

# Emergency Food and Shelter Program

## Phase 34

### Application for Funding

**Applications due: Friday, July 28, 2017 by 5:00 P.M.**

**For questions regarding the application contact:**

**Michelle Hippert, CoC Manager**

**Howard County Department of Community Resources and Services (DCRS)**

**6751 Columbia Gateway Drive, Suite 300**

**Columbia, MD 21046**

**Phone: 410-313-5971**

**e-mail: [mhippert@howardcountymd.gov](mailto:mhippert@howardcountymd.gov)**

*EFSP funds are Federal funds awarded through the Department of Homeland Security*

*If you need this application in alternate format, please contact 410-313-6400.*

#### **Eligibility Criteria**

**To be eligible, an agency must:**

- (1) Be a private voluntary non-profit or unit of government,
- (2) Have an accounting system,
- (3) Practice nondiscrimination,
- (4) Have demonstrated the capability to deliver emergency food and/or shelter programs, and
- (5) If they are a private voluntary organization, they must have a voluntary board.
- (6) Serve the residents of Howard County (if the agency serves a larger geographic area, funding may only be requested for those services that are offered within Howard County), and
- (7) Make their services available to eligible residents in conformance with federal, state, and local housing and human rights laws.
- (8) Ensure the agency is able to be in compliance with all applicable EFSP requirements per the Manual and all Addendums related to Phase 34 implementation.

## Instructions

**1. All applicants must submit an application narrative. The narrative must provide the:**

- Agency description. Provide a brief description of your agency. Include its mission, how long it has been in existence, major programs and services provided and the populations served.
- Target population. Describe the particular population that you will serve and the specific needs of that population group, including any research, statistics or other data that help to demonstrate need.
- Program description. Describe the program or service(s) that will be provided and what will be the expected outcome of providing such services.
- Use of funds. State the specific use of the EFSP Phase 34 funds.

Note: The narrative should not exceed three (3) pages (double-spaced, one-inch margins). Please use **12-point font** and **number the pages sequentially**. Required supplemental materials will not count toward the maximum page limit.

**2. Provide the following with the application narrative:**

- Application Cover Sheet with budget (attached)
- LRO Certification Form (attached)
- Roster of the agency's volunteer board
- If applicable, Certification Regarding Lobbying and the Fiscal Agent/Fiscal Conduit Agency Relationship Certification (attached)

**3. Applications are due no later than 5:00 p.m. on Friday, July 28, 2017.**

**4. Please submit applications (including documents requiring signatures) in an electronic format via email. Hard copies of documents with original signatures must also be submitted.**

**All application materials are to be submitted to:**

Michelle Hippert, CoC Manager  
Howard County Department of Community Resources and Services  
6751 Columbia Gateway Drive, Suite 300  
Columbia, MD 21046  
[mhippert@howardcountymd.gov](mailto:mhippert@howardcountymd.gov)  
**410-313-5971**

**Emergency Food and Shelter Program (EFSP) Phase 34  
Application Cover Sheet**

**Agency Information:**

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Agency Principal

Title

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Email for Agency Principal

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Agency's Legal Name

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Street Address

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City/State/Zip

---

Contact Person for EFSP

Title

---

Telephone for Contact Person

Fax for Contact Person

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Email for Contact Person

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Federal Identification Number (FEIN)

501©3 \_\_\_\_\_

501©4 \_\_\_\_\_

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Agency DUNS Number (9 digits)

Congressional District

Is agency debarred or suspended from receiving funds or doing business with the Federal government?

No

Yes

Amount Requested: \$ \_\_\_\_\_

*(complete budget on the following page)*

**Applicant Certification:**

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Name

Title (Executive Director or Board President)

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Signature

Date

**Phase 34  
Budget Information**

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

Amount of Agency's Total Operating Budget: \$ \_\_\_\_\_

	EFSP Phase 33 Award, if applicable	EFSP Phase 34 Request	Agency Budget (for EFSP requested line items only)
<b>Served Meals</b>	\$	\$	\$
<b>Other Food</b>	\$	\$	\$
<b>Mass Shelter</b>	\$	\$	\$
<b>Other Shelter</b>	\$	\$	\$
<b>Supplies/Equipment</b>	\$	\$	\$
<b>Repairs/Code</b>	\$	\$	\$
<b>Rent/Mortgage Assistance</b>	\$	\$	\$
<b>Utility Assistance</b>	\$	\$	\$
<b>Administration</b>	\$	\$	\$
<b>Total</b>	\$	\$	\$