

BERKSHIRE COUNTY
EMERGENCY FOOD AND SHELTER PROGRAM-PHASE 29
APPLICATION for 1/1/2011 to 12/31/2011

Emergency Food and Shelter Program (EFSP) funds from the Federal Emergency Management Agency (FEMA) are intended to help people with economic emergencies (not disaster-related). Funding is available through competitive bid to all organizations helping hungry and homeless people. EFSP funds must be used to supplement feeding, sheltering, rent/mortgage and utility assistance efforts only (subject to final notification of Phase 29 requirements).

Legal Name of Applicant Organization: _____

Physical Address of Organization: _____
Street Name and Number City/State ZIP Code

Mailing Address of Organization: _____
Street Name and Number City/State ZIP Code

Agency Executive Director/CEO Name: _____

Contact Person for EFSP application: _____ Position: _____

Phone # _____ Fax # _____ *E-mail: _____
*Must be main contact for EFSP notifications

Federal Employer Identification Number (FEIN): _____

<u>Eligibility Criteria</u>	<u>YES</u>	<u>NO</u>
1. Is your organization a non-profit or an agency of government?	[]	[]
2. Does the organization have an accounting system <u>and</u> conduct an independent annual audit?	[]	[]
3. Does the organization practice non-discrimination?	[]	[]
4. Is this a religious organization?	[]	[]
If "Yes", do you agree <u>not</u> to refuse services to an applicant based upon religion; requiring attendance at religious services; and engaging in any religious proselytizing in any program receiving EFSP funds?	[]	[]
5. Is this a private voluntary organization?	[]	[]

If "Yes", does it have a voluntary board?

6. Is your agency handicapped accessible?

Application Information - Please answer these questions in five pages or less.

1. Service Area: (Please list towns or regions of the county served by your organization and the numbers served by town in the last year.)
2. Please provide an overview of your organization and the program(s) that addresses assistance to hungry and homeless individuals and families.
3. The EFSP is a needs-based program for which clients must qualify. Please describe your eligibility verification process.
4. How would the EFSP funds you are requesting provide support to people with economic emergencies?
5. How do you assess an "emergency" situation for individuals and/or families? Please provide supplemental support (intake form, assessment document, etc.).
6. What support services are provided to encourage stabilization and self-sufficiency? How do you empower people to no longer need your service?
7. **Justification of request**
 - a. Who does your program serve? Does it provide targeted services to a unique population such as elderly, families with children, physically or mentally disabled, veterans, etc.?
 - b. What has been the demand for service in the service area(s) you are requesting EFSP funds to support?
 - c. How many individuals and/or families were served in the last year? Please specify the time period you are referring to, calendar year, fiscal year, etc.
 - d. Of these (in question (c)), how many individuals/families were served for the first time during this same time period?
 - e. Do you provide additional services to the individuals/families beyond the specific emergency service(s) you are requesting EFSP funding for? Please be specific.

- f. Describe the impact your program and specifically the EFSP funds have on the individuals/families served. How are they better off as a result of the service(s) you provide? How do you measure results or outcomes?
8. If you are not awarded the EFSP funds requested, what impact will that have on the individuals and/or families you serve?
9. Are there other organizations providing the same or similar services within the same service area that your organization serves? If yes, please name them and note how that program and yours are similar and/or different. How do you collaborate with other programs? (Please be specific.)
10. What is unique in how your organization and others operate (special population served, the way services are provided, hours of operation, etc.)?
11. How do you evaluate program success? Do you conduct your own evaluation, or use an outside source?
12. Please provide a copy of your Board approved budget as an attachment.
13. What is the budget for the specific program/service for which you are requesting EFSP funds?

Total Amount Requested from EFSP: \$ _____ (\$500 minimum. Whole \$\$ only)

Funding Request and Estimated Numbers to be Served by Category for 01/01/2011-12/31/2011

How do you define a unit of service (meal served, client served, amount of service provided, etc.)?

- A. Served Meals \$ _____ # of Meals: _____ Cost/Unit: _____ # Unduplicated Persons Served _____
- B. Other Food \$ _____ # of Meals: _____ Cost/Unit: _____ # Unduplicated Persons Served _____
- C. Mass Shelter \$ _____ # of Nights: _____ Cost/Unit: _____ # Unduplicated Persons Served _____
- D. Other Shelter \$ _____ # of Nights: _____ Cost/Unit: _____ # Unduplicated Persons Served _____
- E. Rent/Mortgage \$ _____ # of Bills: _____ Cost/Unit: _____ # Unduplicated Persons Served _____
- F. Utilities \$ _____ # of Bills: _____ Cost/Unit: _____ # Unduplicated Persons Served _____

**TEN COPIES OF THE COMPLETED APPLICATIONS ARE DUE TO BERKSHIRE UNITED WAY
BY 4:00 P.M. MONDAY, FEBRUARY 7, 2011.**

**EFSP Phase 29 Request
c/o Berkshire United Way
200 South Street
Pittsfield, MA 01201
(413) 442-6948
Berkshireunitedway.org**