

**Prince William Area (PWA)
Emergency Food and Shelter Program (EFSP)
Application - Phase 40**

PART I: SUMMARY

APPLICANT PROFILE		
Agency Name:		
Executive Director/CEO:		
Agency FEIN:		
Agency DUNS Number:		
Agency/Program Website:		
Jurisdiction EFSP Funds will be Used For: Prince William Area	Prince William County, cities of Manassas and Manassas Park	
Name of PROGRAM for which EFSP funding is sought:		
Most Recent LRO Number (if applicable):		
Program Director/Manager:	Name:	Email:
Phone Number:		
Program Address:		
Name and E-mail Address of Lead Person Responsible for EFSP Grant Management (single point of contact for e-mail notifications from National EFSP):	Name:	Email:
Email addresses for ALL staff members needing to receive EFSP related information from the PWA EFSP Board:		

Category of Service(s) For Which Agency/Program is Applying and Amount of Funding in Each Category (complete all that apply):

Type of Service	Request Amount - Phase 40	Jurisdiction
Mass Shelter		
Mass Feeding		
Rent/Mortgage Assistance		
Utility Assistance		
Other Shelter (Motel/Hotel)		

PART II: PROGRAM INFORMATION & HISTORY WITH PWA EFSP

1. Length of time program has been in operation?	
2. Program's days and hours of operation?	
3. If applying for Rent/Mortgage or Utility funding, which days and hours are staff available to meet with clients for Rent/Mortgage/Utility services?	
4. Are your facilities accessible to persons with a physical/mobility disability?	

5. Brief description of program (Please include target population, program goals, program services to be offered, etc.). **500 words maximum**

6. Please check **X** specific populations targeted by ***the program seeking EFSP funding*** (check all that apply):

<input type="checkbox"/>	DV	Domestic Violence Victims	<input type="checkbox"/>	PM	People with AIDS/HIV
<input type="checkbox"/>	EL	Elderly	<input type="checkbox"/>	SM	Single Men
<input type="checkbox"/>	FC	Families with Children	<input type="checkbox"/>	SW	Single Women
<input type="checkbox"/>	MH	Mental Health Issues	<input type="checkbox"/>	SA	Substance Abusers
<input type="checkbox"/>	MI	Minorities	<input type="checkbox"/>	VT	Veterans
<input type="checkbox"/>	Y	Youth/Unaccompanied Minors	<input type="checkbox"/>	DD	Developmentally Disabled
<input type="checkbox"/>	AA	Asian Americans	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	LT	Latinos	<input type="checkbox"/>	N/A	Serve all people

Part III: Budget Costs (duplicate questions for each service you are applying for).

7. Describe how the addition of EFSP funding will enhance/supplement/expand the program’s current services. **500 words maximum**

8. Most recent EFSP phase for which this organization or program received funding?	
9. Amount of most recent EFSP award to this organization or program?	
10. Type of service(s) provided by most recent EFSP award?	
a. In previous funding cycles, has this organization returned EFSP funds? b. Will this program need to return unspent Phase 37 or Phase CARES funds? c. If yes, what amount of funding will need to be returned and why was the program unable to spend the entire award? d. What corrective measures have been put in place to keep this from happening again? Please explain (attach additional sheets if necessary).	

11. How many people does this program serve per year without EFSP funds? Ex. ABC Program assisted 500 households with rental assistance not including EFSP funding. _____.

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12. If this program received funding in a prior Phase(s), how many additional persons were served (or additional services were provided) with the addition of the EFSP funds? Ex. During Phase ___ EFSP funds allowed ABC Program to assist an additional 80 households with rental assistance. Total of 580 served (500 w/o EFSP + 80 with EFSP \$ = 580).

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13. Please indicate the actual amount awarded/spent and the numbers served in **Phase 39** (if applicable) for EFSP services below:

Phase 39 - Actual Award Amount	\$	
Mass Shelter	\$	# of Nights Provided =
Mass Feeding	\$	# of Bags/Meals/Vouchers Provided =
Rent/Mortgage Assistance	\$	# of Rents/Mortgages Paid =
Utility Assistance	\$	# of Bills Paid =
Other Shelter (Motel/Hotel)	\$	# of Persons Placed =
TOTAL SPENT – Phase 39	\$	

16. Please provide the amount this agency is requesting in **Phase 40** funding and the estimated units of services to be served below:

Phase 40 - Award Amount Request		
Mass Shelter	\$	# of Nights Provided =
Mass Feeding	\$	# of Bags/Meals/Vouchers Provided =
Rent/Mortgage Assistance	\$	# of Rents/Mortgages Paid =
Utility Assistance	\$	# of Bills Paid =
Other Shelter (Motel/Hotel)	\$	# of Persons Placed =
TOTAL REQUEST – Phase 40	\$	

PART IV. PROGRAM/SERVICE SPECIFIC QUESTIONS

Please complete the appropriate set of service-specific questions for which this program is seeking funding:

- A. Mass Shelter
- B. Mass Feeding
- C. Rent/Mortgage Assistance
- D. Utility Assistance
- E. Other Shelter (Motel/Hotel)

A. MASS SHELTER Specific Questions

QUESTIONS TO BE COMPLETED BY MASS SHELTER APPLICANTS ONLY:

1. What type of shelter does this program provide? Check one.

	Emergency Shelter (night to night)
	Short Term Shelter (length of stay between 1-180 days)
	Transitional Shelter/Housing
	Other, please explain:

2. What population(s) does this program serve? Check all that apply.

	Singles - Women
	Singles - Men
	Families
	Youth - Singles
	Youth - Pregnant or Parenting/Youth Headed Families
	Other, please explain:

3. Does this program serve any specific sub-populations *exclusively*? Check all that apply.

	People escaping from domestic violence
	People escaping from human trafficking
	Veterans
	People living with HIV/AIDS
	Seniors
	LGBTQ
	Youth/Unaccompanied Minors
	Immigrants/Refugees
	Other, please explain:

4. What is the maximum length of stay for this program?

5. Is case management provided?

6. If yes, is case management mandatory for the resident?

B. MASS FEEDING Specific Questions

QUESTIONS TO BE COMPLETED BY SERVED MEALS APPLICANTS ONLY:

1. Which meals are served and what days are they served at this program? Check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							

C. RENTAL/MORTGAGE Specific Questions

QUESTIONS TO BE COMPLETED BY RENTAL/MORTGAGE ASSISTANCE APPLICANTS ONLY:

1. Briefly describe the process that this program uses to serve those in need (starting from intake procedure through the application process and then through to the final payment to vendor). **Limit 300 Characters**

2. Briefly outline the staffing plan for your program and the duties assigned to each staff member involved in providing the services. Please list key staff members by name and their contact phone numbers here as well. **Limit 300 Characters**

3. Describe how you do or will collaborate with other rental/assistance providers including how your program will work with other rental/mortgage assistance providers to prevent duplication of services to clients with EFSP funds. **Limit 300 Characters**

4. Does your agency provide case management and/or follow-up services with clients requesting rental/mortgage assistance? Yes ____ No ____

If yes, please describe (**Limit 300 Characters**):

D. UTILITY ASSISTANCE Specific Questions

QUESTIONS TO BE COMPLETED BY UTILITY ASSISTANCE APPLICANTS ONLY:

1. Briefly describe the process that this program uses to serve those in need (starting from intake procedure through the application process and then through to the final payment to vendor). **Limit 300 Characters**

2. Briefly outline the staffing plan for your program and the duties assigned to each staff member involved in providing the services. Please list key staff members by name and their contact phone numbers here as well. **Limit 300 Characters**

3. Describe how you do or will collaborate with other utility providers including how your program will work with other providers to prevent duplication of services to clients with EFSP funds. **Limit 300 Characters**

4. Does your agency provide case management and/or follow-up services with clients requesting utility assistance? Yes _____ No _____

If yes, please describe **(Limit 300 Characters)**:

E. OTHER SHELTER Specific Questions

QUESTIONS TO BE COMPLETED BY OTHER SHELTER APPLICANTS ONLY:

1. Briefly describe the process that this program uses to serve those in need (starting from intake procedure through the application process and then through to the final payment to vendor). **Limit 300 Characters**

2. Briefly outline the staffing plan for your program and the duties assigned to each staff member involved in providing the services. Please list key staff members by name and their contact phone numbers here as well. **Limit 300 Characters**

3. Briefly Describe how you do or will collaborate with other motel/hotel providers including how your program will work with other providers to prevent duplication of services to clients with EFSP funds. **Limit 300 Characters**

4. Does your agency provide case management and/or follow-up services with clients requesting hotel/motel? Yes _____ No _____

If yes, please describe **(Limit 300 Characters)**:

PART V. SIGNATURES/CERTIFICATION:

CERTIFICATION AND AGENCY SIGNATURE PAGE: The following boxes should be checked and signed by the Agency CEO.

Please review and check ALL boxes and sign.

- I certify that I have read the above information and that it is accurate, honest, and correct to the best of my knowledge.
- I understand that clients/customers are eligible to be approved for EFSP funds once each Phase according to Federal guidelines, regardless of other funds that have been given to that client by the Local Recipient Organization Agency (LRO).
- I understand these are PWA Federal Funds.
- I understand that my agency must utilize the HMIS system for clients served with EFSP Phase 40 Funding.

Submitted by:

Signature: _____ Date: _____

Print Name: _____ Title: _____

CERTIFICATION AND AGENCY SIGNATURE PAGE: Please note that the following boxes should be checked and signed by the Secondary Designated Authorization (must be different from the above):

Please review and check ALL boxes and sign.

- I certify that I have read the above information and that it is accurate, honest, and correct to the best of my knowledge.
- I understand that clients/customers are eligible to be approved for EFSP funds once each Phase according to Federal guidelines, regardless of other funds that have been given to that client by the Local Recipient Organization (LRO).

- I understand these are citywide Federal Funds.
- I understand that my agency must utilize the HMIS system for clients served with EFSP Phase 40 Funding.

Secondary designated Authorization (must be different from the above signature).

Submitted by:

Signature: _____ Date: _____

Print Name: _____ Title: _____

PART VI. The PWA EFSP Board will meet on **Friday, April 14, 2023**, to award Phase 40 funding. Please provide an agency contact that is knowledgeable about this application in case the PWA EFSP Board has a question about this application during that process.

Name: _____

Title: _____

Cell Phone Number: _____

Email: _____