United Way of Androscoggin County

Coronavirus Aid, Relief, and Economic Security (CARES) Act FY 2020

# Androscoggin County CARES COVID-19 SUPPLEMENTAL Funding Request Instructions

**Following is the Phase CARES (FY 2020 COVID-19 Supplemental Funds Application.) Please note the following:**

- **With Phase CARES, per meal allowance remains $2.00. Mass shelters must decide on either $7.50 or $12.50 to supplement their services. Whichever rate the LRO (local recipient organization) decides to use for mass shelters must be determined at the beginning of the program and maintained until the end of the spending period.**
- **Transportation costs may only be reimbursed using a dated mileage log at the current federal rate, which is $0.54.5**
- **In addition to the funding application, please submit current year agency and program budget with year-to-date figures, along with Funding Sources Grid provided with application.**
- **Agencies can to apply to any of the following program categories: Food, Utility Assistance, Mass Shelter, Other Shelter, Served Meals, Supplies/Equipment, Rent/Mortgage Assistance.**
- **Agencies receiving awards in Phase CARES will be required to submit all appropriate certification forms to complete application process. Certification forms will be available on the National EFSP website.**
- **One (1) hard copy and one (1) electronic copy must be submitted by the deadline. Electronic copies may be emailed to: info@unitedwayandro.org.**
- **Application deadline is May 21, 2020 by 4:00 PM. EXTENSIONS WILL BE AT THE DISCRETION OF THE BOARD CHAIR AND MUST BE REQUESTED BEFORE THE DEADLINE. All applicants should submit one (1) electronic copy and one (1) hard copy by the application deadline. Hard copies can either be dropped off at the United Way office or mailed to this address:**

**CARES Administrator**
**United Way of Androscoggin County**
**PO Box 888**
**Lewiston, ME 04243-0888**
**info@unitedwayandro.org**

**No faxed copies will be accepted. The total amount of funds to be awarded through the local board for Phase CARES (FY 2020 COVID-19) Supplemental Funds Application is $47,610. Please e-mail (info@unitedwayandro.org) if you need clarification or have questions.**

United Way of Androscoggin County

Coronavirus Aid, Relief, and Economic Security (CARES) Act
FY 2020

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# Androscoggin County CARES COVID-19 SUPPLEMENTAL APPLICATION

**Cover Sheet**

**Agency:** _____

**Executive Director:** _____

**Contact Person (if different from above):** _____

**Physical Address:** _____

_____

**Mailing Address:**_____

_____

**Telephone:** _____

**Fax:** _____

**E-mail:** _____

**FEIN#:** _____

**DUNS#:** _____

**Program Category:** _____

**Amount Requested:** _____

# Proposal

**Clearly identify each of the following eight parts in your submitted proposal. Application should be limited to 3 pages, all responses should be typed in size 12 Times New Roman font.**

**PART I: Define the problem. What is the nature of the problem that you are trying to address? Who is experiencing the problem? Where does the target population live? Consider the target population in the community and the program's client population.**

**PART II: Goals - What effect will this program have on the problem?**

**PART III: Outcomes – Outcome objectives describe the effects that the program is trying to produce on the client: i.e. changes in client's knowledge, skills, attitude, behavior or condition.**

**PART IV: Services – What is the service that the agency is requesting funding for? Who provides it? Where is it available? When is it available? How is it delivered? How do you define units of service? What is the cost per unit of service? How do you determine the cost per unit?**

**PART V: Outreach – How do you publicize the program within the community? Who does the agency partner with & how does agency avoid duplication of services?**

**PART VI: Organization – Describe your agency's strategy providing proposed services?**

**PART VII: History – How was funding used last year if agency was a recipient? Was funding sufficient to meet identified needs? If not, please explain and provide the number of individuals who were unserved because of insufficient resources. Provide end-of-year duplicate and unduplicated numbers served. Please provide information that you would want to see if you were the decision maker.**

**PART VIII: Other Funding Sources – How does your agency program leverage other sources of funding with EFSP grant money? All applicant agencies must complete following Funding Sources Grid whether or not your agency leverages other sources:**

| | |
|---|---|
| **United Way or Similar** | **$_____** |
| **Individuals** | **$_____** |
| **Corporations/Foundations** | **$_____** |
| **Government Agencies (Fed, State, Local)** | **$_____** |
| **In-Kind** | **$_____** |
| **Requested CARES Funds** | **$_____** |
| **TOTAL** | **$_____** |

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**As a Local Recipient Organization (LRO) this agency agrees to abide by all national and local program requirements**

**Signature**_____

**Executive Director**

**Date**_____

# Critical Criteria Checklist

**To assist you in ensuring that your Phase CARES (FY 2020 COVID-19) Supplemental Funds Application is complete and will receive full consideration, please use the following checklist and submit, with appropriate signature, with your Funding Request Application. Indicate with a check (√) for those Funding Request Application elements which are enclosed.**

**Proposal Narrative:**
**_____Completed Cover Sheet.**
**_____(I) Define the Problem.**
**_____(II) Goals.**
**_____(III) Outcomes.**
**_____(IV) Services.**
**_____(V) Outreach.**
**_____(VI) Organization.**
**_____(VII) History.**
**_____(VIII) Other Funding Sources.**
**_____Executive Director Signature and Date**

**Budget Information:**
**_____Current Year Agency and Program Budget w/Year-To-Date Figures.**

**If any of the above funding request elements are missing or incomplete, please attach a written explanation.**

**The above critical elements checked are complete and included in the Funding Request Application.**

_____
**Name of Agency**

_____
**Signature/Title of Person Submitting Funding Request Package**

_____
**Date**