**APPLICATION FOR CARES ACT EMERGENCY FOOD AND SHELTER PROGRAM**

 (awarded through the Department of Homeland Security)

**Local non-profit and governmental organizations are eligible to apply for federal funding for emergency food and shelter programs. This funding provides opportunities to supplement and expand the work of local social service agencies in the areas of food, shelter, rent/mortgage, and utility assistance. All applications submitted are to be received by the office of the United Way of Indiana County by**

**11:00 a.m. on May 26, 2020. Please send or deliver applications via mail slot to:**

United Way of Indiana County

655 Church Street Suite 114

Indiana, PA 15701

### Agency Name:

Name of Director/Administrator:

Mailing Address/City/State/Zip:

Congressional District of service provision: \_15th\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

Fax #

Email

Web Site

DUNS #:

FEIN #:

Please circle one: Nonprofit Organization Government Agency

 (Submit Board names, addresses)

**AMOUNT OF REQUEST:** $

**Please answer the following questions with enough detail to describe your program for use of EFSP funds fully. If part of a full program, please include all information as applicable.**

1. **Is your agency a new applicant for Emergency Food & Shelter Program funding or are you a former or current recipient?**
	1. **New recipient** [ ]  **Current recipient** [ ]  **Former recipient** [ ]
2. **Is your organization currently eligible to receive Federal funds? Yes \_\_\_\_ No \_\_\_\_**
3. **Provide a description of the program/s for which funds will be used (food, rent, utilities, shelter etc.)**
	1. **Please list the amount of your request for each area, if applicable.**
4. **Briefly describe the criteria or the process you use to determine eligibility for individuals who apply for benefits using these funds. If feasible, attach a sample copy of the application form you use to determine eligibility.**
5. **For this funding period, how many unduplicated people do you anticipate will be served in this program using all sources of funding for the program? If a shelter program, how many total nights do you anticipate providing?**
6. **Will the funds from this program be available throughout the entire year?**  **Yes** [ ]  **No** [ ]
7. **Are funds made available on an individual first-come, first-served basis until depleted?**
	1. **Yes** [ ]  **No** [ ]
8. **If applicable, are funds used to purchase bulk supplies:**  **Yes** [ ]  **No** [ ]

1. **What other sources of funding do you plan to utilize for this program? Please list the sources and the amounts you anticipate receiving from each source.**
2. **In the past year, have you had to deny benefits to qualified applicants due to inadequate funding?**
	1. **Yes** [ ]  **No** [ ]
	2. **If Yes: please provide number of applicants denied and description of benefits denied.**

**For current recipients**

1. **If you are a current recipient, how much funding did you receive from Emergency Food & Shelter Program last year? Provide separate totals for each area of eligibility if applicable.**
2. **How many unduplicated people were served in this program last year, using all sources of program funding in addition to EFSP? If a shelter program, how many total nights did you provide (# of filled beds)?**
3. **What were the total costs for this program during the past year, including all other funding sources?**
4. **What other sources of funding did you utilize for this program last year? Please list the sources and the amounts you received from each source.**

 **General**

1. **Does your organization collaborate with other organizations?**  **Yes** [ ]  **No** [ ]
2. **If so, who?**
3. **Does your organization belong to “Project Share”?**  **Yes** [ ]  **No** [ ]
4. **If no, what actions do you regularly take to avoid duplication of resources for the same clients?**

 **Please include the following attachments: a) Board of Directors list, including addresses (if a non-profit); b) Nondiscrimination Policy; c) Copy of most recent Audited Financial Statements; d) Anti-terrorism activities disclaimer**

**I certify that this organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is not currently disbarred or suspended from receiving Federal funds or doing business with the Federal government.**

**Exec Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_**

**EFSP Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_**



655 Church Street Suite 114

Indiana, PA 15701

**2020**

**Anti-Terrorism Compliance and Charitable Status**

In compliance with the USA PATRIOT Act and other counterterrorism laws, the

**United Way of Indiana County**

requires that each agency certify the following:

“I hereby certify on behalf of

(organization name)

that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

Additionally, I hereby certify that the above named organization is eligible to receive charitable contributions as defined under section 170(c) of the Internal Revenue Code.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sign and return to:**

**United Way of Indiana County**

**655 Church Street, Suite 114**

**Indiana, PA 15701**

**uwhainaut@uwindianacounty.org**

**724-463-0277**