



EFSP Phase 40

Request for Proposals from Local Recipient Organizations in Salt Lake County

Submit to:

Completed applications must be submitted electronically
by 5:00 p.m., Tuesday, January 17, 2022 to:

tmcfadden@slco.org

Note:

It is the agency's responsibility to confirm the proposal is received by 5:00 pm on Tuesday, January 17, 2022. A confirmation email will be sent when the proposal is received; if no confirmation is received by your agency within 24 hours of submission please contact Tarra McFadden.

Tarra McFadden
Mayor's Office of Programs and Partnerships
Salt Lake County
2001 South State Street, Suite N4-930
Salt Lake City, Utah 84114-4575 Email:
tmcfadden@slco.org

Applicant Organization Name:

Request for Salt Lake County Phase 40 Monies
 Emergency Food and Shelter Program

*EFSP funds are to be used on an ongoing basis to supplement and extend food and shelter services, **not to substitute for other program funds or start new programs.** Funds are not to be held or reserved but spent on an as needed basis to supplement and extend services.*

<u>Agency Information</u>	Date Application Submitted:
Agency Name:	
Address:	
City/Zip:	
County:	
Phone:	
	Total Amount Requested:
Fax:	
Executive Director Name:	
Contact for this Application:	
Email/Phone for application contact:	
Federal ID:	

Projected expenditure during program operation; *spending period will be November 1, 2021 to December 31, 2023.*

Name of Project	Meals Served (\$3.00/meal)	Mass Shelter (\$12.50/night)	Other Shelter (Hotel/Motel Vouchers)	Rent/Mortgage Assistance	Utility Services for Clients	Supplies/ Equipment
Amount requested per project	\$	\$	\$	\$	\$	\$
	# Meals	# Nights	# Nights	# Bills	# Bills	
Units of service requested						

Applicant Organization Name:

Agency Eligibility Checklist

- 501(c), non-profit agencies, or agency of government, providing food and/or shelter to homeless and low- income people.
- Agencies must not charge fees to clients for EFSP-provided services, nor may a donation be required. Service providers must be supplementing existing food and shelter programs.
- Agencies must practice non-discrimination and not require religious participation.
- Agencies must be governed by a volunteer Board of Directors (except for government units).
- Agencies must conduct an independent annual financial review / audit.
- Agencies must have an accounting system.
- Agencies must not be debarred or suspended from receiving federal funds.
- Agencies must comply with the Trafficking Victims Protection Act of 2000. Agencies must ensure that there is no access to classified national security information.
- Agencies must have Federal Employer Identification Number (FEIN) and Data Universal Number System (DUNS).
- Agencies should be able to capture client counts and provide that information in reports as required.
- Agencies must not have unresolved compliance issues in any jurisdiction in which it receives EFSP funds.

New Applicants

If you are a new applicant for the EFSP funding, please attach the following:

- Organizational Chart and Board List
- Agency Bylaws
- Agency Mission Statement
- List of Programs where the requested funding will be used
- If you chose Mass Shelter, include documentation to justify expenditures

Previously Funded Applicants

- Current board list
- If you chose Mass Shelter, include documentation to justify expenditures

Applicant Organization Name:

Target Plan

CLIENT DEMOGRAPHICS

1. Define the number and demographics of the customers your program will serve. Indicate how they are different from the broader population of those you serve.

SERVICES

2. Describe the key features of the services that will be funded by EFSP and how has this need changed in the past year. If funded for Phase 39 or Phase ARPA-R for the same funding category, explain why additional funding is needed.

Applicant Organization Name:

OUTCOMES

3. State the number of units you propose to serve in Phase 38 and your projected outcomes:

COORDINATION/LINKAGES

4. Describe coordination and linkage with other service providers to avoid duplicating services provided by other EFSP recipients.

Applicant Organization Name:

COMPLIANCE

5. If you have received EFSP funds previously, have you been out of compliance for the last 3 Phases? If so, explain how it was resolved.

Applicant Organization Name:

PROGRAM BUDGET USING EFSP FUNDS

	Phase 40 New Request
PROGRAM REVENUE	
EFSP Funds	
Government	
Client Fees	
Agency Fund Raising	
In-Kind	
Other	
TOTAL PROGRAM REVENUE	
PROGRAM EXPENSES	
Salaries	
Food	
Shelter	
Utilities	
Other	
TOTAL PROGRAM EXPENSES	
EXPENSES (EFSP Money Only)	
Salaries	
Food	
Shelter	
Utilities	
Other	
TOTAL EFSP EXPENSES	
NUMBER OF STAFF POSITIONS	
Full time in program	
Part time in program	
VOLUNTEER HOURS IN PROGRAM	

Applicant Organization Name:

Thank you for applying for Emergency Food and Shelter Fund. If you have any questions on how to fill out the application, please contact Tarra McFadden at (801) 923-3080 or tmcfadden@slco.org.

In order to answer some basic questions regarding the application, we provide the following instructions.

1. Demographics refer to the target population for the program you intend to operate with EFSP funds.
2. Explain your program and the need for these one-time emergency funds.
3. State your projected outcomes for Phase 40.
4. Explain how you coordinate with other programs and how the program you offer with EFSP funds is unique and does not duplicate efforts/programs from other service providers in the community.
5. Explain any compliance related issues and their resolution from the past three Phases.
6. Budget is specific to Program Level Data for your proposed uses of EFSP funds. For example, if you intend to offer prepared meal services, use information related to that program only and no other agency programs. If your program (meal services) is operated with multiple funding sources, include those in your revenue and expenses.

EMERGENCY FOOD AND SHELTER PROGRAM

CHANGES / NEW GUIDANCE

Implementation Beginning with Phases 39 and ARPA-R Awards

ELIGIBILITY ITEMS	CHANGES/NEW GUIDANCE
Per Meal Allowance	The per meal allowance will increase to \$3 per meal for agencies using the per meal rate when providing congregate meals.
Per Diem Allowance	Only the \$12.50 per night rate will be allowed for agencies using the per diem rate when providing mass shelter services.
Utilities	Local Recipient Organizations (LROs) may pay more than one-month utility assistance. LROs may now pay up to 90 days (3 months) for clients per phase if it is necessary to prevent disconnection of services. The Local Board may approve the payments, but no additional approval is required by the National Board.
Rent/Mortgage	LROs may pay more than one-month rental or mortgage assistance. LROs may now pay up to 90 days (3 months) for clients per phase if it is necessary to maintain housing. The Local Board may approve the payments, but no additional approval is required by the National Board.
Other Shelter (Hotel/Motel)	LROs may pay more than one-month hotel/motel assistance. LROs may now provide up to 90 days of assistance for clients per phase if it is necessary to prevent homelessness. The Local Board may approve the payments, but no additional approval is required by the National Board.

PROGRAM REQUIREMENTS	CHANGES/NEW GUIDANCE
Electronic Funds Transfer (EFT) Enrollment	The National Board will accept Electronic Funds Transfer (EFT) enrollment information from LROs via email and fax. If preferred, LROs may still send the enrollment information to the National Board via U.S. Mail.
Payments	All payments will be made to LROs via EFT. Newly funded agencies should submit bank information as quickly as possible to the National Board for processing to prevent delays in the release of funding. Variances may be considered for agencies to participate in the program that are unable to provide bank information