

Emergency Food & Shelter Program
 Local Board 3816-00
 Phase 33 Application for Funds



All Applications must be received by: 12:00 P.M., Friday, June 24, 2016.

Return completed application and other required documents to:

Kathy C. Saxman
 Director of Community Impact & Investments
 United Way of Washington County, MD
 33 W. Franklin Street, Suite 203
 Hagerstown, MD 21740

Agency's Legal Name	
Agency Director	
Phone/fax/ and email for agency director	
Agency Contact for Questions	
Phone/ fax and email for Contact	
Agency Contact for EFSP, if funded	
Phone/ fax and email for Contact	
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	
Agency Federal Employer Identification Number (FEIN)	
Agency's DUNS Number	

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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	
Download and complete the Local Recipient Certification Form, https://www.efsp.unitedway.org and return with application.	

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

1. Past Performance. (Maximum 5 Points)
 Please provide a brief history of:
 - Your agency's services and clients served, with particular emphasis on:
 - Your Emergency Food and Shelter Programs
 - Your prior use of EFSP dollars

2. Cost Effectiveness. (Maximum 2 Points)
 Based on your proposal, please provide an analysis of per-unit cost.

3. 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.

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4. Target Population. (Maximum 1 Point)
Please provide a detailed description of the population(s) that you intend to serve and your rationale for the selection of this target population.

5. Leverage. (Maximum 2 Point)
 - a. Please identify any additional client benefit dollars available within your agency
 - b. Discuss how these benefit dollars will be matched with EFSP dollars.

6. Readiness to begin and ability to perform. (Maximum 3 Points)
 - a. Is the agency equipped to provide required EFSP reports (i.e., Computer, printer, internet access, staff trained in using system and carrying out required work, etc.)?
 - b. Provide the contact information for the staff that will be responsible for all EFSP reporting.
 - c. Has the agency received federal funds in the past? If so, please provide a brief summary of the amount and use of these funds.