

**EMERGENCY FOOD AND SHELTER PROGRAM  
LOCAL PROVIDER APPLICATION FOR  
AMERICAN RESCUE PLAN ACT HUMANITARIAN ASSISTANCE FUNDING**

This application must be completed in its entirety. Any missing information may cause an application to be disqualified. The funds may only be used to reimburse for food and shelter services provided **in the eligible timeframe (see ARPA Guidance)** for individuals and families encountered by the U.S. Department of Homeland Security (DHS). Daily logs are required to be submitted to the applicable Local Board along with this application. Documentation (proof of payment, e.g., canceled check, agency debit or credit card and receipts/invoices) or expenditure spreadsheets may also be required with this application.

**DEADLINE FOR SUBMISSION OF APPLICATION: Friday, April 30, 2021 (11:59 PM)**

**This application will be submitted to:**

**Rick Robbins, Changing Homelessness, rfp@changinghomelessness.org**

**No applications received after the deadline will be considered for an award.**

**JURISDICTION ID AND NAME:**

**LRO ID AND NAME:**

**AMOUNT: \$**

**APPLICANT INFORMATION**

**Point of Contact Information (Name/Title/Phone/Fax/**

**Email): Name/Title:**

**Applicant Phone/Fax/Email:**

**Phone:**

**Fax:**

**Email:**

**Applicant's Physical Address:**

**Congressional District Where Applicant is Physically Located:**

**Applicant's Mailing Address:**

**Applicant's Federal Employer Identification Number (FEIN):**

**Applicant's Data Universal Number System (DUNS):**

**Agency's Website:**

**Is the applicant debarred or suspended from receiving funds or doing business with the Federal government?**

**Please check appropriately.**

YES

NO

**(An applicant debarred or suspended from receiving federal funds, may not apply for this funding opportunity.)**

# FUNDING REQUEST

Total Eligible Unduplicated/Unique Migrant Clients Served (best of knowledge): \_\_\_\_\_

Total Amount of Reimbursement Funds Requested (must be itemized below): \$ \_\_\_\_\_

Period When Services Were Provided: Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**To be considered for reimbursement, applicants must itemize all expenses below.**

**PER CAPITA RATE:** All expenses will be reimbursed at the per capita rate of **\$28.50** per person on a one-time only basis. Please include the daily log of unique migrants served with this application.

Total Number of Unique Migrants Served: \_\_\_\_\_ Request Amount: \_\_\_\_\_

**PER MEAL/PER DIEM RATES:** All food expenses will be reimbursed at the per meal rate of **\$3.00** per meal and all mass shelter expenses will be reimbursed at the per diem shelter rate of **\$12.50** per night of shelter. Please include the daily meal log of meals provided and daily shelter log of shelter nights provided to migrants with this application.

Total Number of Meals Served: \_\_\_\_\_ Request Amount: \$ \_\_\_\_\_

Total Shelter Nights Provided: \_\_\_\_\_ Request Amount: \$ \_\_\_\_\_

If hotel/motel shelter nights were provided and your organization requests reimbursement based on actual costs, please indicate below. Daily log, spreadsheet, proof of payment or receipts must be provided with this application to support these services.

Hotel/Motel Nights of Shelter Provided (for migrants): \_\_\_\_\_ Request Amount: \$ \_\_\_\_\_

Number of Migrants served: \_\_\_\_\_

**PRIMARY ELIGIBLE REIMBURSEMENTS:** All Primary Services expenses will be reimbursed based on actual costs, please indicate below. Daily log, spreadsheet and proof of payment or receipts must be provided with this application for these services.

## **FOOD AND SHELTER:**

- **FOOD** (served/congregate meals or bags/boxes of groceries) TOTAL REQUEST: \$ \_\_\_\_\_

Total Number of Migrant Clients Served in Food Services: \_\_\_\_\_

Total Meals Served: \_\_\_\_\_

### **ITEMIZED ELIGIBLE REIMBURSEMENTS \$:**

Total Amount for Served/Congregate Meals: \$ \_\_\_\_\_

Total Amount for Bags/Boxes of Foods: \$ \_\_\_\_\_

Food Bank - Cost of Food Purchased: \$ \_\_\_\_\_

Food Bank as Indirect Provider:

Total Pounds of Food Given to Other Agencies: \_\_\_\_\_ Maintenance Fee: \$ \_\_\_\_\_ Cost of Food: \$ \_\_\_\_\_

Total Amount for Food Storage Containers, Cookware, Utensils, T-Shirt Bags: \$ \_\_\_\_\_

Basic First Aid/ Over-The-Counter Medication (e.g. band-aids, aspirin): \$ \_\_\_\_\_

Hygiene Items (e.g. baby wipes, diapers, toiletries, undergarments): \$ \_\_\_\_\_

Facility Utilities (electricity, gas, water): \$ \_\_\_\_\_

Maintenance & Housekeeping (repair and cleaning supplies): \$ \_\_\_\_\_

Contracted Services (security, laundry, trash pickup): \$ \_\_\_\_\_

Personal Protective Equipment (PPE): \$ \_\_\_\_\_

- SHELTER (mass/local shelter facilities or motels)Total TOTAL REQUEST: \$ \_\_\_\_\_  
Migrant Nights (duplicated): \_\_\_\_\_  
Total Migrants Unduplicated Served in Shelter: \_\_\_\_\_ Average Length of Stay Before Departing: \_\_\_\_\_  
**ITEMIZED ELIGIBLE REIMBURSEMENTS \$:** \_\_\_\_\_  
Basic First Aid/ Over-The-Counter Medication (e.g. band-aids, aspirin): \$ \_\_\_\_\_  
Hygiene items (baby wipes, diapers, toiletries, undergarments): \$ \_\_\_\_\_  
Cots and Beds, including pillows: \$ \_\_\_\_\_  
Linens (e.g. sheets, towels, wash cloths, etc.) \$ \_\_\_\_\_  
Shelter Utilities (electricity, gas, water): \$ \_\_\_\_\_  
Maintenance & Housekeeping (repair and cleaning supplies): \$ \_\_\_\_\_  
Contracted Services (security, laundry, trash pickup): \$ \_\_\_\_\_  
Personal Protective Equipment: \$ \_\_\_\_\_  
Hotel/Motel Stay (for migrants): \$ \_\_\_\_\_

**SECONDARY ELIGIBLE REIMBURSEMENTS (based on funding availability):** All Secondary Services expenses will be reimbursed based on actual costs. Please fill in the information below. Daily log, spreadsheet and proof of payment or receipts must be provided with this application for these services.

Total Migrant Clients Receiving the Following Services: \_\_\_\_\_ TOTAL REQUEST: \$ \_\_\_\_\_

**ITEMIZED ELIGIBLE REIMBURSEMENTS \$:**

Health/Medical, including Health Screenings: \$ \_\_\_\_\_  
COVID-19 Testing: \$ \_\_\_\_\_  
Associated Care for quarantining and Isolation: \$ \_\_\_\_\_  
Mental Health \$ \_\_\_\_\_  
Legal Aid: \$ \_\_\_\_\_  
Translation Services: \$ \_\_\_\_\_  
Clothing, Shoes/Shoelaces, Belts: \$ \_\_\_\_\_

**TRANSPORTATION (based on funding availability):**All Transportation Services expenses will be reimbursed based on actual costs, or mileage rate. Please fill in the information below. Daily log, spreadsheet and proof of payment or receipts must be provided with this application for these services.

**ITEMIZED ELIGIBLE REIMBURSEMENTS \$:**

Local Transportation (including contracted and/or vehicle rental, gas, insurance, drivers): \$ \_\_\_\_\_  
Long-Distance Transportation (bus tickets, airline tickets, and train tickets to sponsor): \$ \_\_\_\_\_  
Mileage using the Federal rate of 56 cents per mile for local transportation, in lieu of actual fuel costs  
Total Miles Traveled \_\_\_\_\_ \$ \_\_\_\_\_  
Parking (e.g., local street, airport): \$ \_\_\_\_\_  
Contracted Services (e.g., charter bus): \$ \_\_\_\_\_

**EQUIPMENT AND ASSETS (based on funding availability):**

Equipment and Assets Costs: \$ \_\_\_\_\_

**ADMINISTRATIVE REIMBURSEMENTS (based on funding availability):**

Administrative Costs: \$ \_\_\_\_\_

**Please use this space to provide any comments that may be beneficial to support your organization's request for reimbursement of expenditures made in this application.**

**I hereby certify that the information provided in this application and all supporting documentation complies with all funding requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing these emergency supplemental funds. All appropriate staff and volunteers have been informed of the requirements for these funds. The Local Board has been provided, and we have retained, a copy of this application for our records.**

**I certify that the information provided in this application and all supporting documentation that will be submitted to the Local Board for consideration of a grant/award under the U.S. Department of Homeland Security's/Federal Emergency Management Agency's Emergency Food and Shelter Program is accurate.**

**Authorized Official Name and Title of the Agency:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

# SUPPLEMENTAL FUNDING REIMBURSEMENT REPORT

Jurisdiction ID and Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Agency Address: \_\_\_\_\_  
 Agency City, State, Zip: \_\_\_\_\_

This **Supplemental Funding Reimbursement Report** must be completed to report on the funds your agency spent to provide humanitarian relief to families and individuals encountered by the U.S. Department of Homeland Security (DHS). This information is required prior to the release of funds to reimburse your agency for any expenditures made. **Please be sure to complete the form in its entirety.**

In addition to completing and submitting this report, your agency will need to provide daily logs. Also, as necessary, spreadsheets, and documentation (proof of payment or receipts) must be submitted in support of expenditures reported for provided assistance. **Your request for reimbursement cannot be submitted if this report, daily logs, and required spreadsheets, and documentation, as necessary, are not included.**

After the required information has been submitted to the Emergency Food and Shelter Program (EFSP) National Board, it will be reviewed quickly so that payment may be released to your agency, if awarded funds. If you have any questions regarding this report, or the required information that must accompany it, please reference the **Supplemental Funding Guidance** or **pre-recorded presentation** on the EFSP website, **Supplemental Funding Information**. You may also contact EFSP staff at [suppfund@uwv.unitedway.org](mailto:suppfund@uwv.unitedway.org) or 703.706.9660, option 6.

## REPORT ON THE AMOUNT SPENT BY YOUR AGENCY

	<b>Amount</b>
A. Primary Services, Per Capita Rate	\$ _____
B. Primary Services, Per Meal Rate	\$ _____
C. Primary Services, Per Diem Shelter Rate	\$ _____
D. Congregate Meals	\$ _____
E. Bags/Boxes of Food	\$ _____
F. Food Bank - Cost of Food Purchased	\$ _____
G. Food Bank - Indirect Provider (food by poundage)	\$ _____
H. Basic First Aid/OTC	\$ _____
I. Food Storage Containers/Cookware/Utensils/T-Shirt bags	\$ _____
J. Hygiene Items	\$ _____
K. Cots and Beds	\$ _____
L. Linen	\$ _____
M. Agency/Facility Utilities	\$ _____
N. Local Transportation	\$ _____
O. Mileage at Federal rate of 56 cents per mile	\$ _____
P. Parking (local street, airport)	\$ _____
Q. Maintenance/Housekeeping	\$ _____
R. Personal Protective Equipment (PPE)	\$ _____
S. Clothing, Shoes/Shoelaces	\$ _____
T. Contracted Services	\$ _____
U. Equipment and Assets Services	\$ _____
V. Hotel/Motel Stay	\$ _____
W. Long Distance Transportation	\$ _____
X. Health/Medical, including Health Screenings	\$ _____
Y. COVID-19 Testing	\$ _____
Z. COVID-19 Associated Medical Care During Quarantine/Isolation	\$ _____
AA. Mental Health	\$ _____
AB. Legal Aid	\$ _____
AC. Translation Services	\$ _____
AD. Administrative Services	\$ _____
<b>Total Reported:</b>	<b>\$ _____</b>

I hereby certify that the information provided in this report and all supporting documentation complies with all funding requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing these emergency supplemental funds. All appropriate staff and volunteers have been informed of EFSP requirements for these funds. The Local Board has been provided, and we have retained, a copy of this report for our records.

I certify that the information provided in this report and all required logs, spreadsheets and supporting documentation, as necessary, that will be submitted to the Local Board for consideration of a grant/award under the U.S. Department of Homeland Security's/Federal Emergency Management Agency's Emergency Food and Shelter Program is accurate.

Signature/Title of Agency Official: \_\_\_\_\_

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

## EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM SUPPLEMENTAL FUNDING, LOCAL RECIPIENT ORGANIZATION CERTIFICATION

By signing this Local Recipient Organization (LRO) Certification Form, our agency certifies we have read and understand the Emergency Food and Shelter Program (EFSP) Supplemental Funding Responsibilities and Requirements Manual, including the Grant Agreement Articles, Financial Terms and Conditions, and Other Terms and Conditions as well as the Eligible and Ineligible Costs and Documentation sections and agree to comply with all program requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program including those not specifically stated in the Manual. All appropriate staff and volunteers have been informed of EFSP requirements. The Local Board has been provided and we have retained a copy of this form for our records.

I certify that my public or private agency:

- Has the capability to provide emergency food and/or shelter services.
- Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services.
- Is nonprofit or an agency of government.
- Will not use EFSP funds as a cost-match for other Federal funds or programs.
- Has an accounting system, and will pay all vendors by an approved method of payment.
- Understands that **cash payments** (including petty cash) are **not eligible** under EFSP.
- Conducts an independent annual review if receiving \$50,000-\$99,999/an independent annual audit if receiving \$100,000 or more in EFSP funds, and follows OMB's Uniformed Guidance if receiving \$750,000 or more in Federal funding.
- **Has not received an adverse or no opinion audit.**
- Is not debarred or suspended from receiving Federal funds.
- Has provided a Federal Employer Identification Number (FEIN) to EFSP.
- Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP.
- Practices non-discrimination (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds).
- Will not charge a fee to clients for EFSP funded services.
- Has a voluntary board if private, not-for-profit.
- Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports).
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks -- front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds (\$5.00 or more) to the National Board.
- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.
- Will not use EFSP funding for any lobbying activities and if receiving \$100,000 or more, will provide the "Certification Regarding Lobbying" and, if applicable, will complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not use EFSP funds to support access to classified national security information.

**This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.**

LRO ID (9 digit): \_\_\_\_\_ FEIN#: \_\_\_\_\_ DUNS #: \_\_\_\_\_

LRO Name: \_\_\_\_\_

Street Address/City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Print Name \_\_\_\_\_

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

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM  
SUPPLEMENTAL FUNDING, CERTIFICATION REGARDING LOBBYING**

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**Certification for Contracts, Grants, Loans and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on the behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, contribution, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Title 31 U.S.C. §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.**

\_\_\_\_\_  
**LRO Name**

\_\_\_\_\_  
**LRO ID Number (9 digits)**

\_\_\_\_\_  
**Representative Name**

\_\_\_\_\_  
**Representative Signature**

\_\_\_\_\_  
**Date (month/day/year)**

**NOTE:** Standard Form LLL and instructions are available at [www.grants.gov](http://www.grants.gov)