

**THE EMERGENCY FOOD AND SHELTER APPLICATION (EFSP)
PHASE XXXV (35)
APPLICATION FOR EMERGENCY FOOD ONLY
APPLICATION DEADLINE December 10th, 2018**

Intent of Program: The intent of this program is for the purchase of food and shelter, to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs.

HUNGER-RELIEF PARTNER INFORMATION:

Name of Organization:

Address:

Phone: _____ **Contact Person:** _____

Funding Request (Dollar Amount): _____

Executive Director (please print): _____

The above named organization supplies the following with this application:

	Annual Submission	On File
1. Proof of non-profit or government agency status (current members of FBD, Check "on file")		<input type="checkbox"/>
2. Federal Employer Identification number		<input type="checkbox"/>
3. Copy of most recent audit (if applying for \$25,000 or more)	<input type="checkbox"/>	
4. List of organization's board members	<input type="checkbox"/>	
5. Proposed program budget (must include EFSP Funds line item.)	<input type="checkbox"/>	
6. Substantiation of unmet emergency needs	<input type="checkbox"/>	
7. Specific time of client access to services (<i>SCHEDULE OF SERVICES</i>)	<input type="checkbox"/>	

JURISDICTION APPLYING FOR (PLEASE CIRCLE ONE):

NEW CASTLE KENT SUSSEX

NOTE: Agencies that serve more than one jurisdiction must fill out a separate application for each jurisdiction. Funds allocated to a jurisdiction may only be used for residents and transients within that jurisdiction.

To be eligible for funding through EFSP your Hunger-Relief Partner must:

1. Applicants must be able to match funds received with their own food dollars.
2. Have an established program that provides emergency CRISI ALLEVIATION related services that address emergency shelter, food, rent, mortgage, utility payment assistance, and/or other shelter needs regardless of EFSP funding status.
3. Acknowledge that EFSP funds are only a supplement to the Hunger-Relief Partner's existing emergency related services funding (EFSP funds must not be used as a substitute or reimbursement of operational budgets for other programs and services or to create new programs).
4. Have nonprofit agency status or be an agency of the government.
5. Agree to serve clients residing anywhere within the EFSP jurisdiction (County).
6. Be able to demonstrate acceptable fiscal controls as demonstrated by an annual independent audit or financial review.
7. Agencies that receive \$25,000 or more from EFSP (Food and Shelter), OR \$500,000 or more in federal funds, MUST conduct an annual independent audit in compliance with Single Audit Act, OMB Circular A-133.
8. Provide the Hunger-Relief Partner's Federal Employer Identification Number (FEIN) or provide evidence of application process for it.
9. PRACTICE NONDISCRIMINATION. HUNGER-RELIEF PARTNER MUST AGREE NOT TO REFUSE SERVICES TO AN APPLICANT BASED ON RELIGION OR REQUIRE ATTENDANCE AT RELIGIOUS SERVICES AS A CONDITION OF ASSISTANCE. NOR WILL ANY RECIPIENT OF EFSP ASSISTANCE BE EXPOSED TO RELIGIOUS PROSELYTIZING OF ANY TYPE.
10. Provide documentation of a Board of Directors if a private voluntary organization.
11. Involve homeless individuals and families through employment, volunteer programs, etc., in the Hunger-Relief Partner's service delivery, to the extent practicable.
12. Have no previous EFSP reporting or audit problems in any jurisdiction.
13. Agree to and prepare for a site visit by the Delaware EFSP Local Board's designated monitors and comply with all screening and clearinghouse procedures for all EFSP funds.
14. Have dedicated staff or volunteers and establish a published routine service schedule.
15. EFSP funding for emergency food for food closets or on-site feeding programs is coordinated through the Food Bank of Delaware. If you would like to be considered for a line of credit at the Food Bank for any or all of the programs listed, Please fill out the following information to the best of your ability:

PROGRAM INFORMATION:

Name of program:

Assistance provided last federal fiscal year (information must be provided):

Households Served: _____ Individuals Served: _____

Hunger-Relief Partner Cost per Individual: _____

Total Cost of Program: _____

LIST SOURCES OF ADDITIONAL PROGRAM FUNDING: (MANDATORY TO MEET REQUIREMENTS OF ITEM 3 ABOVE). Attachment: Include separate line item for food in organizations budget.

Executive Director Signature

Date

APPLICATIONS MUST BE RECEIVED BY December 10th. APPLICATIONS RECEIVED AFTER THIS DATE WILL NOT BE CONSIDERED FOR FUNDING.

PLEASE MAIL ORIGINAL SIGNED APPLICATION AND ALL ATTACHMENTS TO:

**FOOD BANK OF DELAWARE
14 GARFIELD WAY
NEWARK, DE 19713
ATTN: EFSP**