**Emergency Food and Shelter Program**

# Austin/Travis & Williamson Counties

**Phase 42 Application Cover form**

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| Organization’s Legal Name |  |
| Organization DBA (if applicable) |  |
| Is the organization a non-profit or unit of government? |  |
| Physical Address: |  |
| Mailing Address (if different from physical address): |  |
| Organization Federal Employment Identification Number (FEIN):  |  |
| Organization UEI number: |  |
| Congressional District where agency is physically located: |  |
| Congressional district(s) where EFSP funded services will be provided: |  |
| Is organization debarred or suspended from receiving funds or doing business with the Federal government? |  |
| Organization’s Total Operating Budget: |  |
| Total Amount requested from EFSP Board for **Phase 42:** |  |

# Phase 42 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](https://www.efsp.unitedway.org/efsp/website/websiteContents/PDFs/EFSPManual/Phase_35_Manual.pdf), especially pages 65-74, or most recent manual.
* 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.

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| **Category** | **Funds Requested (dollar amount)** | **Desired Expense Documentation Method (per meal or shelter day or direct costs)** |
| A) Served Meals |  |  |
| B) Other Food |  | N/A |
| C) Mass Shelter |  |  |
| D) Other Shelter |  | N/A |
| E) Rent/ Mortgage |  | N/A |
| **F) 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:

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| Signature, Chief Executive Officer | Date |
|  |  |
| Printed Name |  |
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# Phase 42 Narrative Questions

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

1. **Organization Mission & Description (10 points):** State your organization’s mission and briefly describe your organization’s services.

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1. **Description of Need (25 points):** Describe the new, emergent, immediate needs you are seeing in your community. (For example, what percentage increase are you seeing in use of your services?) Share how your organization (and any specific programs) will use EFSP funds to meet the community needs.

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1. **Target Population (10 points):** Who will be served by EFSP funds? Does your organization serve any special populations, or have you seen an increase in any demographic use of your services?

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1. **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.

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1. **Referrals and Collaboration (10 points):** How does your organization refer, receive referrals, and/or collaborate to address service gaps? Include specific examples of referral and collaboration processes, detailing how they expand access to services, and/or improve outcomes for the people you serve.

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1. **Program Objectives and Measurement (25 points):**Please outline the specific objectives of your program or service that will utilize EFSP funding. In your response, include measurable outputs such as the projected number of individuals served, meals provided, nights of shelter offered, months of rent/mortgage assistance provided, and any other relevant forms of assistance. Additionally, describe your organization’s systems for financial tracking and reporting, as well as your methods for measuring these outputs. How will you ensure accountability and transparency in your program’s operations?

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1. **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?

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**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.**