# Phase 40 Narrative

(no longer than **four pages total**)

1. **Organization Mission & Description (10 points):** State your organization’s mission and briefly describe your organization’s services.
2. **Target Population (10 points):** Who will be served by EFSP funds?
3. **Program/Service Description (25 points):** What is the program/service that you will use EFSP funding for? Describe how you will utilize EFSP funds and how it meets community need.
4. **Geographic Service Area (15 points):** What is the geographic scope of the project that will utilize EFSP funding? If applicable, to what extent would the project provide services in Williamson County and/or the underserved areas of Travis County? Please include an estimate of the percentage of clients that you have in a) Williamson County and/or b) Travis County. For Travis County please provide information on the percentage of clients you serve in underserved areas. Please list the percentage of EFSP funds that you would use for clients living in each area.
5. **Collaboration (10 points):** How will your organization network or collaborate with other agencies providing similar services to those in need in our two-county area on the program/service that will use EFSP funding?
6. **Program Outcomes (25 points):** What are your program objectives and measurable outcomes for the program/service that will use EFSP funding? Please include how you will determine whether you have achieved the stated outcomes, i.e. the number of people who will receive the services, number of meals/forms of assistance provided, etc.
7. **Client Eligibility Criteria (5 points):** EFSP is a needs-based program for which clients must qualify (refer to page 29 of the [Phase 35 Manual](http://atwcefsp.org/2020/wp-content/uploads/2020/05/Phase-35-Manual.pdf)). In recent years, the Local Board has allowed funded organizations to use their own eligibility criteria. What criteria will your organization use to establish client eligibility for EFSP funded assistance? Who will be eligible for the services?

**Note: New applicants will have the opportunity to expand on their application through a virtual presentation to the board. We will reach out to schedule these presentations after all applications are received.**

# Phase 40 Budget

Instructions for the “Desired Expense Documentation Method” selection in the table below:

* **This choice only applies to the Served Meals and Mass Shelter categories of assistance.**
* Please refer to the Program Costs section of the Phase 35 manual, especially pages 65-74.
* Note for applicants who choose the per meal or per diem method: The Local Board will have to approve your selection after funding decisions have been made.
* The two choices for Served Meals are:
  + Actual Direct Eligible Costs
  + Per meal: **$3**/meal

Please select one and enter in the table below.

* The two choices for Mass Shelter are:
  + Actual Direct Eligible Costs
  + Per diem: **$12.50** per person per night

Please select one and enter in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Funds Requested (dollar amount)** | | **Desired Expense Documentation Method (per meal or shelter day or direct costs)** |
|  | Travis County | Williamson County |  |
| A) Served Meals |  |  |  |
| B) Other Food |  |  | N/A |
| C) Mass Shelter |  |  |  |
| D) Other Shelter |  |  | N/A |
| **E) Total Funding Amount** |  |  | **N/A** |

*Note: The EFSP Board has determined that Administration funding will be used under the Board’s oversight to support the overall administration of the program and is not available for individual projects.*

I certify that the governing body of this organization has knowledge of and approved this grant application:

|  |  |
| --- | --- |
| Signature, Chief Executive Officer | Date |
|  |  |
| Printed Name |  |
|  |  |