



DATE: January 25, 2012
TO: Rhode Island Emergency Food and Shelter Program Applicants
FROM: Rhode Island Emergency Food and Shelter Board
RE: Grant Phase 30 Application

The Rhode Island Emergency Food and Shelter Board is requesting applications from emergency food and/or shelter programs for grant Phase 30 February 1, 2012 through December 31, 2012.

Grant allocations will be made contingent upon receipt of a Federal appropriation.

Please read the application carefully and complete all appropriate sections, as incomplete applications will not be accepted. Budget and statistical information must be accurate and clearly stated. Be sure to include all requested attachments with your application submission. For your convenience, a checklist is included.

APPLICATIONS ARE DUE BY 4:00PM, FRIDAY, MARCH 9, 2012.

APPLICATIONS THAT ARE INCOMPLETE OR RECEIVED AFTER THIS DEADLINE

WILL NOT BE CONSIDERED. THERE WILL BE NO EXCEPTIONS.

Mail or deliver 4 applications (one original, 3 copies) to:

Kerstin Klebbe, Program Administrator
Rhode Island Emergency Food and Shelter Program
c/o United Way of Rhode Island
50 Valley Street
Providence, Rhode Island 02909

We ask that you do not provide materials beyond requested attachments. Please do not present your application in binders or folders, and do not fax or e-mail.

If you have any questions, please call Kerstin Klebbe at 444-0625 or via e-mail kerstin.klebbe@uwri.org.



Guiding Principle of the RI Emergency Food and Shelter Board

Hunger and homelessness are unacceptable. Food and shelter are basic needs, which should not be denied to any resident within the State.

Program Objective

This program is intended to supplement or extend current available food and shelter resources and not for the substitution of other resources for ongoing programs and services. *No agency will receive more than 50% of their funding for food and/or shelter services through the Rhode Island Emergency Food and Shelter Program.*

Applicant Eligibility Requirements

Applications will only be considered from agencies that meet the following eligibility requirements. The applicant must:

- Be an existing, on-going program providing emergency food and/or shelter services and have been in existence at least one year
- Be a not-for-profit 501(c)(3) with a voluntary Board of Directors; or seek funding through a fiscal agent approved by the Rhode Island Emergency Food and Shelter Board
- Practice non-discrimination
- Have an accounting system or seek funding through a Fiscal Agent
- Have an agency checking account (The National EFSP Board uses EFT to distribute this grant)
- Agree to fully comply with all EFSP Program guidelines and deadlines
- Provide required reports to the Rhode Island Emergency Food and Shelter Board
- Expend EFSP funds by the end of the Phase 30 spending period, December 31, 2012

Program and Application Criteria

A system for evaluating agency programs has been developed based on priorities set by the Rhode Island Emergency Food and Shelter Board. Applications will be assessed according to these priorities and will be reviewed and evaluated as to the degree to which these criteria are or are not met. Statistical information will play a major role in determining the allocation of funds. Additionally, the Board will take into consideration agency capacity, past performance, other sources of funding and location/populations served.



Eligible Program Expenditures

- Direct provision of emergency food (food pantries)
- Direct provision of served meals at exactly \$2.00 per meal served
- Direct provision of emergency shelter (shelters with 5 or more beds at a per diem allowance of exactly \$12.50 or vouchers for individuals/families for no more than 30-days in reasonable off-site lodging – cannot pay for off-site/motel stays in advance with EFSP funds)
- Purchase of supplies essential to providing shelter (e.g., soap, toothbrushes, cleaning supplies, cots, bed linens)

Ineligible Program Expenditures

The following costs have been determined ineligible by the National Board or by decision of the Local Board:

- Emergency assistance for disaster victims (e.g. fires, floods)
- Pre-payment /deposits or cash purchases of any kind (including petty cash)
- Third party credit card purchases (*you must make purchases with LRO check or debit card*)
- Rental or mortgage assistance
- Excessive purchase of snack and dessert items
- Food for singular events not part of your regular ongoing program (e.g. celebratory events)
- Utility payments; telephone/cable/internet service payments
- Real property (land or buildings); lease-purchase agreements; property taxes
- Appliances (i.e. stoves, freezers, washers, etc.)
- Office equipment or office supplies
- Maintenance, emergency repairs, building code upgrades or rehabilitation to facilities
- Payments made directly to a client
- Purchase of non-food items, except as outlined in “Eligible Program Expenditures” above
- Administration/salaries, except as allowed under the shelter per diem schedule
- Expenditures related to lobbying efforts
- Expenditures made prior to or after the close of the grant phase spending period
- Membership fees to shopping clubs, banking fees or late fees



Timeline for the Application Process*

March 9, 2012	Completed applications due. Applications must be received by 4:00PM on this date. Applications postmarked 3/9/12 are not considered on time.
Mid-March	The Local Board Allocations Committee will review applications and make recommendations to the Rhode Island Emergency Food and Shelter Board.
Late March	Site visits for new applicants and agencies the Local Board designates.
April/May	Expect to receive EFSP award notification for the State from the National Board. At this time, Phase 29 grantees will be sent award notification letters.

** The National Emergency Food and Shelter Board may change grant program deadlines according to the federal budget process and availability of EFSP funding.*

Site Visits

The Local Board may schedule a site visit with your agency. If you are designated for a site visit, you will be notified in advance. Site visits to newly funded agencies are mandated by the National Emergency Food and Shelter Program Board.

Phase 30 Rhode Island Emergency Food and Shelter Program

Grant spending period – February 1, 2012 through December 31, 2012

*** EFSP grantees must purchase eligible items and pay for eligible items during the identified grant period.**

*** While award notification may not be announced until spring, applicants are encouraged to maintain eligible expenditure documentation as this will be required if your agency receives EFSP funds.**

Maintain vendor invoices to document the purchase of EFSP eligible items and agency canceled check copies as proof of payment. If you are serving meals through a meal site/soup kitchen or if your agency provides shelter, you must maintain a DAILY count of meals served or shelter bed-nights provided as this is the nationally required expenditure documentation.



RI EMERGENCY FOOD AND SHELTER PROGRAM: PHASE 30 APPLICATION

Please type or print clearly.

Date _____

Narrative

Please attach a clearly printed or typed one-page narrative that provides an overview and description of your agency's served meals/meal site, food pantry and/or shelter program. The narrative should only focus on the program or programs in which you seek EFSP funds.

General Information

The National Board will be sending letters and report forms via e-mail, please be sure to provide current information for the appropriate contact person(s). Please know that at this time the National database can only accommodate ONE e-mail contact per agency, please list this person as the primary contact. This person will be responsible for sharing communications with other staff. It is the agency's responsibility to provide the correct contact information to ensure the receipt and timely processing of communications.

Agency _____

Mailing Address _____

City/Town _____ Zip _____ County _____

Street Address (provide information for each site where services are available) _____

City/Town _____ Zip _____ County _____

Primary Contact Person _____ Title _____

E-mail Address _____ Phone No. _____ Fax No. _____

Name of Program Manager _____

E-mail Address _____ Phone No. _____



Federal Employer Identification No. _____ DUNS No. _____

For previously funded agencies, please provide your 9-digit LRO ID Number _____

Has your agency had to return EFSP funds to the National Board over the past 12-months? If yes, what was the total dollar amount and reason for the return of funds? _____

If your agency serves as an EFSP fiscal agent, please attach sub-grantee forms. Please also provide a compiled list of sub-grantees (sub-grantee name and city/town).

Budget Information

Operating expenditures for your most recently completed fiscal year \$ _____

Projected operating expenditures for the current fiscal year \$ _____

Agency Fiscal Year: _____

****Attach a copy of your agency budget for the current fiscal year.***

EFSP Phase 30 Funding Request

Requests cannot equal more than 50% of your total program budget towards which you seek funding. Requests must be whole dollar amounts no less than \$500.00. Requests of \$25,000+ will require your agency to obtain an Accountant's Review or Audit.

Please indicate the total amount of EFSP funding received in Phase 29 \$ _____

Please indicate the total requested amount of EFSP funds for Phase 30 \$ _____

Requested amount of Ph30 EFSP funding for the Shelter Program \$ _____

Requested amount of Ph30 EFSP funding for the Meal Site Program \$ _____

Requested amount of Ph30 EFSP funding for the Food Pantry Program \$ _____



Instruction:

- Complete pages 7 - 8 if your agency is requesting funding in the food pantry category
- Complete pages 9 – 10 if your agency is requesting funding in the meal site category
- Complete pages 11 – 12 if your agency is requesting funding in the shelter category

FOOD PANTRY Program Client Demographics

Whom do you serve? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Women | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Men | <input type="checkbox"/> People 55+ |
| <input type="checkbox"/> Families with children | |

Food Pantry Program Statistics

Total meals provided between 1/1/11 – 12/31/11 _____

Describe your food pantry’s definition of a meal.

- By weight – 1.25lbs is equivalent to one meal
- Content – one protein or dairy, one serving of grains, one fruit or vegetable
- Other, please define: _____



For the current fiscal year, please list other anticipated sources of funding allocated to the food pantry program towards which you seek EFSP funding:

Federal (e.g. CDBG)	\$ _____
State (e.g. legislative grants)	\$ _____
Local (e.g. city/town grants)	\$ _____
Foundation Grants (e.g. RI Foundation grant)	\$ _____
Program Income (e.g. revenue from program fees)	\$ _____
Private Donations (e.g. through agency fundraising)	\$ _____
Other (e.g. RI Community Food Bank grant/credits)	\$ _____
TOTAL FOOD PANTRY FUNDING (not including EFSP)	\$ _____

Detailed FOOD PANTRY Program Budget Table

February 1 – December 31, 2012

Expense Category	Cost
Food	
Non-food supplies used for food distribution (i.e. bags and/or boxes)	
TOTAL	



MEAL SITE Program Client Demographics

Whom do you serve? (check all that apply)

- Women
- Men
- Families with children
- People with disabilities
- People 55+

MEAL SITE Program Statistics

Total meals provided between 1/1/11 – 12/31/11 _____

Day	Breakfast		Lunch		Dinner	
	Hours	Capacity	Hours	Capacity	Hours	Capacity
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Capacity in this case indicates the max number of meals your meal site can provide



Detailed MEAL SITE Program Budget Table

(February 1 – December 31, 2012)

Expense Category	Cost
Food	
Non-food supplies (i.e. utensils, gloves)	
TOTAL	

For the current fiscal year, please list other anticipated sources of funding allocated to the meal site program towards which you seek EFSP funding:

Federal (e.g. CDBG)	\$ _____
State (e.g. legislative grants)	\$ _____
Local (e.g. city/town grants)	\$ _____
Foundation Grants (e.g. RI Foundation grant)	\$ _____
Program Income (e.g. revenue from program fees)	\$ _____
Private Donations (e.g. through agency fundraising)	\$ _____
TOTAL MEAL SITE FUNDING	\$ _____



Shelter Program Client Demographics

Whom do you serve? (check all that apply)

- Women
- Men
- Families with children
- People with disabilities
- People 55+

Shelter Program Statistics

Capacity: how many beds does your shelter have? _____

(One client spending one night = one bed-night)

Total bed-nights provided between 1/1/11– 12/31/11 _____

What are your shelter's days and hours of operation? _____

For the current fiscal year, please list other anticipated sources of funding allocated to the shelter program towards which you seek EFSP funding:

Federal (e.g. CDBG)	\$ _____
State (e.g. legislative grants)	\$ _____
Local (e.g. city/town grants)	\$ _____
Foundation Grants (e.g. RI Foundation grant)	\$ _____
Program Income (e.g. revenue from program fees)	\$ _____
Private Donations (e.g. through agency fundraising)	\$ _____
TOTAL SHELTER FUNDING (not including requested EFSP funds)	\$ _____



Application Attachments

1. One copy of your agency's IRS 501(c)(3) nonprofit certification letter
2. Three copies of your program narrative
3. Three copies of your current agency budget
4. Most recently completed Audit or Independent Accountant's Review (please note that a Compilation is not equivalent to a Review)
 - a. If your agency has a 2010 Audit or Review, you must submit a copy
 - b. If your agency is requesting \$25,000 or more, you must include a copy of an Accountant's Review
 - c. If your agency is requesting \$50,000 or more, you must include a copy of an agency Audit
5. Sub-grantee/Subsidiary Site Forms (required attachment if you have acted as an EFSP fiscal agent)
6. Compiled list of Sub-grantees (required attachment if you have acted as an EFSP fiscal agent)
7. Signed Application Certification Form



RI-EFSP Application Checklist

In order for the Local Board to accept and successfully review your agency's application, please be sure the following items are addressed:

- _____ All sections of the application are complete – incomplete applications will not be accepted
- _____ All reported numbers, statistics and other information are accurate and clearly stated
- _____ An active e-mail address for the primary contact person has been provided
- _____ Agency FEIN and DUNS numbers provided under the General Information section
- _____ Application is signed by the Chairman of the Board of Directors *and* the Executive Director
- _____ All additionally requested materials are attached with my application submission
- _____ Budget information for each program category in which my agency seeks EFSP funds is provided

Further, I understand that:

- _____ EFSP funds are supplemental; initial funds are not available upon start of the grant phase
- _____ If my agency is awarded Phase 30 EFSP funds, and while the first half of the total award is provided to my agency in spring, the second half of the award could be withheld depending on my agency's management of the Program and Interim Reporting
- _____ EFSP shelter funds cannot be expended on food/meals
- _____ My agency may not be funded if there are significant audit findings
- _____ The person listed as the primary contact, will be responsible for accepting EFSP e-mail communications and for informing other appropriate agency staff to ensure timely processing
- _____ Previously funded agencies are not guaranteed Phase 30 funding
- _____ If program services are interrupted or reduced, my agency is required to inform the Local Board of the RI Emergency Food and Shelter Program



Phase 30 Application Certification Form

By signing below, we certify that our agency meets Program eligibility requirements. We further certify, that all the information provided is accurate, and that all appropriate staff and board members are aware that this application has been submitted to the Rhode Island Emergency Food and Shelter Board.

Signature President, Board of Directors

Signature Executive Director

Type or Print Name

Type or Print Name

Date

Date