

Application for Emergency Food and Shelter Funding

Due date: June 6, 2018; 3:00 PM.

STEP 1: REVIEW THE PHASE 35 APPLICATION GUIDELINES

Before you begin completing the application, please read the Application Instructions and Local Recipient Organization Certification. You will be asked to attach documents during this application process. You can download them from United Way's website.

Follow this link: <https://www.unitedwaymwv.org/emergency-food-and-shelter-funding>.

Type in this form so it can be submitted electronically. Print one copy, sign below and submit with:

- FORM A: National Board Information Form
- FORM C: Local Recipient Organization Certification Form
- Agency brochure or an informational flier
- List of your Board of Directors
- Most recent annual audit or Form 990

Return to:

Emergency Food & Shelter Local Board, C/O United Way of the Mid-Willamette Valley, 455 Bliler Street NE, Salem, OR 97301 by June 6, 2018; 3:00 PM.

Please submit this form electronically to Betty Hart (hartmb30@msn.com), Julia Alpernas (julia.alpernas@gmail.com), and Annie Chapman (achapman@unitedwaymwv.org) (in addition to a hard copy).

STEP 2: COMPLETE THE QUESTIONS BELOW. ANSWER ALL PARTS OF EACH QUESTION. AN APPROPRIATE LENGTH FOR EACH NARRATIVE QUESTION IS NO MORE THAN 2000 CHARACTERS.

Organization: _____

Project/Program Name: _____

Contact Person: _____

Phone: _____

Email: _____

Website: _____

Amount of Funding Requested: \$ _____

Number of individuals' project will serve: _____

County Served: Marion Polk

PROGRAM FOCUS:

Category: Select the service to be funded

- Mass/Other Shelter:** Emergency housing and homelessness prevention, including day centers. (Emergency shelter is defined as providing shelter for six months or less)
- Emergency Food:** Hunger relief and nutrition.
- Access to Basic Needs:** Emergency utility and rental assistance to prevent evictions (one time assistance programs).

Salem/Marion and Polk Counties

LOCAL APPLICATION FORM | SUPPLEMENT TO PHASE 35

1. Brief Description of Your Agency/Organization's Mission:

2. Program Description:

3. Is your Agency a new applicant for Emergency Food & Shelter Funds? Yes_____ No_____

4. If you received funding from the Salem/Marion/Polk Counties Emergency Food and Shelter allocation in Phase 34, please note how those funds were used (or include a copy of your final report).

No funds were received in Phase 34

Copy of final report included

Type of Service	Dollars Spent	Number Served
Food:	_____	_____ meals
Mass Shelter:	_____	_____ shelter nights
Other Shelter:	_____	_____ shelter nights
Rent/Mortgage:	_____	_____ bills paid
Utility Assistance:	_____	_____ bills paid

Salem/Marion and Polk Counties

LOCAL APPLICATION FORM | SUPPLEMENT TO PHASE 35

9. Describe how someone in need of your program finds you and the application process by which you qualify someone for service. Include information such as client description, documentation of need, and other information, which would be useful to the Local Board.

10. How will your agency coordinate services under this program with other food and shelter programs in the community? (If request is for Rent/Utility assistance please include your process to ensure clients are not receiving more than 30 days assistance from this source of funds)

11. The Local Recipient Organization Responsibilities were distributed with this application. Please review these responsibilities.

Have you read the LRO Responsibilities? Yes _____ No _____

Please outline how your agency plans to meet listed federal requirements, specifically in regards to documentation and accounting systems

STEP 3: PREPARE FORM A- EMERGENCY FOOD AND SHELTER NATIONAL PROGRAM NATIONAL BOARD INFORMATION FORM**12. SERVICES TO BE PROVIDED** *(Complete for each program category you are applying for only. Administrative funding is an optional EFSP category up to 2% of the EFSP funding requested.)*

Category	Unit of Service	# Units provided with EFSP Funds	# Units provided with Total Program Funds	EFSP \$ Amount	Non-EFSP \$ Amount	Total \$
Served Meals	Meals (\$2 per)					
Other Food	Food (lbs)					
Mass Shelter	Nights (\$12.50 per)					
Rent/Mortgage	# Bills/Orders (per household)					
Supplies/Equipment	Specific item(s)					
Administration (Optional 0% to 2%)						
Total Request (EFSP\$ + Non-EFSP=Total \$)						

13. How will you execute this project if you have fewer funds than requested?

14. What are your plans for financially sustaining this program in the future?

Describe your plan for securing the resources (financial, human, in-kind, etc) needed for the program in both the near and long term:

STEP 4: SIGN BELOW (AGENCY DIRECTOR/BOARD CHAIR)

SIGNATURE: _____ TITLE: _____

DATE: _____

STEP 5: MANDATORY ATTACHMENTS

- I. FORM A: National Board Information Form
- II. FORM C: Local Recipient Organization Certification Form
- III. Agency brochure or an informational flier
- IV. List of your Board of Directors
- V. Most recent annual audit or Form 990

STEP 6: SAVE YOUR APPLICATION AND MANDATORY ATTACHMENTS TO YOUR COMPUTER.

Email to Betty Hart (hartmb30@msn.com) , Julia Alpernas (Julia.alpernas@gmail.com), and Annie Chapman (achapman@unitedwaymwv.org) and send (or drop off) your completed packet to United Way offices by June 6, 2018; 3:00 PM, located at 455 Bliler Avenue NE. Salem, OR 97301.