**PHASE 41**

**EFSP Grant Application - Winnebago County**

**Grant Application must be delivered to the United Way of Rock River Valley located at 612 N. Main Street, Suite 300 in Rockford IL, no later than 5:00 p.m. on Monday, March 25, 2024.**

**Applicants must have a full understanding of the EFSP application and reporting requirements and be able to complete reporting electronically.**

|  |  |
| --- | --- |
| Organization Name: |  |
| Contact Person: |  |
| Phone Number: |  |
| FAX Number: |  |
| Email Address: |  |
| Mailing Address (Street and P.O. Box): |  |
| City: |  |
| State: |  |
| Zip Code: |  |
| FEIN Number: (REQUIRED) |  |
| Unique Entity ID (UEI) #: (REQUIRED) |  |
| Congressional District(s) in which agency is located |  |
| Congressional District(s) in which EFSP services are provided? |  |

**Y\_\_\_ or N\_\_\_ do you maintain a checking account in your organizations name for EFSP deposits?**

**Y\_\_\_ or N\_\_\_ are you able to pay vendors directly within 90 days for services provided?**

**Y\_\_\_ or N\_\_\_ are you able to understand and submit required electronic reports to the Local EFSP board?**

**Y\_\_\_ or N\_\_\_ is agency debarred or suspended from receiving funds or doing business with the Federal government?**

**If funds are to be channeled through a different organization, please identify:** (fiscal agent information)

|  |  |
| --- | --- |
| Organization Name: |  |
| Contact Person: |  |
| Phone Number: |  |
| FAX Number: |  |
| Email Address: |  |
| Mailing Address: |  |
| FEIN Number: |  |

**Funding Allocation Requested:** (see attached for more information about each allowable category)

|  |  |
| --- | --- |
| **Shelter Services** | Amount Requested |
| Mass Shelter | $ |
| Hotel/Motel (up to 90 days per phase) | $ |
| Rent/Mortgage | $ |
| TOTAL | $ |

|  |  |
| --- | --- |
| **Food Services** | **Amount Requested** |
| Congregate Meals | $ |
| Food Purchases | $ |
| Home Delivered Meals | $ |
| TOTAL | $ |

|  |  |
| --- | --- |
| **Supplies & Equipment** | **Amount Requested** |
| Cleaning Supplies for Shelter/Feeding Sites | $ |
| Small Equipment Purchases up to $300/item | $ |
| Personal Protective Equipment | $ |
| TOTAL | $ |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Utility Service for Clients** | **Amount** |
| Gas, Electric, Water ( up to 3 months or 90 days per phase | $ |
| TOTAL | $ |

|  |  |
| --- | --- |
| **OVERALL TOTAL REQUEST FOR LRO** | |
| TOTAL (for all categories) | $ |
|  |  |
|  |  |

**Program Income Sources:** For each program area you are requesting funding for, please provide the percent of the program budget for the past fiscal year by income source for Winnebago County.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Funding Source:** | **Pantry** | **Supplies/**  **Equipment** | **Rent/**  **Mortgage** | **Hotel/**  **Motel** | **Mass**  **Shelter** | **Utilities** | **Served**  **Meals** |
| EFSP  Funding |  |  |  |  |  |  |  |
| Other  Federal |  |  |  |  |  |  |  |
| State  Funding |  |  |  |  |  |  |  |
| City/County  Funding |  |  |  |  |  |  |  |
| Cash  Donations |  |  |  |  |  |  |  |
| Other \* |  |  |  |  |  |  |  |
| Total = 100% |  |  |  |  |  |  |  |

\* Examples of Other Sources: United Way, foundation grants, program fees, etc.

# Winnebago County Emergency Food and Shelter Program

**Phase 41 Grant Application**

1. **Services your organization provides:**
2. **What services do you propose to provide with Emergency Food and Shelter funds? (Please include number of meals served; number of nights of lodging; number of rent bills paid; etc.)**
3. **Explain why these dollars will be important to your service delivery this year.**
4. **Area(s) of Winnebago County that funded services will serve:**
5. **Clientele Targeted with funded services:**
6. **Day and time that funded services will be available:**
7. **Facility is ADA compliant: \_\_\_\_\_\_\_ yes \_\_\_\_\_\_ no If not, how does your organization accommodate (i.e., proxy, mobile/drive-up, delivery)?**
8. **Is agency a non-profit, or a unit of government?**
9. **If non-profit, a roster of the agency’s volunteer board is required:**
10. **How does your organization ensure diversity, equity and inclusion (i.e., include DEI policy or statement or statement of services)?**

A copy of the most recent Audit Report should be attached. (Requirement waived if agency submitted audit to United Way of Rock River Valley within the past six months.)

If this is your first application to this Local Board, you must send proof of:

State of Illinois incorporation as a nonprofit agency

IRS certification of 501(c)(3) status

See attached to answer the following:

Affiliation Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Target Codes that apply: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Food and Shelter Program**

Affiliation Codes:

Affiliation codes are listed below for Local Recipient Organizations (LRO’s). If the LRO has no affiliation with a national organization, use “UN” for unaffiliated. For service providers under fiscal agents, use the code that describes the service provider, not the fiscal agent.

AC Aging Council

CA Community Action Agency

CC Catholic Charities and other Catholic Organizations (except St. Vincent de Paul)

CM Church organizations or Ministerial Associations

CO Coalition

FB Food Bank (Second Harvest or other)

FS Family Service America

GV Government Agency (except Tribal Government)

HS Homeless Advocate

IR Hotlines/Information and Referral

JF Jewish Federations and other Jewish organizations

LA Labor Organizations

NA Native American Organizations

MW Meals on Wheels

RC American Red Cross Chapter

SA Salvation Army

SV St. Vincent de Paul

TA Travelers Aid

TG Tribal Government

UL Urban League

UW United Way

YM YMCA

YW YWCA

UN Unaffiliated with any of the above, or no affiliation

Target Codes:

If an LRO (service provider, in the case of fiscal agent) targets specific client populations, please choose up to the top three from the list below and enter the two-letter codes. If an LRO targets no particular populations, enter “NT.”

CH Chemically Addicted

DV Domestic Violence Victims

EL Elderly

FC Families with Children

MD Mentally Disturbed

MI Minorities

NA Native Americans

PW People with AIDS/HIV

SM Single Men

SW Single Women

UM Unaccompanied Minors NT No Target Populations

OT Other Targeted Populations VT Veterans

**Emergency Food and Shelter Program**

The minimum award per Local Recipient Organization (LRO) is $1,000.

**FOOD SERVICES**

• Congregate Meals

• Food Purchases

• Home Delivery Meals (e.g., Meals on Wheels)

**SHELTER SERVICES**

• Mass Shelters (e.g., local shelter facilities)

• Hotel/Motel (up to 90 days per phase)

• Rent/Mortgage (up to 3 months or 90 days per phase)

**SUPPLIES AND EQUIPMENT PURCHASES**

• Cleaning Supplies for Shelters, Feeding Sites

• Small Equipment Purchases Up To $300 Per Item (e.g., microwave)

• Personal Protective Equipment

**UTILITY SERVICES FOR CLIENTS**

• (gas, electric, water), up to 3 months or 90 days per phase

**ADMINISTRATIVE ALLOWANCE**

• 2% of Jurisdiction’s Award

• Local Board Determines Use

**Total Award:**

Add columns; you will have your total award for this agency. Only whole dollar amounts will be allocated – no cents.