

## Emergency Food & Shelter Program Application Request for Proposal Application, Lancaster County, Pennsylvania PHASE ARPA-R maximum allocation of \$99,999

General Agency Information		
Legal Name		
Director or CEO Name		
Physical Address		
Website Address		
Phone Number		
Director or CEO Email		
Annual Agency Budget		
Organizational Structure	Nonprofit	Faith-based
Data Universal Number System (DUNS)		
Federal Employer Identification Number (FEIN)		
Program Information		
Program Name		
Primary Contact Name		
Primary Contact Phone Number		
Primary Contact Email		
Annual Program Budget		
Qualification Questions <small><i>*If you answer "Yes" to question 1, you are not qualified to receive EFSP funds at this time.*</i></small>		
1. Is the agency debarred or suspended from receiving funds or doing business with the Federal government?	Yes	No
2. Does the agency practice non-discrimination?*	Yes	No
3. Does the agency currently provide services for which EFSP funds are being requested?*	Yes	No
4. <b><u>IF</u></b> the agency is a nonprofit or faith-based organization, does it have a voluntary board?*	Yes	No
<i>*If you answered "No" to any questions 2 through 4, you are not qualified to receive EFSP funds at this time.*</i>		
Additional Questions (not related to qualification)		
<b><u>IF</u></b> the agency is a faith-based organization, do you agree not to refuse services to an applicant based upon faith, require attendance at faith-based services, and engage in any faith-based proselytizing in any program receiving funds?	Yes	No
Does the agency have an annual financial review or audited statements?	Yes	No
Does the agency give the Local Board permission to view their Empower Lancaster reports?	Yes	No
If awarded EFSP funds, does the agency agree to a site visit?	Yes	No
Did the agency receive EFSP funds in a previous phase?	Yes	No
Has the agency returned funding in prior years?	Yes	No
If yes to #10 above, please explain (2,000 character limit)		

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<b>Program Description</b> <i>(Please be specific and concise in your responses.)</i>		
Select the program category(ies) and amount of requested funding (check all that apply)		
	Shelter services (mass shelter, hotel/motel)	\$
	Rental/mortgage assistance	\$
	Utility assistance	\$
	Food services (congregate meals, food purchases, and/or home delivery meals)	\$
	Supplies/equipment for shelter and/or food services	\$
	Transportation for shelter services and/or food services programs	\$
	TOTAL	\$
<i>*Each organization may request under multiple program categories for funding amount up to \$50,000.*</i>		
Describe your proposed program. (2,000 character limit)		
Who are the target populations for this program? (1,000 character limit)		
Briefly explain how EFSP funding will be used to support your program and additional COVID-19 related needs (be specific)? (2,000 character limit)		

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Provide any additional information to explain any significant increases or decreases to your program budget. (1,000 character limit)

What other grants have you received for FY22-23 for this program? List by type (i.e., Joint Homeless Funding, Continuum of Care, foundation, and/or businesses, etc.), and amount. (2,000 character limit)

Describe how your program a) collaborates with other programs to connect your clients to services, b) enhances the quality of service to expand the program's impact, and c) addresses a service gap without creating duplicate efforts or services in the county. (2,000 character limit)

**RFP Requirements Checklist**

1. EFSP Request for Proposal application 2. Budget workbook 3. Patriot Act Compliance form  
4. Most recent financial review 5. Volunteer board roster (if applicable)

**Authorized Agency Representative**

Name			
Title			
Signature		Date	

Completed application and supporting documentation must be received no later than  
March 18, 2022 @ 5:00 p.m. via email to [homelesscoalition@lchra.com](mailto:homelesscoalition@lchra.com)