**EMERGENCY FOOD & SHELTER PROGRAM**

**PHASE 31**

**APPLICATION FOR FUNDS**

**All Applications must be received by: 4:00 P.M., Wednesday, November 27, 2013**

**Contact:** **Kathy C. Saxman, Director of Community Impact & Investments**

 **United Way of Washington County, MD**

 **33 W. Franklin Street, Suite 203**

 **Hagerstown, MD 21740**

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| --- | --- |
| **Agency’s Legal Name** |  |
| **Agency Principal** |  |
| **Agency Contact for Questions** |  |
| **Agency Contact for EFSP, if funded** |  |
| **Agency Physical address** |  |
| **Congressional District, where agency is physically located** |  |
| **Agency Mailing Address** |  |
| **Agency Address, where EFSP funded services are provided** |  |
| **Congressional District where EFSP funded services are provided** |  |
| **Phone/fax/ and email for Principal listed above** |  |
| **Phone/ fax and email for Contact listed above** |  |
| **Agency Federal Employer Identification Number (FEIN)** |  |
| **Agency’s DUNS Number** |  |
| **Amount of EFSP Funds requested / Total Budget Amount by EFSP Program Area (i.e., rent, food, utilities, etc.)** |  |
| **Total Agency Operating Budget**  |  |
| **Total Agency budget for the Program area Requested (i.e., rent, food, utilities, etc.)** |  |
| **Attach Copy of Agency’s Most Recent Annual Audit** |  |
| **State whether the Agency is a Nonprofit or a Unit of Government** |  |
| **If the agency is a nonprofit, provide a roster of the agency’s volunteer Board.** |  |
| **Is the Agency debarred or suspended from receiving funds or doing business with the federal Government? Yes or No** |  |
| **Complete and return a signed copy of the attached Local Recipient Certification Form** |  |

**Applications for EFSP funds must include the following items, which will be used for ranking the applications.**

1. **Past Performance. (Maximum 3 Points)**

**Please provide a brief history of your agency services and clients served, with particular emphasis on your emergency ford and shelter programs and your prior use of EFSP dollars.**

1. **Cost Effectiveness. (Maximum 2 Points)**

**Based on your proposal, please provide an analysis of per-unit cost.**

1. **Ability to spend. (Maximum 2 Points)**

**Please provide a history of your agency’s ability to expend EFSP and other emergency service dollars in a timely manner.**

1. **Target Population. (Maximum 1 Point)**

**Please provide a detailed description of the population(s) that you intend to serve and your rationale in the selection of the target population.**

1. **Leverage. (Maximum 1 Point)**

**Please discuss any additional client benefit dollars available within your agency and how they will be matched with EFSP dollars.**