



PHASE 41 EMERGENCY FOOD AND SHELTER PROGRAM

United Way of Androscoggin County

Androscoggin County EFSP Funding Request Instructions

Following is the Phase 41 Emergency Food & Shelter Program Application. Please note the following updates:

- With Phase 41, **per meal** allowance is **\$3.00** when providing congregate meals. **Mass shelters** allowance is **\$12.50/night** per diem rate to supplement their services.
- Utilities: may pay up to 90 days (3 months) for clients per phase if it is necessary to prevent disconnection of services.
- Rent/Mortgage: may pay up to 90 days (3 months) for clients per phase if it is necessary to maintain housing.
- Other Shelter (Hotel/Motel) May provide up to 90 days of assistance for clients per phase is it is necessary to prevent homelessness.
- 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 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 41 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: ghart@unitedwayandro.org.
- **Application deadline is March 20, 2024 by 4:00 PM** Applicants should submit one (1) electronic copy and one (1) hard copy by the application deadline to:

EFSP Administrator
United Way of Androscoggin County
PO Box 888
Lewiston, ME 04243-0888
ghart@unitedwayandro.org

No faxed copies will be accepted. The total amount of funds to be awarded through the local board for Phase 41 is \$34,058. Please e-mail (ghart@unitedwayandro.org) if you need clarification or have questions.



United Way of Androscoggin County

PHASE 41 EMERGENCY FOOD AND
SHELTER PROGRAM

**Androscoggin County
EFSP Funding Request 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 EFSP Funds	\$ _____
TOTAL \$ _____	

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

Signature _____ Date _____

Executive Director

Critical Criteria Checklist

To assist you in ensuring that your Phase 41 EFSP Funding Request 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 attached a written explanation.

The above critical elements checked are complete and included in

_____ **Funding Request Application.**

Name of Agency

Signature/Title of Person Submitting Funding Request Package

Date