### JOHNSON COUNTY

**EMERGENCY FOOD AND SHELTER PROGRAM**

### PHASE 41

**APPLICATION FORM**

Tucker LaPrade

United Way of Johnson County

594 Ironwood Dr.

Franklin, IN 46131

317-736-7840

[tlaprade@uwjc.org](mailto:tlaprade@uwjc.org)

www.uwjc.org

Contact: Tucker LaPrade

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The State Set Aside Committee has awarded Johnson County a total amount of $51,495 for Phase 41. EFSP Board for the Johnson County is seeking grant applicants from qualifying agencies capable of assisting appropriate/eligible clients in any of the following funding categories:

Mass Shelter

Other Shelter

Other Food

Rent/Mortgage

Served Meals

Utilities-Metered

Under the terms of the grant from the National Board, local organizations chosen to receive funds must: 1) be a private voluntary nonprofit or unit of government, 2) have an accounting system, 3) practice nondiscrimination, 4) have demonstrated the capability to deliver emergency food and/or shelter programs, and 5) if they are a private voluntary organization, have a voluntary board. Qualifying organizations are urged to apply. In addition, the Johnson County EFSP Board requires the following:

* Local recipient organizations have at least two (2) years experience conducting the service for which they are seeking EFSP funding.
* Funds cannot be used to start new programs, supplant funding lost from other sources, or prevent a program closure. EFSP funds cannot exceed half of an agency’s total budget for a particular component (i.e. for each component in which funding is being sought, an applicant must have at least as much funding coming from other sources as is being requested from the EFSP program).  Requests in excess of half of an agency’s budget for a particular component will not be considered for funding.
* Not charge fees for EFSP-funded services.
* Be able to collect and submit reports, as well as detailed documentation, including payment within 90 days, of all expenditures.

Prior to applying, agencies should consider their ability to operate within the funding parameters of the program.  Funded agencies must be able to provide documentation of all expenditures within the spending period, regardless of when payment is received.   The current spending dates will be announced when funding is approved.

Requests may be made for one or more funding categories and for any amounts. This year’s Phase 41 grants will be awarded subject to the availability of FEMA funding provided to the local EFSP Board. Applications should be submitted via email to Tucker LaPrade at tlaprade@uwjc.org on or before Sunday, April 14, 2024 by 11:59 p.m. Please complete each item on this application unless it does not apply to your organization, in which case, answer with N/A. **We will not accept paper submissions.**  If you have any questions, contact Tucker LaPrade at 317-736-7840 (office phone) or [tlaprade@uwjc.org](mailto:jkinnaman@uwjc.org)

JOHNSON COUNTY

EMERGENCY FOOD AND SHELTER PROGRAM

PHASE 41 LRO APPLICATION

#### AGENCY INFORMATION

|  |  |
| --- | --- |
| **Agency’s Legal Name** | |
| **Agency Physical Address** | **Agency Mailing Address**  \_\_\_\_ Same as Physical Address |
| **Phone Number** | **Fax Number** |
| **Congressional District** *(where agency is physically located)* | **Federal Employer Identification Number (FEIN)** |
| **Unique Entity Identifier (UEI)** | **Total Agency Operating Budget**  $ |
| **Agency Type**  \_\_\_ Non Profit  \_\_\_ Unit of Government | **Is agency disbarred or suspended from receiving funds or doing business with the Federal government?**  \_\_\_\_ No \_\_\_\_ Yes |
| **Does your organization have any outstanding compliance issues with the Emergency Food and Shelter Program from a previous phase in Johnson County?**  **\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ Yes** |  |

#### AGENCY CONTACTS

|  |  |
| --- | --- |
| **Chief Executive Officer/Executive Director** | |
| **Work Phone** | **Mobile Phone** |
| **Email Address** | |
| **Grant Application Contact** | |
| **Title** | **Work Phone** |
| **Mobile Phone** | **Email Address** |
| **Contact for EFSP Grant** | |
| **Title** | **Work Phone** |
| **Mobile Phone** | **Email Address** |

**AGENCY OVERVIEW**

*Brief summary of organization’s mission, history, overall goals/objectives.*

**AGENCY PROGRAMS & ACTIVITIES**

*Brief summary of organization’s current programs and activities.*

*What are your hours of operation?*

**EFSP PROGRAM INFORMATION**

Identify the EFSP Funding Category, the dollar amount and the Catchment Area for which

funding is requested. (Projected program budgets for each category will be required)

|  |  |  |
| --- | --- | --- |
| **EFSP Funding Category** | **Requested Funding** | **Proposed clients to be served, meals provided or nights of shelter** |
| Mass Shelter ($12.50 per diem rate only) | $ |  |
| Other Shelter | $ |  |
| Rent/Mortgage | $ |  |
| Utilities-Metered | $ |  |
| Other Food (no gift cards) | $ |  |
| Served Meals | $ |  |

What are the services to be delivered with EFSP funds?

What population will be served with EFSP funds?

Does the agency currently provide emergency assistance addressing the EFSP funding category for which it is seeking financial support? YES \_\_\_\_\_ NO \_\_\_\_\_\_\_

If yes, how long has the agency provided this service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many clients benefited from service participation last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this number represent unduplicated clients? \_\_\_\_\_\_\_

How will receiving EFSP funding impact existing service operations?

Please list the staff members or volunteers who will be responsible for overseeing the EFSP programs for which you are seeking funds, their roles in the programs, and their experience with the programs.

How will you comply with the reporting and documentation requirements for each funding category you have selected for your EFSP funds?

If selected to receive funds through the program, will you be able to complete the LRO (Local Recipient Organization) Certification form within 24 business hours of notification that you have been selected?

\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_No

**ATTACHMENTS**

Please submit the following documents:

1. Program Budget for each EFSP funding category that funds are being requested for
2. Overall Agency Budget for the current fiscal year
3. Board of Directors roster (non-profit agencies only)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency CEO Signature