Emergency Food and Shelter Program

**CARES ACT/COVID-19**

**Randolph County Application for Funding**

*United Way of Randolph County*

*501 W. Rollins St., Moberly, MO 65270*

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal employer identification number (FEIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required by Emergency Food and Shelter National Board**:

**DUNS #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide mission statement and brief summary of agency function, including client population and geographic area served.
2. List client eligibility guidelines:
3. Using the categories for funding as provided by EFSP/FEMA, indicate the amount requested for funding in each category.

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| --- | --- | --- | --- |
| Category | Amount of Funding Requested | Definition of Unit of Service for EFSP Funding | Number of Units of Service Provided |
| Rent |  | **# of bills paid** |  |
| Utilities |  | **# of bills paid** |  |
| Served Meals |  | **# of people served** |  |
| Mass Shelter |  | **# of nights lodged** |  |
| Other Shelter |  | **# of motel nights** |  |
| Other Food\*\* |  | **# of meals** |  |
| Supplies/Other Equipment \*\*\* |  | **No definition** |  |
| Rehabilitation/Emergency Repairs |  | **No definition** |  |

\*\* Any application for Other Food should indicate a certain amount for food considered healthy.

\*\*\* Small equipment purchases up to $300 per item (e.g., microwave).

**Note: The allowance for mass feeding sites is exactly $2.00/meal served.**

 **The allowance for mass shelter is exactly $7.50 or $12.50 per person per night.**

1. Briefly discuss the proposed use(s) of funding as requested for each category:
2. Please describe the increase in demand or expenses due to COVID-19.

|  |  |  |
| --- | --- | --- |
| Program Funding Source(s) | Last Fiscal year | This Fiscal Year |
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1. Please provide the sources of funding and amounts for each of the categories included in your EFSP Application. Be as specific as possible (ex. XYZ Foundation - $XXXX), but do not include individual donor names – those can be listed together and labeled “Individual donors”.

NOTE: EFSP funds are intended to SUPPLEMENT existing services. If no additional funding sources are identified above, application will not be considered.

1. The following documentation must be **attached**:
	1. documentation regarding nonprofit or governmental status of agency
	2. list of Board members
2. By submitting this application, you are agreeing to:
	1. Practice of nondiscrimination, i.e., “those agencies with a religious affiliation wishing to participate in the program must not refuse services to an applicant based on religion or require attendance at religious services as a condition of assistance, nor will such groups engage in any religious proselytizing in any program receiving EFSP funds”
	2. That your funded LRO will report, orally or in writing, the amount spent when requested and that paperwork required by the National Board be received by the time requested.

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

**Application Deadline: May 22, 2020 - Noon (12:00 p.m.)**

**Application and supporting documentation must be emailed to:** **atina@unitedwayrandolphcounty.org**