

## St. Lawrence County Emergency Food and Shelter Program Local Board

C/O United Way of Northern New York  
167 Polk Street, Suite 300  
Watertown, NY 13601  
(315) 788-5631  
[www.unitedway-nny.org](http://www.unitedway-nny.org)

### **Phase 41 Emergency Food and Shelter Program Funding Application Packet**

United Way of Northern New York (UWNNY) announces the availability of Emergency Food and Shelter Program (EFSP) Phase 41 Award for St. Lawrence County.

St. Lawrence County has been awarded Federal Funds in the amount of \$37,585 to be used for established emergency food and shelter programs county-wide.

Under the terms of the grant from the National Emergency Food and Shelter Board, local agencies chosen to receive funds must: 1.) Be in St. Lawrence County, 2.) Be private, voluntary non-profits or units of government, 3.) Be eligible to receive Federal funds, 4.) Have an accounting system, 5.) Practice nondiscrimination, 6.) Have demonstrated the capability to deliver emergency food and/or shelter programs, and 7.) If they are a private, voluntary organization they must have a voluntary board.

The St. Lawrence County Emergency Food and Shelter Program Local Board is made up of representatives from St. Lawrence County Government, the American Red Cross, the United Way of Northern New York, Salvation Army, Catholic Charities, St. Lawrence County Community Development Program, and other community representatives. The Local Board will determine how Federal Funding awarded to St. Lawrence County is to be distributed among the emergency food and shelter programs run by local service agencies in the area. The Local Board is responsible for reviewing applications and determining allocation of funds to applying agencies.

Application packets for Phase 41 funding may be electronically downloaded from the United Way of Northern New York website at [www.unitedway-nny.org/efsp](http://www.unitedway-nny.org/efsp). Completed applications may be electronically submitted or hand delivered to Dawn Cole at UWNNY. Her email address for electronic submission is [dawn.cole@unitedway-nny.org](mailto:dawn.cole@unitedway-nny.org). The office address for UWNNY is 167 Polk Street, Suite 300 in Watertown. All applications must be received no later than **March 15, 2024 by 4:00 PM**. For questions regarding the application, contact Dawn Cole at (315) 788-5631 or by e-mail.

Additional information regarding St. Lawrence County EFSP may be found at [www.unitedway-nny.org/efsp](http://www.unitedway-nny.org/efsp) or national information can be viewed at [www.efsp.unitedway.org](http://www.efsp.unitedway.org).

**EMERGENCY FOOD AND SHELTER PROGRAM APPLICATION COVER SHEET**

Agency's Point of Contact (Name): \_\_\_\_\_

Agency's Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address Where Funded Program Operates (*If different than mailing address*):

\_\_\_\_\_

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

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

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

Federal Congressional District Where Agency is Physically Located: \_\_\_\_\_

Federal Congressional District Where Funded Program is Performed (*If different than where physically*

*located*): \_\_\_\_\_

Employer or Tax Identification Number (EIN or TIN): \_\_\_\_\_

UEI (*Unique Entity ID—Agency **must** have this to receive Federal funding. To locate your UEI visit*

*SAM.gov*): \_\_\_\_\_

Agency Fiscal Year                      Begin: \_\_\_\_\_                      End: \_\_\_\_\_

Using Audited and Current Financial Statements, List Your Agency's Total Annual Income and Expenses:

Last Fiscal Year

Current Fiscal Year

Total Income: \$ \_\_\_\_\_ Total Income: \$ \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_ Total Expenses: \$ \_\_\_\_\_

Agency Budget for the Program Area Requested

Food: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Shelter/Rent/Mortgage: \$ \_\_\_\_\_

Does Your Agency Charge Client Fees for Any of the Programs for Which Emergency Food and Shelter Program Funds Are Being Requested?      Yes:      No:

Is Your Agency a:      Nonprofit\*:      Government Entity:

**\*Nonprofit Agencies Must Attach a Roster of Current Board Members, to Include Names, Addresses, Phone Numbers, and Board Position**

Is Your Agency Debarred or Suspended from Receiving Funds or Doing Business with the Federal Government?      Yes:      No:

Emergency Food and Shelter Program Funding Can Only Be Used for Established Emergency Food and Shelter Programs and Cannot Be Used for Start-Ups. Does Your Agency Have an Established Emergency Food and/or Shelter Program?      Yes:      No:

**APPLICATION FOR EMERGENCY FOOD AND SHELTER PROGRAM**

Name of Agency: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_

**The total amount of funding awarded to St. Lawrence County for Phase 41 is \$37,585.**

My agency requests the following amounts of funding from Phase 41:

Dollar Amount Agency Requests for Food: \$ \_\_\_\_\_

Dollar Amount Agency Requests for Shelter: \$ \_\_\_\_\_

Dollar Amount Agency Requests for Utility Assistance: \$ \_\_\_\_\_

Dollar Amount Agency Requests for Mass Shelter: \$ \_\_\_\_\_

Dollar Amount Agency Requests for Rent/Mortgage Assistance: \$ \_\_\_\_\_

Total Amount of Emergency Food and Shelter Program Funding Requested: \$ \_\_\_\_\_

## NARRATIVE

*Please provide answers in each of the following categories. Your answers will help the Local Board make decisions regarding the allocation of Emergency Food and Shelter Program funds. You may use a separate sheet if necessary.*

Agency's Mission Statement:

Briefly describe procedures that assure compliance with Emergency Food and Shelter Program regulations on persons to be served and attach a sample intake form to be used to show record keeping for Emergency Food and Shelter Program purposes.

Describe your accounting system.

Emergency Food and Shelter Program funds cannot be used to support start-up programs. Are you currently a provider of the services that you are requesting Emergency Food and Shelter Program funding for? If not, how will services continue should you not receive funding?

Please provide a description of the program(s) for which you are applying. Include locations where your organization provides services.

Your Agency has provided emergency food, rent/mortgage and/or shelter programs since:

If applying for food assistance, are you a partner agency of the Food Bank of CNY? Yes: No:

What are your food pantry days & hours of operation?

How many days' worth of food does your organization supply your customers with?

**SIGNATURE SHEET FOR EMERGENCY FOOD AND SHELTER PROGRAM PHASE 41 FUNDING**

I hereby agree that all information provided in this application is accurate and true to the best of my knowledge. I understand that although I have submitted an application, my organization may not be chosen to receive funding. I acknowledge and understand that if my organization is chosen to receive funding, we may be subject to a compliancy audit performed by the Emergency Food and Shelter Program Local Board.

Applicant’s Name (Printed): \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_

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

**CHECKLIST OF REQUIREMENTS FOR EMERGENCY FOOD AND SHELTER PROGRAM APPLICATION**

*If all documents listed below are **not** included in your application submission, your application will **not** be considered for Emergency Food and Shelter Program funding.*

- 1.) Cover Sheet
- 2.) Phase 41 Emergency Food and Shelter Program Application
- 3.) Narrative
- 4.) Certified Public Audit (for most recent year ended)—If Applicable\***
- 5.) Board of Directors Roster (*including names, addresses, phone numbers, and Board position*)
- 6.) Signature Sheet

**\*Annual Audit Requirement**

*For organizations receiving \$100,000 or more in Emergency Food and Shelter Program funding, the National Board requires an independent annual audit in accordance with Government Auditing Standards. For organizations receiving \$50,000 to \$99,999, the National Board requires an annual accountant’s review.*