**EFSP Qualification Form**

The form below has been compiled to help your organization determine its eligibility for and ability to administer EFSP funds.

**ELIGIBILITY**

|  |  |  |
| --- | --- | --- |
| The agency is a public or private nonprofit organization. \* *(Select one)* | Government Agency (public entity) | Private Nonprofit (501(c)(3), 501(c)(4) |
| If you select ‘Private Nonprofit’, the organization has a voluntary board. \* *(Select one)* | Yes | No |
| Does your organization have a Federal Employer Identification Number (FEIN)? \* *(Select one)* | Yes | No |
| Is your organization debarred or suspended from receiving Federal Funds? \* *(Select one)* | Yes | No |
| The organization conducts an independent annual audit or equivalent\* *(Select one*) | Yes | No |
| Does your organization have a Unique Entity Identifier (UEI) Number? \* *(Select one)* | Yes | No |
| If ‘No’, please go to the ‘Resource Center’ under ‘EFSP Resources’ and read ‘Obtaining Your Unique Entity Identifier (UEI).’ We recommend doing this as soon as possible as it takes time for SAM.gov to issue the UEI.  |
| Is an individual, family, or household charged a fee for services or required to donate with relation to assistance received under EFSP? \* *(Select one)* | Yes | No |

**EFSP CERTIFICATIONS**

The below Certifications match those requested by the EFSP National Board. You must comply with the below certifications in order to receive EFSP funding. If you feel that your organization is eligible for EFSP funding, but cannot comply with one or more of the certifications below, please contact a member of the UWCWC Community Impact Team.

|  |  |
| --- | --- |
| **The Organization:** | **Select One** |
| Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services. \* | Comply | Do Not Comply |
| Will not use EFSP funds as a cost-match for other Federal funds or programs. \* | Comply | Do Not Comply |
| Has an established accounting system and will pay all vendors by Local Recipient Organization (LRO) check, LRO vendor-issued credit card, or LRO debit card and understands that cash payments (including petty cash) are not acceptable. \* | Comply | Do Not Comply |
| Will conduct an independent annual review if receiving $50,000 - $99,999 / an independent annual audit if receiving $100,000 or more in EFSP funds, and follows OMB’s Uniformed Guidance if receiving $750,000 or more in Federal Funding. \*  | Comply | Do Not Comply |
| Has not received an adverse opinion or no opinion audit. \* | Comply | Do Not Comply |
| Practices non-discrimination and services are provided without requirement of participation in religious observances, and without proselytizing. \*  | Comply | Do Not Comply |
| Will comply with the Responsibilities and Requirements Manual, particularly the Eligible and Ineligible Costs section and will inform appropriate staff and volunteers of EFSP requirements. \* | Comply | Do Not Comply |
| Will provide all required reports to the Local Board in a timely manner. \* | Comply | Do Not Comply |
| Will expend monies only on eligible costs and keep complete documentation as required by EFSP on all expenditures for a minimum of three years after the end-of-program date, and for compliance issues until resolved. \* | Comply | Do Not Comply |
| Will expend all funds and close-out the program by the jurisdiction’s selected end-of-program date and return any unused funds ($5.00 or more) to the National Board. \*  | Comply | Do Not Comply |
| Has no known EFSP compliance exceptions in this or any other jurisdiction. \* | Comply | Do Not Comply |
| Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction’s selected end-of-program date. \* | Comply | Do Not Comply |
| Will not use EFSP funding for any lobbying activities and if receiving $100,000 or more, will provide the “Certification Regarding Lobbying” and, if applicable, will complete Standard Form LLL, “Disclosure Form to Report Lobbying”, in accordance with its instructions. \*  | Comply | Do Not Comply |
| 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. \* | Comply | Do Not Comply |
| Will not and will ensure its employees, volunteers and other individuals associated with the program will not use EFSP funds to support access to classified national security information. \*  | Comply | Do Not Comply |

**EFSP Phase 41 Application Forms**

**Spending Date: October 1, 2022 to December 31, 2024**

**Due Date: Friday, May 31st, 2024 at 11:59 PM**

All questions in red will autofill based off information provided in the agency or program profile in e-CImpact. If fields are missing or cannot be edited in the application, please update your agency and/or program profiles. Please reach out to your jurisdiction's Local Board Chair if you have any questions.

Questions with an \* are required.

*If there is a discrepancy in language between this NOFA and that found in the online application, default to the language used in the online application.*

**FORM 1: EFSP LOCAL RECIPIENT ORGANIZATION INFORMATION**

This section will help provide the review team with information on your organization and may be used to either update or create your account on the EFSP Website.

1. Organization Name \*
2. EIN \*
3. Organization Mailing Address \*
4. Organization Website URL \*
5. Organization Mission Statement: \* *(Limit up to 2,000 characters)*
6. Has your organization received funding from EFSP in the past? \* *(Select one)* Yes No

6a. If ‘Yes’, please provide your Unique Entity Identifier (UEI) \* *(Limit up to 12 characters)*

6b. If ‘No’, please complete the ‘Organizations New to EFSP Funding’ section in this form and complete the UEI Reporting Form found in the ‘Resource Center’. Check the box next to this question once you complete both forms. \*

*Please note that you will not yet have a Local Recipient Organization (LRO) ID Number until you have officially been approved for EFSP funding by the Local Board. Your UWCWC Community Impact Coordinator will reach out with your LRO number and EFSP Website sign-in information once a funding notice has been sent to your organization from the Local Board.*

1. Do you provide EFSP-related services directly or as a Fiscal Agent or Fiscal Conduit? \* *(Select one)*

|  |  |  |
| --- | --- | --- |
| Direct Service Provider | Fiscal Agent | Fiscal Conduit |

7a. If you select ‘Fiscal Conduit’, please provide the number of organizations served: \* *(Numbers only)*

*For EFSP National Board and Local Board purposes:*

*Fiscal Agent: an LRO that maintains all EFSP financial records for another agency.*

*Fiscal Conduit: an LRO that maintains all EFSP financial records for more than one agency under a single award.*

***Primary Contact for EFSP Application***

This is the person with the responsibility for overseeing the project. This person will be the primary recipient of all key UWCWC correspondence: copy of award notice, post-award monitoring, and grant closure.

1. Primary Contact Name \* *(Limit up to 150 characters)*
2. Primary Contact Title \* *(Limit up to 150 characters)*
3. Primary Contact Preferred Pronouns \* *(Select one)*

|  |  |  |  |
| --- | --- | --- | --- |
| She/Her/Hers | He/Him/His | They/Them/Theirs | Prefer to Self-Describe |

10a. If you select ‘Prefer to Self-Describe’, what are the pronouns that you prefer to go by? *(Limit up to 150 characters)*

1. Primary Contact Phone Number \* *(Numbers only)*
2. Primary Contact Extension (if applicable) *(Numbers only)*
3. Primary Contact Fax *(Numbers only)*
4. Primary Contact Email Address \*

***Organizations New to EFSP Funding (only complete if Question 11 is answered ‘No’)***

The following questions will help us create your LRO account in the EFSP Website. Please note that the UWCWC was not involved in the creation of ‘Affiliation’ and ‘Target Population’ choices. We recognize that these choices may not properly define your organization and target population. Please choose the option that best describes your organization. Your choices in this section do not determine your eligibility for EFSP funding.

1. Organization Affiliation \* *(Select one)*

|  |  |  |  |
| --- | --- | --- | --- |
| Aging Council | Community Action Agency | Church Organization or Ministerial Associations | Catholic Charities and other Catholic Org (except St. Vincent De Paul) |
| Coalition | Food Bank (Second Harvest or other) | Family Service America | Homeless Representative |
| Government Agency (except Tribal Government) | Hotlines/Information and Referral | Jewish Federation and Other Jewish Organization | Labor Organization |
| Meals on Wheels | Native American | American Red Cross Chapter | Salvation Army |
| St. Vincent De Paul | Travelers Aid | Tribal Government | Urban League |
| United Way | YMCA | YWCA | Unaffiliated with any of the above, or no affiliation |

1. If your organization targets/seeks to serve specific client populations, please select the top three Target Populations (as defined by EFSP National) from the list below. \* *(Select no more than three; minimum of one required)*

|  |  |  |  |
| --- | --- | --- | --- |
| Domestic Violence Victims | Elderly | Families with Children | Mentally Disabled |
| Minorities | Native Americans | People with AIDS/HIV | Single Men |
| Single Women | Unaccompanied Minor | Veterans | Chemically Addicted |
| Physically Disabled | Other Targeted Populations | No Target Populations |  |



*You do not have to identify three target populations or any population.*

1. Is your organization a Domestic Violence agency? \* *(Select one)* Yes No

***Narratives***

1. Which jurisdiction(s) do you plan on applying for: \* *(Select all that apply)*

*You must complete the narrative questions in Forms 3,4, and 5 for each jurisdiction you are applying for.*

*If you are applying for one program but in multiple jurisdictions, we recommend creating program profiles for EACH jurisdiction. We recognize that this may cause you to complete the same information multiple times across the application, but due to how funding is awarded from FEMA we are required to keep the application and review process separate for each jurisdiction. In this case we recommend completing the Program questions in full and then copy and paste them into the other forms.*

***Example:*** *I plan to apply for Program A in all EFSP jurisdictions administered by UWCWC. I would create four program profiles: Program A (Bridgeport), Program A (Danbury), Program A (Norwalk), and Program A (Stamford).*

|  |  |  |  |
| --- | --- | --- | --- |
| Bridgeport | Danbury | Norwalk | Stamford |



18a. If you selected ‘Bridgeport’, select your local United Way? \* *(Select one)*

|  |  |
| --- | --- |
| United Way of Coastal & Western CT | Valley United Way |

1. Does your organization currently provide services in the area(s) for which you are seeking EFSP funding? \* *(Select one)* Yes No

 19a. If ‘No’, please explain how your organization is ready to provide services in the area(s) for which you are seeking EFSP funding. \* *(Limit up to 1,000 characters)*

1. Give a concise explanation of your organization’s ability to coordinate service delivery with other human service providers. \* *(Limit up to 1,000 characters)*

**FORM 2: EFSP AGENCY ATTACHMENTS**

Please read the description next to each attachment to see if you will need to attach any or all to this application.

* Most Recent Audit/Review – Please attach your organization’s most recent audit/review. Make sure it includes the opinion letter. If your organization does not complete an audit/review, please provide your current internal agency budget and year-to-date financial statements.
* *(As Needed)* Emergency Repair/Building Code Citation - If your organization is applying under the ‘Emergency Repairs/Building Code Assistance’ category, please attach this document(s).
* *(New EFSP Organizations Only)* UEI Reporting Form – If your organization has never received EFSP funds, please upload the UEI Reporting From here.

**FORM 3: PROGRAM INFORMATION**

1. Program Name \*
2. Which jurisdiction is this program applying under? \* *(Select one)*

|  |  |  |  |
| --- | --- | --- | --- |
| Bridgeport | Danbury | Norwalk | Stamford |

1. Provide a brief description of program activities and processes used by the organization to deliver services. \* *(Limit up to 1,000 characters)*
2. Number of clients typically served in this program without EFSP funding. \* *(Numbers only)*
3. Do you have a waiting list for this program? \* *(Select one)* Yes No

 25a. If ‘Yes’, please state how many individuals are on your waitlist. \* *(Limit up to 150 characters)*

1. Has this PROGRAM received funding in a previous EFSP Phase? \* *(Select one)* Yes No

 26a. If ‘Yes’, in what category(s) did you receive prior funding and how much were you awarded for each? \* *(Limit up to 500 characters)*

1. Is this program listed with 2-1-1 CT? *(Select one)* Yes No

 27a. If ‘Yes’, thank you for keeping your records up to date! Please review the current listing for this program on 211 CT and update if needed.

 27b. If ‘No’, please go to [www.211ct.org](http://www.211ct.org) to submit the program information. You can find more on this process by going to the ‘Resource Center’ and reviewing the ‘211 CT Updates’ documents.

1. What area of EFSP assistance are you applying for? \* *(Select one)*

|  |  |  |  |
| --- | --- | --- | --- |
| Served Meals/Mass Feeding | Other Food | Mass Shelter | Other Shelter |
| Rent/Mortgage | Utility | Supplies/Equipment (Shelter and Food Programs only) | Emergency Repairs/Building Code |

1. Do you want to apply for another area of EFSP assistance for this program? \* *(Select one)* Yes No

 29a. If ‘Yes’, please select another area of EFSP assistance. \* *(Select one)*

|  |  |  |  |
| --- | --- | --- | --- |
| Served Meals/Mass Feeding | Other Food | Mass Shelter | Other Shelter |
| Rent/Mortgage | Utility | Supplies/Equipment (Shelter and Food Programs only) | Emergency Repairs/Building Code |

***When you select any of the areas of assistance except for ‘Emergency Repairs/Building Code’, the following questions will pop up for you to answer in relation to that specific assistance request for this program:***

1. If your full request is granted, approximately how many MORE clients will be served by EFSP funds? \* *(Numbers only)*

*If you do not expect to serve more clients, put ‘0’.*

1. If you answered ‘Yes’ to question 26 on previous EFSP funding above, describe any changes in the magnitude of current need for these services, compared to last year’s request (i.e. number of requests or type of clients seeking services, number of underserved individuals in community, etc.) \* *(Limit up to 2,000 characters)*
2. How will the EFSP funds be used to supplement or enhance the current services? Include if this funding will help you to serve clients on your waitlist. \* *(Limit up to 2,000 characters)*
3. If applicable, give a brief description of how your service(s) will be addressing a gap in existing services available to the community. *(Limit up to 1,000 characters)*
4. Is there anything else you would like to share with the Local Board that you feel will enhance your application for EFSP funding? *(Limit up to 2,000 characters)*

***If you are applying for Emergency Repairs/Building Code Assistance only the following question will appear:***

1. Provide a brief description of the emergency repair and/or building code citation that would cause the agency/program to close or hinder services to clients if the issue is not fixed. \* *(Limit up to 4,000 characters)*

**FORM 4: EFSP FUNDING REQUEST SUMMARY \***

Indicate the amount of funds you are requesting for each service category. Pay close attention to the definitions provided in the application packet. **REQUEST ONLY WHOLE DOLLAR AMOUNTS.** Please complete the table below and indicate number of units, number of individuals served, cost per unit (where applicable), and total amount of your request for each line item for which you are requesting EFSP funding for this program. If you are requesting funding for multiple programs, you must complete this same form for any additional programs.

Please note: Transportation costs should be included in the cost per unit for each line item for which it’s applicable.

*Form 4 continues on the next page.*

|  |
| --- |
| **Food Services****FOR SERVED MEALS/MASS FEEDING AND OTHER FOOD PROGRAMS ONLY****There are two options for eligible costs. One option must be selected at the beginning & continued throughout the phase.** **Actual direct eligible cost reimbursement OR Per meal allowance of $3.00 per meal served** |
| **Type of Assistance** | 1. **Estimated Number of Meals Served**
 | 1. **Estimated Number of Individuals Served**
 | 1. **Avg Cost Per Meal Served**
 | 1. **Total EFSP Request**
 |
| Served Meals/Mass Feeding *(FOR THOSE USING THE PER MEAL ALLOWANCE)* |  |  | $3.00 *(cannot be changed)* | *(A x C = D)* $ |
| Served Meals/Mass Feeding *(FOR THOSE USING DIRECT ELIGIBLE COST)* |  |  | *(Do not need to complete)* | $ |
| Other Food |  |  |  | $  |
| **Shelter Services****FOR MASS SHELTER PROGRAMS ONLY****There are two options for eligible costs. One option must be selected at the beginning & continued throughout the phase.****Actual direct eligible reimbursement OR Per diem allowance of $12.50 per night** |
| **Type of Assistance** | 1. **Estimated Number of Nights Served/Bills Paid**
 | 1. **Estimated Number of Individuals Served**
 | 1. **Avg Cost Per Night**
 | 1. **Total EFSP Request**
 |
| Mass Shelter *(FOR THOSE USING PER DIEM ALLOWANCE)* |  |  | $12.50 *(cannot be changed)* | *(A x C = D)*$ |
| Mass Shelter *(FOR THOSE USING DIRECT COST)* |  |  | *(Do not need to complete)* | $ |
| Other Shelter  |  |  |  | $ |
| Rent/Mortgage Assistance^  |  |  |  | $ |
| **Energy** |
| **Type of Assistance** | 1. **Estimated Number of Bills Paid**
 | 1. **Estimated Number of Individuals Served**
 | 1. **Total EFSP Request**
 |  |
| Utility Assistance^ |  |  | $ |
| **Supplies/Equipment & Emergency Repairs** |
| **Type of Assistance** | **Total EFSP Request** |  |
| Supplies/Equipment *(ONLY AVAILABLE FOR SHELTER AND/OR FOOD SERVICE PROVIDERS)* | $ |
| Personal Protective Equipment (PPE) | $ |
| Emergency Repairs/Building Code | $ |
| **Grand Total All Services** | **$** |

^Coordination needed to avoid duplication of assistance provided to clients