

**FEMA Phase 40**  
**Application Submission Checklist**  
For Local Board 166800  
Jurisdiction: Marion County, Florida

**Attachments Included:** (Please check or mark N/A)

- \_\_\_\_\_ Application
- \_\_\_\_\_ Board of Directors Roster
- \_\_\_\_\_ 501 (c)3 IRS Determination Letter
- \_\_\_\_\_ Homeless Management Information System Certification (if Applicable)
- \_\_\_\_\_ Non-discriminatory Policy
- \_\_\_\_\_ Current Audit (If requesting \$50,000 or more)
- \_\_\_\_\_ Complete program budget & narrative for what expenses FEMA dollars will cover

\* If you are applying to receive funding for the following categories: **Utilities or RENT/Mortgage or Other Food**, you must **currently be certified through the Homeless Management Information System (HMIS)** and currently documenting all FEMA RENT/Mortgage or Utility Assistance or Food Pantry Assistance into HMIS. This prevents duplication of services and payments to clients. For questions regarding certification, **please call the Office of Homeless Prevention at (352) 629-2489 and ask to speak with the HMIS Administrator.** For questions regarding this application please email Sheila Riley at [sriley@uwmc.org](mailto:sriley@uwmc.org).

**Application must be received on or before Friday, November 18, 2022, at 4:00pm.**

\_\_\_\_\_  
Signature of United Way Staff

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

## Application Requirements

### Eligibility Criteria:

Organization must meet the following criteria to be eligible to apply for EFSP funds.

- Services are provided by a nonprofit organization, Faith Based Organizations, or government agency which has provided continuous services in Marion County for a minimum of 3 years.
- Must have a Data Universal Number System (DUNS).
- Must have a Federal Employer Identification Number (FEIN).
- Must have an established, active governing board with no less than seven members, the majority of whom are not related by blood or marriage.
- Organizations will have a well-established bookkeeping and accounting system with the capacity to segregate and account for EFSP funds separately from other organization funds.
- The books of the organization are reviewed or have board oversight.
- Must carry adequate liability insurance.
- Must have confidentiality safeguards in place to protect the privacy of files and client records.
- EFSP funding request may not exceed 25% of other non-EFSP funds expended by your organization in the most current completed year.
- Must have a written non-discriminatory policy.
- Must have the flexibility to respond to emergencies that may occur outside of established business days and hours.
- Work collaboratively with Continuum of Care participating agencies and other EFSP funded organizations and the Local Board.
- If the applying Organization has a fiscal agent, an agreement between organization and fiscal agent must be attached to this application.
- Organizations applying to receive funding for Utility Assistance or RENT/Mortgage Assistance of Food Pantry Assistance, must collect and enter data through the Homeless Management Information System (HMIS).

### Instructions:

A. You may obtain an application at <https://www.uwmc.org/Impact/FEMA>

B. **Deadline for submitting application is Friday, November 18, 2022, at 4:00pm**

C. Applications may be mailed, **OR** delivered to **Sheila Riley on or before Friday, November 18, 2022, between the hours of 8:00AM – 5:00PM.**

Location & Mailing Address: 1401 NE 2<sup>nd</sup> Street, Ocala, FL 34470

**NOTE: It is your responsibility to confirm by receipt that your application was received by United Way, 4:00pm, Friday, November 18, 2022.**

D. Organizations that have had chronic problems clearing audits by the EFSP National Board may apply but will be closely reviewed and monitored.

E. Please submit on time, answer all questions, and provide all requested information. Late and incomplete applications will not be considered.

F. Application must be typed.

G. Required **attachments:** Current list of organization's Board of Directors and designated officers; Board of Directors Roster; 501 (c)3; IRS Determination Letter; HMIS Certification; and Current Audit (if requesting \$50,000 or more)

**\*Please include the original copy of application, including all required attachments.**

**\*All attachments must be received by the deadline for the application to be considered complete. \*Application will not be accepted after Friday, November 18, 2022, at 4:00pm by mail or delivered in person.**

## Categories & Eligible Costs Covered By EFSP

Category	Sample eligible items	Sample Ineligible items
<b>Served Meals</b>	Any food used in served meals (cold or hot) OR client per meal schedule (\$2.00/meal); costs of transporting food to site	Any items not related to actual feeding of a client. Staff events/functions.
<b>Other Food*</b>	All food items, diapers, food vouchers, boxes and plastic storage bags, food bank maintenance fees, gift certificates (limited), transportation cost.	Tobacco, alcohol, purchases for staff functions, excessive snacks and sweets, holiday dinners, pet foods and utensils, paper products.
<b>Mass Shelter</b>	Direct expense associated with housing a client (e.g. supplies, linens, underwear etc.); OR daily per diem schedule at a rate of \$12.50 that covers operational costs.	Expenditures such as maintenance agreements and food expenditures.
<b>Other Shelter</b>	Any reasonable hotel/motel or non-profit facility (not your own); actual charge by vendor per night; 30-day limit, bus tokens to get to a facility (must follow guidelines).	An LRO receiving funds <u>may not</u> act as a vendor for themselves or another funded LRO, food, transportation repairs, bus tickets for use other than to the shelter/hotel, prepayments for hotel/motel.
<b>Rent / Mortgage*</b>	One month past due rent or mortgage payment- Principal & Interest (P&I); current rent or mortgage due within 10 calendar days; first month's rent; lot fee for mobile homes. <b>Limited to one month's cost for an individual/family. Family must seek other assistance first.</b>	More than one month past due rent or mortgage payment, deposits, down-payment for purchase of home, first month of new mortgage, late fees, legal fees, taxes insurance & escrow accounts, payments on agency's own facility.
<b>Utilities*</b>	Past due bills, or current due within 10 calendar days for gas, electricity, oil, water, reconnect fees. May pay budgeted or actual amount. <b>Limited to one month's amount that is part of the arrearage at the time of payment or current one month amount.</b> One-time delivery of firewood, coal, propane. <b>Applicant(s) must apply for LIHEAP with CSET prior to being served with EFSP funds.</b>	Payments for utilities exceeding one month's cost; deposits; cable; or satellite TV bills; phone bills; internet services; late fees.

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**Agency Application**

1. **Legal Name of Agency:** \_\_\_\_\_

2. **Agency information**

Physical Address: \_\_\_\_\_

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

Web Site: \_\_\_\_\_

3. **Primary services provided by the agency:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. **Description of program to be funded:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Agency official authorized to sign legal documents: (Attach "Designation of Authority" documentation if applicable)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

6. **Program Director**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

Email address: \_\_\_\_\_

7. **Agency Fiscal Year:** \_\_\_\_\_

8. **Federal Identification Number:** \_\_\_\_\_

9. **DUNs (Dun & Bradstreet) Number:** \_\_\_\_\_

**10. Chairman of the Board of Directors: (easiest way to contact)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**11. Funding Allocation Request: Please fill in, in even dollar amounts, the amount you are requesting in each category.**

**BREAKDOWN BY CATEGORY:**

**Served Meals** \_\_\_\_\_

**Other Food\*** \_\_\_\_\_

**Mass Shelter** \_\_\_\_\_

**Other Shelter** \_\_\_\_\_

**Supplies/Equipment** \_\_\_\_\_

**Repairs/Code** \_\_\_\_\_

**RENT/Mortgage Assistance \*** \_\_\_\_\_

**Utility Assistance \*** \_\_\_\_\_

**TOTAL AMOUNT REQUESTED:** \_\_\_\_\_

**12. Attachments Included:**

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\_\_\_\_\_  
**Signature of CEO**

\_\_\_\_\_  
**Print Name of CEO**

\_\_\_\_\_  
**Date**

## BOARD CERTIFICATION OF EFSP GRANT APPLICATION

I understand that funding is contingent upon the Marion County Local Board's receipt of EFSP funds and submitting this application does not guarantee that funds requested will be awarded. As a potential recipient of Emergency Food and Shelter National Board Program funds made available for Phase 40 and as the duly authorized representative of (insert nonprofit name)

\_\_\_\_\_, I certify the following:

- Is not debarred or suspended from receiving Federal funds,
- Has the capability to provide emergency food and/or shelter services,
- Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services,
- Is nonprofit or an agency of government,
- Will not use EFSP funds as a cost-match for other Federal funds or programs,
- Has an accounting system, and will pay all vendors by an approved method of payment,
- \$50,000 or more in EFSP funds, and abide by OMB Circular A-133 if receiving \$500,000 or more in Federal funding Conduct an independent annual review if receiving \$25,000-\$49,999/an independent annual audit if receiving,
- Has not received an adverse or no opinion audit,
- Understands that cash payments (including petty cash) are not eligible under EFSP,
- Has provided a Federal Employer Identification Number (FEIN) to EFSP,
- Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP,
- Practices non-discrimination (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds),
- Will not charge a fee to clients for EFSP funded services,
- Has a voluntary board if private, not-for-profit,
- Will comply with the Phase 40 Responsibilities & Requirements Manual, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements,
- Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports),
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks front and back, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved,
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds to the National Board (\$5.00 or more; checks made payable to United Way World-wide/Emergency Food and Shelter National Board Program, 701 North Fairfax Street, Suite 310, Alexandria, VA 22314),
- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date,
- Will comply with the Office of Management and Budget Circular A-133 if expending \$500,000 or more in Federal funds,
- Will comply with lobbying prohibition certification and disclosure of lobbying activities if receiving \$100,000 or more in EFSP funds, if applicable, and have no known EFSP compliance exceptions in this or any other jurisdiction,
- Check requests - Understand that unresolved compliance issues may result in de-obligation of funding and prohibit an applicant from apply for new funding,
- Understand that the Local Board members may elect to conduct a site visit/provide technical assistance to your organization,
- As President/Officer of our organization, I hereby attest that to the best of my knowledge, all information contained herein is true, correct, and complete.

**Accepted:**

\_\_\_\_\_  
**Board President - Signature**

\_\_\_\_\_  
**Board President - Print**

\_\_\_\_\_  
**Date**