

Pueblo County Emergency Food and Shelter Program

PHASE 38 FUNDING APPLICATION

United Way of Pueblo County will administer funds on behalf of the federal Emergency Food and Shelter Program Phase 38 to local organizations meeting the program guidelines.

Under the terms of the grant from the National Board, local organizations chosen to receive funds must:

- Be a nonprofit, faith-based, and governmental organizations that provide food, shelter, and supportive services within the intent of the program
- Submit applications to the Local Board for funding
- Must have a Data Universal Number System (DUNS) Number- <http://fedgov.dnb.com/webform>
- Must have a Federal Employer Identification Number (FEIN) - <http://www.irs.gov>
- Maintain a checking account in the organization's name for EFSP deposits
- Pay vendors directly within 90 days for services provided
- Submit required reports

Visit www.pueblounitedway.org/grants for EFSP Manual, guidelines and requirements prior to applying.

A mandatory virtual meeting will be held on Friday, January 29 @ 10:00 a.m. If you have any questions, please do not hesitate to contact us at 719-225-8580 or at bianca@pueblounitedway.org.

Who may apply: 501©3 nonprofit, faith-based or local government agencies that provide food and shelter services to residents in Pueblo County. *Faith-based agencies may not engage in proselytizing or religious counseling with federal funds.*

Appropriate projects: Agencies may receive funds to provide ongoing food, shelter and supportive services. *Please note, funds are paid through the Emergency Food and Shelter Program National Board.*

Application Deadline & Submission: January 23, 2021 @ 11:59pm, no late or incomplete applications will be accepted; email completed application to: bianca@pueblounitedway.org

Mandatory Applicant Virtual Meeting: Friday, January 29 @ 10:00 a.m. (Meeting link to follow)

Grant Application: Please submit the following information (using the space provided):

Application

PHASE 38 FUNDING APPLICATION

Date of Application:

Organization Name:

Address:

Phone: EIN:

Website:

Application Contact & Title (if not the CEO or Executive Director):

Email:

Agency is a : Nonprofit Faith based organization Unit of government
**If nonprofit, please submit a list of board of directors with application*

Is agency debarred or suspended from receiving funds or doing business with the Federal Government: Yes No

Has the agency had to return federal funds in the past: Yes No *If yes, amount:* \$

Congressional district to be funded: 03

Has the agency received EFSP funds in the past: Yes No

EFSP Phase 37 Award, if applicable: \$ Phase CARES Award, if applicable: \$

LRO #: DUNS #:

New applicants, will be assigned a LRO # once approved, if you do not have a federal duns number, please request one at: <http://fedgov.dnb.com/webform>.

Phase 38 Request: \$

I understand that incomplete applications or applications submitted after the deadline will not be accepted or reviewed. By signing below, the undersigned acknowledges having read and understood the program guidelines and will be able to fully comply with the provisions of these guidelines as well as any and all additional applicable federal, state and local requirements, including procurement and financial management.

Chief Professional Officer Signature Print Name Date

Dollars may only be spent on APPROVED CATEGORIES as designated by the local board. Documentation according to EFSP requirements will be required for all EFSP funded expenditures.

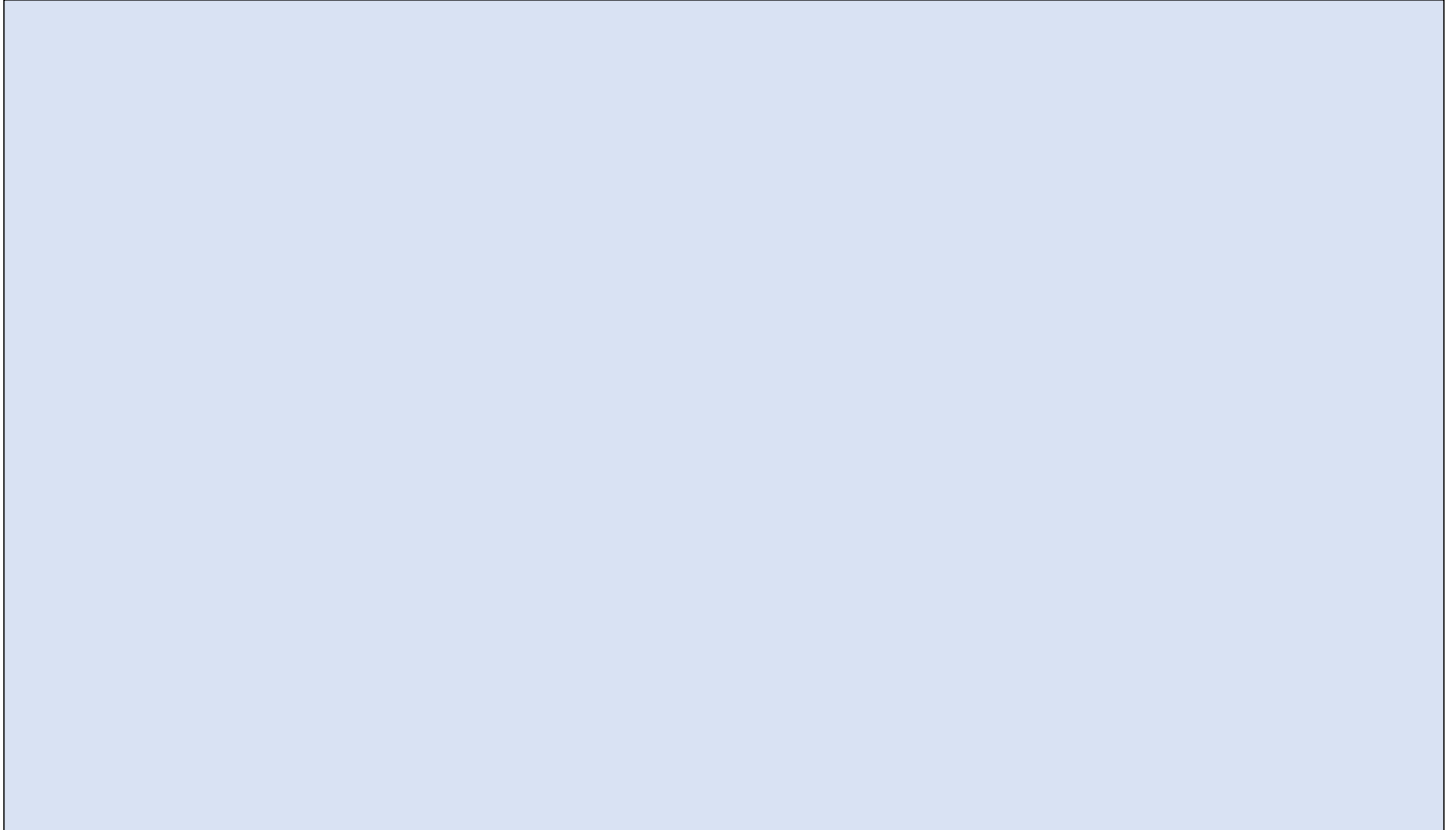
Phase 38 Request

Services	Funding Request	Estimate of What This Request Will Provide <i>*Numbers will need to be updated upon award notification</i>	Estimate Unit/Per Diem Cost
Served Meals	\$	_____ # Meals	
Other Food	\$	_____ # Meals	
Mass Shelter	\$	_____ # Nights / # People Served _____	
Other Shelter	\$	_____ # Nights / # People Served _____	
Supplies/Equipment	\$	Item(s) Purchased _____	N/A
Repairs	\$	_____ # Repairs Made	N/A
Rent/Mortgage	\$	_____ # Bills / # People Served _____	
Utility Assistance	\$	_____ # Bills / # People Served _____	
Administration	\$ N/A	<i>Local Board Use Only Limited to 2%</i>	N/A
TOTAL REQUESTED	\$		

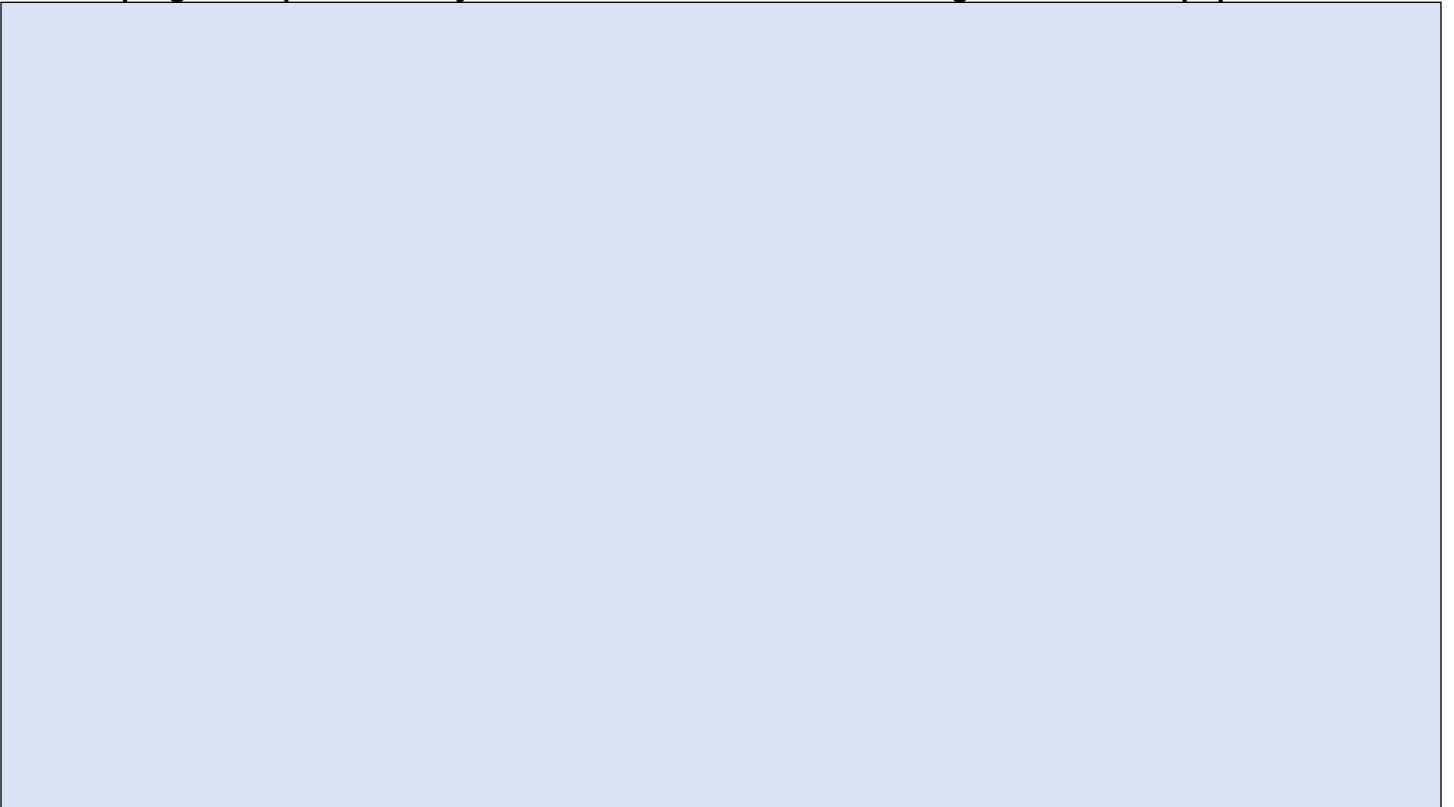
NARRATIVE

1. State the program's specific objective and how funds will be used?

2. How are services tracked/monitored, internal controls, and who reviews information? (Be specific)



3. State program impacts directly related to COVID-19. Include changes in need and population.



4. If you received funding for Phase 37 and/or CARES, what differences are you experiencing in providing assistance to the population you serve, not including COVID-19 impacts? Any notable changes in needs/severity of situations?

5. Other Comments

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