

**Lancaster County, Pennsylvania
Emergency Food & Shelter Program (EFSP)
Phase 41 Application**

Thank you for considering applying for the Lancaster County Emergency Food & Shelter Program Phase 41. We have implemented a significant update this year by introducing an EFSP Phase 41 Overview Packet that consolidates vital information related to the application and award process. Access this important resource via the following link [UWLC EFSP](#).

General Agency Information

Legal Name _____

Director or CEO Name _____

Address _____

Website _____

Phone Number _____

Director or CEO Email _____

Annual Agency Budget _____

Organizational Structure Nonprofit Faith-based Unit of Government

Unique Entity Identifier (UEI) _____

Federal Employer Identification Number (EIN) _____

Program Information

Program Name _____

Contact Name _____

Contact Phone Number _____

Contact Email _____

Eligibility

1. Is the agency debarred or suspended from receiving funds or doing business with the Federal government? * Yes No
** If you answer "Yes" to question 1, you are not qualified to apply for EFSP Phase 41 funding.**
2. Does the agency practice non-discrimination? ** Yes No
3. ***IF*** the agency is a faith-based organization, does the agency agree not to refuse services to an applicant based upon faith, require attendance at faith-based services, nor engage in any faith-based proselytizing in any program receiving Federal funds? ** Yes No
4. ***IF*** the agency is a nonprofit or faith-based organization, does it have a voluntary board? ** Yes No
5. Does the agency currently provide services for which EFSP funds are being requested? ** Yes No
*** If you answer "No" to any questions 2 through 5, you are not qualified to apply for EFSP Phase 41 funding. ***

Additional Questions (not related to qualification)

6. Does the agency have an annual financial review or audited statements? Yes No
7. Does the agency grant the Local Board permission to view their Empower Lancaster reports? Yes No
8. Does the agency agree to an on-site visit during the award phase (January 15-19, 2024)? Yes No
9. Has the agency received EFSP funds in any previous phases? Yes No
10. ***IF*** yes, has the agency returned funds in prior years? Yes No

If yes to #10 above, please explain (500-character limit)

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Program Selection		
11. Select the program category, up to two, and amount of requested funding. For served meals and mass shelter choose either direct costs or allowance.		
	Amount	# to be Served
<input type="checkbox"/> Served Meals <input type="checkbox"/> Direct Costs <input type="checkbox"/> \$3.00/meal allowance	\$	
<input type="checkbox"/> Other Food	\$	
<input type="checkbox"/> Mass Shelter <input type="checkbox"/> Direct Costs <input type="checkbox"/> \$12.50/person allowance	\$	
<input type="checkbox"/> Rent/Mortgage	\$	
<input type="checkbox"/> Utility Assistance	\$	
TOTAL FUNDING AMOUNT		\$

** Each organization may request for a total funding amount not to exceed \$30,000.00.**

Program Details <i>(Please be specific and concise in your responses.)</i>	
12. EFSP awards are designed to serve as a supplemental resource. Detail any financial resources which have been or will be utilized to sustain the program's viability. If applying for more than one program, please include the category designation after the resource name.	
Financial Resource Name - Program (e.g., Community Foundation – Served Meals)	Amount
	\$
	\$
	\$
	\$
	\$
	\$
13. Describe your agency's mission and purpose specifically relating to how your program(s) support people who are experiencing food insecurity and/or homelessness in Lancaster County. (1,000-character limit)	

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14. Describe how your agency actively works to incorporate individuals with lived experience of food insecurity and/or homelessness in decision-making processes and the day-to-day program operations. Details relating to any advisory roles, paid positions, and volunteer opportunities available should be featured in your answer. The inclusion of testimonials or reported data is strongly encouraged. (1,000-character limit)

15. Describe existing agency partnerships or collaborations that connect individuals and families with crucial services such as housing, SSI/SSDI, and SNAP. (1,000-character limit)

16. **Program #1** – Provide a brief overview of the program for which you are applying. Details such as population(s) served, supportive services, eligibility, how client data is tracked, and the number of unduplicated households and individuals served during 2023 are requested. (1,000-character limit)

16a. **Program #2** (complete only if applying for 2 separate programs) – Provide a brief overview of the program for which you are applying. Details such as population(s) served, eligibility, how client data is tracked, and the number of unduplicated households and individuals served during 2023 are requested. (1,000-character limit)

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17. Detail two or three instances where participant feedback directly influenced program changes in the last twelve months. Highlight the nature of the feedback, how it was gathered, and the modifications made as a direct response. (1,000-character limit)

18. Describe one or two examples that illustrate the positive impact for individuals or families actively participating in the program(s). This information will contribute to a broad understanding of the meaningful contributions your organization makes to the well-being of those it serves. (1,000-character limit)

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Required Documents Checklist

1. Completed EFSP Phase 41 application (data input space is provided for up to two programs),
2. Program Budget (if applying for more than one program use both Excel spreadsheets),
3. Proof of non-profit or government agency status,
4. Patriot Act Compliance Form,
5. Most recent annual accountant's review, and
6. List of voluntary Board of Directors (if applicable).

Local Recipient Organization (LRO) Statement of Understanding

I certify the following statements regarding my organization:

- We are 501(c)3, non-profit agency with a voluntary board or units of government in good standing to receive Federal funds that provide food and/or shelter to homeless and low-income people within Lancaster County,
- We have the capacity to and are already providing services under each category to which we are applying,
- We do not charge clients any fees for the provision of EFSP funded services,
- We are not debarred or suspended from receiving Federal funding,
- We practice non-discrimination (Agencies with a religious affiliation must not refuse services to an applicant based on faith or require attendance at faith-based services, nor engage in faith-based proselytizing in any program receiving Federal funds),
- We will follow all National EFSP program requirements as detailed on the EFSP website <https://www.efsp.unitedway.org/efsp>.
- We have additional program funding resources to supplement any EFSP award,
- We will comply with the EFSP Local Board Coordination of Services and the Local Board Appeal processes,
- We will capture client level data and required documentation to ensure proper expenditures of EFSP funds,
- We will maintain an accounting system and will pay all vendors within 90 days of invoicing,
- We have or will obtain a Unique Entity Identifier (UEI) prior to March 1, 2024 (anticipated award announcement date) and have the capacity to receive Electronic Funds from the National Board,
- We already do or will list our program information on the United Way PA 211 East website,
- We will work with the Local Board to quickly clear up any problems related to compliance exceptions at the end of the grant cycle, and
- We will, in a timely manner, submit reports to the Local and National Boards by their due dates.

Authorized Representative

Name _____

Title _____

Signature _____

Date _____