

Emergency Food and Shelter Program

Phase 41 Notice of Funding

Date Released: May 13, 2024



FEMA



United Way of Coastal and Western Connecticut

ABOUT THE EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)

The Emergency Food and Shelter Program (EFSP) was created in 1983 to supplement and expand the work of local social service agencies, both nonprofit and governmental, in an effort to help people with economic (not disaster-related) emergencies. EFSP funding is Federal Funding awarded through the Department of Homeland Security and is open to all organizations helping hungry and homeless people. EFSP funds must be used to supplement feeding, sheltering (including transitional sheltering), and rent/mortgage and utility assistance efforts only.

EFSP is governed by a National Board that selects jurisdictions for funding. Local Boards are convened in qualifying jurisdictions to determine the highest need and best use of funds and to select Local Recipient Organizations (LROs) that will provide emergency food and shelter services.

EFSP is a restricted federal grant and there are no guarantees for funding. If funding is awarded, program expenditures are limited to food, meals, shelter, rent/mortgage assistance, and utility assistance. The list below provides general descriptions of allowable expenditures.

Assistance Category Descriptions for EFSP

A. SERVED MEALS – This category pertains to basic, nutritional, hot, or cold prepared meals that are served by the LRO or delivered to clients. Intended to allow mass-feeding facilities to pay for the purchase of food items, items used to prepare and serve food, and other food-related items to assist in the mass-feeding of eligible clients. Food costs for meals served in a shelter should be included here. Either direct costs or a per meal allowance of \$3.00 as approved by the Local Board are allowable, not both.

- *Allowable under Direct Costs:*
 - Any food used in served meals (cold or hot)
 - Paper products (paper plates, towels, toilet tissue)
 - Items and utensils used to prepare food (forks, pots, pans, gloves, etc.)
 - Cleaning products
 - Limited amounts of first-aid supplies
 - Transportation Costs
 - Local transportation expenses for pickup and delivery of food, and for transporting clients to a feeding site.
 - Public transportation
- *Per Meal Allowance Eligible Costs:*
 - Operational costs such as the agency's rent/mortgage, utilities, and staff salaries
 - Supplies eligible under Direct Costs are also eligible.

B. OTHER FOOD – Intended to allow agencies such as food pantries and food banks to pay for the purchase of food items, food vouchers for food orders, and food gift cards/certificates to assist in the feeding of eligible clients. Expenses include such items as food bought from food banks or grocery stores, food vouchers/gift cards/certificates to grocery stores and/or restaurants, boxes and plastic storage bags, maintenance fees

charged by food banks, and food transportation costs. Diapers and feminine hygiene purchases are to be reported in the “Supplies/Equipment” category.

C. MASS SHELTER – Intended to allow mass shelter providers (five beds or more in one location) to provide **on-site** housing for clients. Diapers and feminine hygiene purchases are to be reported in the “Supplies/Equipment” category. Food served in a shelter is **not** included here. Either direct costs or a per diem allowance of \$12.50 as approved by the Local Board are allowable, not both.

- *Eligible under Direct Costs:*
 - Cots, mattresses, soap, linens, blankets, cleaning supplies.
 - Clothing expenses are limited to diapers and underwear only.
 - Limited amounts of personal care products and first aid supplies for use in the shelter.
 - Certain transportation costs related to the sheltering of a client.
- *Per Diem Allowance Eligible Costs:*
 - Operational costs such as the shelter’s rent/mortgage, utilities, and staff salaries.
 - Shelter supplies eligible under Direct Costs are also eligible.

D. OTHER SHELTER – Intended to allow agencies to provide **off-site** emergency housing for clients (i.e. motel/hotel, SRO, other non-EFSP funded shelter). Agencies typically funded in this category either do not operate mass shelters or cannot provide appropriate accommodation for a client. Expenses include such items as motel/hotel expenditures, lodging charges from a non-profit facility acting as a vendor (cannot be from your own agency or another EFSP-funded agency), shelter vouchers, and certain transportation costs related to the sheltering of a client, such as bus tokens needed to get to a facility. Agencies may provide up to 90 days or 3 months of assistance for clients if it is necessary to prevent homelessness.

E. RENT/MORTGAGE – Intended to allow agencies to pay up to 90 days or 3 months amount of rent or mortgage for qualifying clients. Agencies funded in this category are providing emergency rental/mortgage assistance to clients. Each household may receive this assistance only **one time** per EFSP spending period. Expenditures include the payment of a client's past due rent or mortgage, the payment of a client’s current balance of rent or mortgage, and first month’s rent. (Mobile home lot fees can be included in the cost when paying a client’s rent or mortgage).

F. UTILITY ASSISTANCE – Intended to allow agencies to pay up to 90 days or 3 months billed amount of a metered (electric, gas, water) or non-metered (propane, firewood, coal) utility bill for qualifying clients. Each household may receive this assistance only **one time** per spending period.

- *Metered Bills Eligible Expenses*
 - Past due utility bill **or**
 - Current utility bill.
 - Cost of ‘reconnection’ fees can be included.
- *Non-Metered Utility Eligible Expenses*
 - One-time delivery of a non-metered product used to heat homes.
 - Delivery fees can be included in the payment.

G. SUPPLIES/EQUIPMENT – Intended to allow agencies including served meal facilities, mass shelter facilities, food pantries, and food banks to purchase supplies and equipment necessary for the provision of food and/or shelter. **Agencies cannot claim any expenditure under the Supplies and Equipment category if the agency is using the per diem or per meal method for either Served Meals or Mass Shelter.** In addition, agencies applying under the Rent/Mortgage and Utility categories are not eligible for the

Supplies/Equipment category. Expenditures under this category are limited to a maximum amount of \$300.00 per item and purchases in this category must correspond to the category funded.

- **Food Pantries and Food Banks Eligible Supply Costs:**
 - Plastic bags for repackaging food, boxes for storing and distributing food, shelving, hand truck; freezer; items essential to making purchased or donated food available to clients.
- **Mass Feeding Facilities Eligible Supply Costs:**
 - Pots and other cooking utensils, small or large appliances, paper products, shelving, plates, and other serving utensils, cleaning products; any item essential to the serving of food.
- **Mass Shelter Facilities Eligible Supply Costs:**
 - Cots, beds, blankets, pillows, limited amounts of personal products such as toothpaste and toothbrushes, soap, cleaning materials, limited first-aid supplies, and underwear.

H. PERSONAL PROTECTIVE EQUIPMENT (PPE) – This category pertains to personal protective equipment that may be needed to provide services to clients or for clients to receive services. PPE purchases are limited to 10% of an agency's award.

I. EMERGENCY REPAIRS/BUILDING CODE – Agencies funded in this category must not use EFSP funding for routine maintenance or repairs. Agencies funded in this category must have had an unexpected emergency repair or building code citation that will cause the agency to close or curtail service without the work being done. This category includes expenditures for building code repairs or accessibility improvements of a **mass shelter or mass feeding facility**. The maximum expenditure in this category is \$2,500. Both the National Board and Local Board must approve expenditures in advance. If applying for a building code citation, the citation must be included in the application. **If applying for Emergency Repairs/Building Code assistance, please contact the Local Board Chair in writing prior to applying.**

IMPORTANT REMINDERS

Organizations administering EFSP must follow all rules for expenditures allowed within these categories as well as documentation requirements. LROs can find the program manual and other important information online at www.efsp.unitedway.org.

If you are considering applying for funds for the first time and would like more information on documentation requirements, please refer to the online program manual or contact the Local Board Chair.

ELIGIBILITY

LROs must certify that they meet all eligibility requirements. The following list of requirements has been provided to help your organization determine its eligibility for and ability to administer the EFSP.

- Is a nonprofit, faith-based, and an agency of government with a Federal Employer Identification Number (FEIN)
- Has a Unique Entity Identifier (UEI) number issued by the System for Award Management (SAM.gov) for federal grant tracking
- Is not debarred or suspended from receiving Federal funds
- Demonstrated capability to provide emergency food and shelter services within the guidelines and restrictions of the EFSP
- Will use funds to *supplement and extend existing resources* and not to substitute or reimburse ongoing programs and services

- Has an accounting system, a checking account in the organization’s name for EFSP deposits, and will pay all vendors by LRO check, LRO vendor-issued credit card, or LRO debit card within 90 days of services performed, and understands that cash payments (including petty cash) are not acceptable
- 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.
- Has not received an adverse opinion or no opinion audit
- Practices nondiscrimination (LROs with a religious affiliation will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling with Federal funds)
- Has a voluntary board if private, not-for-profit
- 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
- Will provide all required reports to the Local Board in a timely manner
- 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 the program
- 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
- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following the jurisdiction’s selected end-of-program date.
- Has no known EFSP compliance exceptions in this or any other jurisdiction
- 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.
- Will not and will ensure its employees, volunteers and other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect.
- 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.
- A financial management system is in place that provides for
 - Accurate, current, and complete disclosures of the financial results of EFSP
 - Records that adequately identify the source and application of funds for federally supported activities, including information pertaining to Federal awards, authorizations, obligations, un-obligated balances, assets, outlays and incomes.
 - Effective control over and accountability for all funds, property, and other assets
 - Procedures for determining eligibility of costs in accordance with EFSP manual.
 - Accounting records that are supported by source documentation. LROs must maintain and retain a register of cash receipts and disbursements and original supporting documentation such as purchase orders, invoices, canceled checks, sign-in logs and any other documentation necessary to support costs under the program
 - A systematic method to assure timely and appropriate resolution of audit findings and recommendations.

Your organization is eligible if you’re able to select all **green answers** in the [EFSP Certification Form](#).

FUNDING AVAILABLE

EFSP Jurisdiction	Available Funding by Jurisdiction	Local Board Focus of Funding for Phase 41
Bridgeport Jurisdiction – Local Board #1422-01	\$182,798	All Categories
Danbury Jurisdiction – Local Board #1422-02	\$55,634	Food, Shelter, Utilities
Norwalk Jurisdiction – Local Board #1422-03	\$67,556	All Categories
Stamford Jurisdiction – Local Board #1422-04	\$91,399	Food, Rent/Mortgage, Utilities

Please be advised that this is a competitive grant process. Agencies are not guaranteed funding, including those agencies that have received EFSP funding in the past.

ORGANIZATIONS APPLYING FOR BRIDGEPORT ONLY: The Bridgeport jurisdiction covers the cities and towns of Bridgeport, Easton, Fairfield, Monroe, Stratford, Trumbull, and Shelton. The United Way of Coastal and Western CT covers all of these cities and towns except for Shelton, which is covered by our sister United Way, Valley United Way. The Local Board has decided to allocate about 9% or \$16,452 of the Bridgeport jurisdiction award to organizations applying from Valley United Way's footprint.

HOW TO APPLY

1. Review the Notice of Funding Availability (NOFA), application and required attachments.
2. Attend a Live Zoom Information Session: *(The application information session is optional, but attendance is highly encouraged for NEW EFSP agencies. Please come with the NOFA in hand and any questions you have on the process, application and/or the e-Clmpact software.)*
 - Friday, May 17th, 2024 from 1:00 to 2:00 PM
 - i. Zoom Registration Link: <https://us06web.zoom.us/meeting/register/tZEqc-irrTspGNEg5cN3J3vOYZuJq8wIQCZ9>
3. Create/Sign into your e-Clmpact account
 - The UWCWC uses the [e-Clmpact Grant Management](#) system for organizations to submit grant applications and reports.
 - All applicants must register online and create an account in order to submit their application. Please refer to the e-Clmpact Registration Manual for specific steps on how to register for e-Clmpact.
 - If an applicant already has an account in the system, they can continue to use that account for this application.
4. Application Submission Options:
 - Complete the application through our e-Clmpact Grants Management Software (preferred method)
 - Complete the Word version of the application and submit to: communityimpact@unitedwaycwc.org. A member of the UWCWC Community Impact team will upload your application to the e-Clmpact system.
 - **Application deadline: Friday, May 31st, 2024 at 11:59 pm**

HAVE QUESTIONS? CONNECT WITH US!

There are several ways to connect with us to get more information:

- **EFSP Live Information Sessions:**
 - Session link in the ['How to Apply'](#) section of this NOFA.
 - A recording of the webinar will be shared with all who register and posted on e-Clmpact.
- **Friday Q & A Lunch Hours**
 - Each Friday during the application period from 12:00 to 1:00 PM until Friday, May 31st, 2024.
 - A member of the Community Impact team will be available to answer questions on the application process. If you have any questions, please feel free to join us at any time during this time block. No agenda is set for these sessions and topics discussed will depend on questions asked by any participants.
 - Zoom link to join Friday Q & A Sessions: <https://us06web.zoom.us/j/89832377461>
- **One-on-One Support**
 - Contact one of our Community Impact Team members by email or phone. Please leave a voicemail if we don't answer. We are committed to getting back to you within 48 hours.

LOCAL BOARD/UNITED WAY CONTACTS

Title	Full Name	Pronouns	Phone Number	Email Address	What We Can Help With
Community Impact Senior Coordinator Danbury Local Board Chair	Victoria Scofield	She/Her/Hers	203-883-6704	Victoria.scofield@unitedwaycwc.org	Serves the Danbury EFSP jurisdiction as Local Board Chair Answer questions on e-CImpact and the grant process
Greater Bridgeport Community Impact Coordinator Bridgeport Local Board Chair	Archeline Youte	She/Her/Hers	203-883-6712	Archeline.youte@unitedwaycwc.org	Serves the Bridgeport EFSP jurisdiction as Local Board Chair. Answer questions on e-CImpact and the grant process.
Stamford/Greater Norwalk Community Impact Coordinator Stamford Local Board Chair	Alicia Nowlin-Downey	She/Her/Hers	203-297-6283	Alicia.nowlin-downey@unitedwaycwc.org	Serves the Stamford EFSP jurisdiction as Local Board Chair and the Norwalk EFSP jurisdiction as Local Board Staff. Answer questions on e-CImpact and the grant process.
Norwalk Local Board Chair	Cathy DeCesare	She/Her/Hers	203-554-7037	Decesarecf@gmail.com	Serves the Norwalk EFSP jurisdiction as Local Board Chair Answer questions on Norwalk EFSP.

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.

Organization Name *

EIN *

Organization Mailing Address *

Organization Website URL *

Organization Mission Statement: * (Limit up to 2,000 characters)

Has your organization received funding from EFSP in the past? * (Select one) Yes No

If 'Yes', please provide your Unique Entity Identifier (UEI) * (Limit up to 12 characters)

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

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

Direct Service Provider	Fiscal Agent	Fiscal Conduit
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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.

Primary Contact Name * *(Limit up to 150 characters)*

Primary Contact Title * *(Limit up to 150 characters)*

Primary Contact Preferred Pronouns * *(Select one)*

She/Her/Hers	He/Him/His	They/Them/Theirs	Prefer to Self-Describe
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If you select 'Prefer to Self-Describe', what are the pronouns that you prefer to go by? *(Limit up to 150 characters)*

Primary Contact Phone Number * *(Numbers only)*

Primary Contact Extension (if applicable) *(Numbers only)*

Primary Contact Fax *(Numbers only)*

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.

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

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.

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

Narratives

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

Bridgeport	Danbury	Norwalk	Stamford
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 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).

If you selected 'Bridgeport', select your local United Way? * (Select one)


United Way of Coastal & Western CT	Valley United Way
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Does your organization currently provide services in the area(s) for which you are seeking EFSP funding? * (Select one) Yes No

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)

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 Form here.

FORM 3: PROGRAM INFORMATION

Program Name *

Which jurisdiction is this program applying under? * (Select one)

Bridgeport	Danbury	Norwalk	Stamford
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Provide a brief description of program activities and processes used by the organization to deliver services. * (Limit up to 1,000 characters)

Number of clients typically served in this program without EFSP funding. * (Numbers only)

Do you have a waiting list for this program? * (Select one) Yes No

If 'Yes', please state how many individuals are on your waitlist. * (Limit up to 150 characters)

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

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

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

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.

If 'No', please go to 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.

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

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

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:

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’.

If you answered ‘Yes’ to the question 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)

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)

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)

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:

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	A. Estimated Number of Meals Served	B. Estimated Number of Individuals Served	C. Avg Cost Per Meal Served	D. Total EFSP Request
Served Meals/Mass Feeding (FOR THOSE USING THE PER MEAL ALLOWANCE)			\$3.00 (cannot be changed)	(A x C = D – will auto calculate in e-ClImpact) \$
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	A. Estimated Number of Nights Served/Bills Paid	B. Estimated Number of Individuals Served	C. Avg Cost Per Night	D. Total EFSP Request
Mass Shelter (FOR THOSE USING PER DIEM ALLOWANCE)			\$12.50 (cannot be changed)	(A x C = D – will auto calculate in e-ClImpact) \$
Mass Shelter (FOR THOSE USING DIRECT COST)			(Do not need to complete)	\$
Other Shelter				\$
Rent/Mortgage Assistance [^]				\$
Energy				
Type of Assistance	A. Estimated Number of Bills Paid	B. Estimated Number of Individuals Served	C. 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

INSTRUCTIONS FOR LOCAL RECIPIENT ORGANIZATIONS (LROS)

How to Request a Unique Entity Identifier (UEI) Number

IMPORTANT: Check with your parent organization to see if you already have a UEI number. If your agency had a DUNS number, you should have been notified that the DUNS number would become obsolete, and the Federal Government would stop using it in 2022. Organizations that had DUNS numbers previously, should have received a notice advising that the DUNS number was automatically converted to a UEI number. If you had a DUNS number previously, log into www.sam.gov to find your UEI.

➤ **What is a UEI Number?**

- A Unique Entity Identifier (UEI) Number is an exclusive identification that is required of each organization or business wishing to do business with the Federal government.
- As sub-recipients of Emergency Food and Shelter Program (EFSP) funding, LROs are required to provide the 12-digit UEI to the National Board. The UEI may consist of alpha numeric characters.

➤ **Who needs a UEI Number?**

- All businesses or other organizations receiving money from the U.S. Federal government through contracts or grants are required to have a UEI Number.
- For EFSP purposes, all LROs must have a UEI number. UEI numbers and all other data elements, as specified on the UEI Reporting Form, must be submitted to the National Board. The UEI number alone is not sufficient.

➤ **How can I receive a UEI Number?**

- You may receive your free UEI Number issued by SAM.gov. Instructions may be obtained from <https://sam.gov>. The UEI number and other relevant information must be provided in the UEI Form that will be submitted to the National Board.

Please have the following information available when you log in to SAM.gov to get a UEI number:

- Legal Name of Organization
- Tradestyle, Doing Business As (DBA), or other name by which your organization is commonly recognized
- Physical Address, City, State and Zip Code
- Mailing Address (if separate)
- Telephone Number
- Facsimile (fax) Number
- Name of CEO/Organization Owner
- Contact Name
- SIC Code (Line of Business)/Primary Type of Business***
- Legal structure of the Organization (corporation, partnership, proprietorship)
- Year the Organization Started
- Number of Employees (full and part-time) at your location
- Headquarters Name and Address (if there is a reporting relationship to a parent corporate entity)
- Whether a home-based business

➤ **Who should I contact with any questions?**

- General inquires on the overall requirement may be found on SAM.gov.
- EFSP specific inquiries can be addressed to efsp@uww.unitedway.org.

*****Note:** The SIC code may be obtained from http://www.osha.gov/pls/imis/sic_manual.html. This is a manual that can be referenced for the SIC code which is a coding system that identifies the type of business.

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM

INSTRUCTIONS FOR UNIQUE ENTITY IDENTIFIER (UEI) REQUIREMENT

Beginning with Phase 28 of the Emergency Food and Shelter National Board Program (EFSP), the National Board began requiring DUNS numbers for all Local Recipient Organizations (LROs). Effective in 2022, the DUNS number is obsolete and is no longer used by the Federal government. The Unique Entity Identifier (UEI) is now required of all LROs participating in the EFSP. The UEI number and the associated information noted below and on the UEI form must be provided to the National Board for any LRO that did not previously provide the information. *LROs that have not complied with this requirement cannot be paid.*

The data elements on the form are those that were required to be reported by all sub-recipients in the past and are still required by agencies who wish to participate in the program now.

Report Form Instructions:

LRO ID Number: This is the 9-digit identification number assigned to your agency by the EFSP. It is the login number used for accessing the website and is on nearly all LRO information provided from the National Board.

UEI Number: This is a unique 12-digit identification number used for tracking Federal grants. If your agency does not already have a UEI number, instructions are provided on this site on how to obtain one. *Please be sure to check with your parent organization to see if your agency already has a UEI number.* There is no charge for this number.

Sub-Recipient Congressional District: This is the two-digit code for the Congressional District where your organization is physically located.

Sub-Recipient Primary Place of Performance (POP) Address: This is the address of the primary place that your agency provides EFSP services – use both Line 1 and Line 2 to provide the complete address, if necessary.

Sub-Recipient Primary POP Location: This is the name of the city or town where your agency provides EFSP services.

State Primary POP Postal Code: This is the state's two-character postal abbreviation where your agency provides EFSP services.

Sub-Recipient POP Zip Code: This is the Zip Code + 4 of the city or town noted above where your agency provides EFSP services.

Sub-Recipient POP Congressional District: This is the two-digit code for the Congressional District of the city or town noted above where your agency provides services.

Sub-Recipient Indication of Reporting Applicability: Enter “Yes” or “No”. Please see the definition on the form to determine if your organization needs to provide this information. If “Yes”, then provide information for the next two items.

Sub-Recipient Highly Compensated Officers Names: These are the individual names (first, middle initial, last) of your organization's 5 most highly compensated officers, if applicable. Please see the definition on the form to determine if your organization needs to provide this information. If you answered “No” to “**Sub-Recipient Indication of Reporting Applicability**” above, you do not need to provide this.

Sub-Recipient Highly Compensated Officers Compensation: This is the individual compensation for your organization's 5 most highly compensated officers noted above, if required. Please see the definition on the form to determine if your organization needs to provide this information. If you answered “No” to “**Sub-Recipient Indication of Reporting Applicability**” above, you do not need to provide this.

Please do not delay in providing this information so our records for your agency are complete.

REQUIRED ITEM	DEFINITION	PROVIDE INFORMATION HERE <i>(Please type or print legibly)</i>
Local Recipient Organization (LRO) ID Number	Unique 9-digit number assigned to your agency by the Emergency Food and Shelter Program	
UEI Number	Unique 12-digit number obtained from SAM.Gov	
Sub-Recipient Congressional District	Congressional District where your agency is physically located. (2-digit number)	
Sub-Recipient Primary Place of Performance (POP) Address Line 1	Address of primary physical location where your agency's EFSP services are provided	
Sub-Recipient POP Address Line 2	Address of primary physical location where your agency's EFSP services are provided (line 2, if necessary)	
Sub-Recipient POP Location	Name of city/town where your agency's EFSP services are provided	
Sub-Recipient POP State Code	State where your agency's EFSP services are provided	
Sub-Recipient POP Zip Code + 4	Zip Code + 4 where your agency's EFSP services are provided	
Sub-Recipient POP Congressional District	Congressional district where your agency's EFSP services are provided (2-digit number)	
Sub-Recipient Indication of Reporting Applicability	This is a "Yes" or "No" response. "Yes" if your agency received in the preceding fiscal year: (a) 80% or more of its annual gross revenues from federal contracts (and sub-contracts), loans, grants (and sub-grants) and cooperative agreements; AND (b) \$25 million or more in annual gross revenues from federal contracts (and sub-contracts), loans, grants (and sub-grants) and cooperative agreements; AND if this information is not publicly available through some other means including, but not limited to, SEC filings and IRS 990 filings.	
Sub-Recipient Highly Compensated Officers Names	If you answered "Yes" to <i>Sub-Recipient Indication of Reporting Applicability</i> above, <u>this information is required</u> . List the individual names (first, middle initial, last) of your organization's 5 most highly compensated officers, if applicable.	1. 2. 3. 4. 5.
Sub-Recipient Highly Compensated Officers Compensation	If you answered "Yes" to <i>Sub-Recipient Indication of Reporting Applicability</i> above, <u>this information is required</u> . This is the individual compensation for your organization's 5 most highly compensated officers and should correspond to the officers' names you listed above, if applicable.	1. 2. 3. 4. 5.