39 Est. Units Served	ARPA-R Funding Request	ARPA-R Est. Units Served
Please list in each category Total Program Amount / EFSP funded Totals	Total Program # /EFSP #		Total Program # /EFSP #		Total Program # /EFSP #
VIII. Rent/Mortgage		\$		\$	
IX. Utilities Assistance		\$		\$	
Assistance Total		\$		\$	

Agency Administrative Expense	Phase 38 Actual Expense	Phase 39 Funding Request	Phase 39 Est. Units Served	ARPA-R Funding Request	ARPA-R Est. Units Served
Please list in each category Total Program Amount / EFSP funded Totals			n/a		n/a
X. Agency Administrative Expense		\$		\$	
Administrative Total Per Phase		\$		\$	

Total Award Requested for Phase 39 _____

Total Award Requested for ARPA-R _____

PROGRAM INFORMATION

All Applicants

3 PAGE MAXIMUM

The following narrative needs to be completed only once for both Phase 39 and ARPA-R. For agencies applying to receive funding for more than one spending category (e.g. served meals, other food, rental assistance, etc) please address each spending category in each of your responses.

1. Briefly describe the services the program is providing based on the allowable costs within the EFSP funding category as outlined in the Responsibilities & Requirements Manual.
2. Describe your agency's capacity to provide the proposed services, including the history of providing these services, staff experience, and physical plant.
3. Describe client eligibility, including basic enrollment procedures and how often people can receive services (*if responding as an umbrella organization consider food pantries as the client*).
4. Describe the target population of your program, please include information regarding (*if responding as an umbrella organization consider food pantries as the target population*):
 - any special emphasis groups served (as defined in the *Responsibilities and Requirements Manual*); and
 - the geographic service area of the program, noting if the program serves all of Onondaga County or is restricted to a specific zip code/geographic area. Provide information on any increase in need within the area served.
5. Describe the actual site where clients will receive services and hours of operation. Describe the frequency of the program (*not applicable to umbrella organizations*).
6. How is your service provision part of the continuum of emergency services in the community? How does your agency collaborate with others on the continuum? Please describe any existing referral relationships or participation in community partnerships.
7. Give details on how EFSP supplements other funding to sustain your program's ongoing efforts: what other funds are supplemented by EFSP dollars for the program service requested? (*Please Note: EFSP dollars must not account for more than 49% of the agency's budget for the program – EFSP eligible costs*)

8. Please provide the agency budget for the program area requested, limiting the information provided to EFSP eligible costs (as described in the Responsibilities & Requirements Manual). Please indicate in-kind support only when it represents an otherwise eligible cost.
9. Please add any comments/information you would like the board to know about your organization.

SUPPLEMENTAL INFORMATION **Served Meals ONLY**

1 PAGE MAXIMUM

- Describe how the agency obtains food.
- Describe why the agency's method(s) of obtaining food is(are) cost-effective.
- Describe the dining area and how food is distributed.

SUPPLEMENTAL INFORMATION **Umbrella Organizations ONLY**

1 PAGE MAXIMUM

- Describe how the agency will obtain food.
- Describe why the agency's method(s) of obtaining food is(are) cost-effective.
- What monitoring practices are in place for pantries receiving food or allocation?

LOCAL RECIPIENT ORGANIZATION CERTIFICATION FORM

(To be retained by Local Board)

As a recipient of Emergency Food and Shelter National Board Program funds made available for Phase 39 and/or ARPA-R and as the duly authorized representative of [Add organization name here], I certify that my public or private organization:

- Is not debarred from receiving federal funds;
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect;
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not use EFSP funds to support access to classified national security information;
- Has the capability to provide emergency food and/or shelter services;
- Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services;
- Is a nonprofit or an agency of government;
- Will not use EFSP funds as a cost-match for other Federal funds or programs;
- Has an accounting system or fiscal agent approved by the Local Board, and will pay all vendors by an approved method of payment;
- Conducts an independent annual review if receiving \$25,000 - \$49,999/an independent annual audit if receiving \$50,000 or more in EFSP funds, and, an OMB Circular A-133 audit if receiving \$500,000 or more in Federal funding and will provide a copy of this audit to the Local Board;
- Has not received an adverse or no opinion audit;
- Understands that cash payments (including petty cash) are not eligible under EFSP;
- Has provided a Federal Employer Identification Number (FEIN) and a Data Universal Number System (DUNS) issued by Dun & Bradstreet (D&B) and required associated information to EFSP;
- Practices non-discrimination (agencies with a religious affiliation must not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds);
- Will not charge a fee to clients for EFSP funded services;
- If private, not-for-profit, has a voluntary board;

- Will comply with the Phase 39 and ARPA-R Roles and Responsibilities Manual, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements;
- Will provide all required reports to the Local Board in a timely manner (i.e., Second Payment/Interim Request and Final Reports);
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks – front and back, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved;
- Will spend all funds and close-out the program by my jurisdiction’s selected end-of-program and return any unused funds to the National Board (\$5.00 or more; make checks payable to United Way of America/Emergency Food and Shelter Program National Board);
- Will provide complete documentation of expenses to the Local Board, if requested, no later than one month following my jurisdiction’s selected end-of-program;
- Will comply with the Office of Management and Budget Circular A-133 if expending \$500,000 or more in Federal funds;
- If applicable, will comply with lobbying prohibition certification and disclosure of lobbying activities if receiving more than \$100,000 in EFSP funds; and,
- Have no known EFSP compliance exceptions in this or any other jurisdiction.

Agency Name: _____

Agency Representative:

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

**FISCAL AGENT/FISCAL CONDUIT AGENCY
RELATIONSHIP CERTIFICATION FORM**

(To be retained by Local Board and Fiscal Agent/Fiscal Conduit)

To be filled out only by LRO's utilizing a Fiscal Agent/Fiscal Conduit

As a recipient (through the fiscal agent/conduit noted below) of Emergency Food and Shelter National Board Program funds made available for Phase 39 and/or ARPA-R and as the duly authorized representative of _____, I certify that my public or private organization:

- Has fiscal agent/fiscal conduit approved by the Local Board:
_____ (Name of Fiscal Agent/Fiscal Conduit)
- Is not debarred from receiving Federal funds;
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect;
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not use EFSP funds to support access to classified national security information;
- Has the capability to provide emergency food and/or shelter services;
- Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services;
- Is a nonprofit or an agency of government;
- Will not use EFSP funds as a cost-match for other Federal funds or programs;
- Has an accounting system or fiscal agent approved by the Local Board, and will pay all vendors by an approved method of payment;
- Conducts an independent annual review if receiving \$25,000 - \$49,999/an independent annual audit if receiving \$50,000 or more in EFSP funds, and, an OMB Circular A-133 audit if receiving \$500,000 or more in Federal funding and will provide a copy of this audit to the Local Board;
- Has not received an adverse or no opinion audit;
- Understands that cash payments (including petty cash) are not eligible under EFSP;

- Has provided a Federal Employer Identification Number (FEIN) and a Data Universal Number System (DUNS) issued by Dun & Bradstreet (D&B) and required associated information to EFSP;
- Practices non-discrimination (agencies with a religious affiliation must not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds);
- Will not charge a fee to clients for EFSP funded services;
- If private not-for-profit, has a voluntary board;
- Will comply with the Phase 39 and ARPA-R Roles and Responsibilities Manual, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements;
- Will provide all required reports to the Local Board in a timely manner (i.e., Second Payment/Interim Request and Final Reports);
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks – front and back, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved;
- Will spend all funds and close-out the program by my jurisdiction’s selected end-of-program and return any unused funds to the National Board (\$5.00 or more; make checks payable to United Way of America/Emergency Food and Shelter Program National Board);
- Will provide complete documentation of expenses to the Local Board, if requested, no later than one month following my jurisdiction’s selected end-of-program;
- Will comply with the Office of Management and Budget Circular A-133 if expending \$500,000 or more in Federal funds;
- If applicable, will comply with lobbying prohibition certification and disclosure of lobbying activities if receiving more than \$100,000 in EFSP funds; and,
- Have no known EFSP compliance exceptions in this or any other jurisdiction.

Agency Name: _____

Agency Representative:

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

CERTIFICATION REGARDING LOBBYING

To be filled out only by LRO's receiving more than \$100,000 in EFSP Funds.

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- 1 No Federal appropriated funds have been paid or will be paid by or on the behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, contribution, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2 If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3 The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Title 32 U.S.C. §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

LRO Name: _____

LRO ID#: _____ **Local Board ID#:** _____

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

NOTE: Standard Form LLL and instructions are available from the National Board office.