

**APPLICATION & INSTRUCTIONS FOR:**

**EMERGENCY FOOD & SHELTER PROGRAM**

**WINNEBAGO COUNTY, ILLINOIS**

**PHASE 35**

**COVER SHEET**  
**EMERGENCY FOOD & SHELTER PROGRAM**  
**WINNEBAGO COUNTY APPLICATION**  
**PHASE 35**

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

I have reviewed and approved the following documents for the submission to United Way.

Executive Director Name: \_\_\_\_\_

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

To request funds, the following items must be submitted to the Emergency Food and Shelter Program, c/o United Way of Rock River Valley, 612 N. Main Street, Suite 300, Rockford, IL 61103-6929. The deadline for submission is no later than **12:00 p.m., on Wednesday, May 23, 2018**. Faxed or e-mailed applications will not be accepted. It is recommended that applications be hand delivered to avoid missing the deadline. **Applications received after the deadline will not be considered. Only applications containing complete and accurate information will be considered.**

Contact Paul Nolley at (815) 986-4814 or [nolleyp@unitedwayrrv.org](mailto:nolleyp@unitedwayrrv.org) with any questions.

Required packet contents: (Note: Information for Winnebago County only)

- 1 Cover Sheet
- 2 Agency Information
- 3 Amount of Funds Requested
- 4 Program income source percentages
- 5 Program Information
- 6 Fiscal Agent Certification Form (if using a fiscal agent).
- 7 If agency is a non-profit organization, list of your Board of Directors  
(Name, office and affiliation only)
- 8 Copy of most recent Audit Report\*  
\*Requirement waived if agency submitted audit to United Way of Rock River Valley within the past six months

If this is your first application to this Local Board, you must send proof of:  
State of Illinois incorporation as a nonprofit agency  
IRS certification of 501(c)(3) status

Upon notification of funding, agency must submit:  
LRO Certification Form  
Certification Regarding Lobbying  
DUNS number

**AGENCY INFORMATION**

Legal Name of Organization \_\_\_\_\_

Mailing address \_\_\_\_\_  
\_\_\_\_\_

FEIN# \_\_\_\_\_

Congressional District in which agency is located  
\_\_\_\_\_

Congressional District in which services are provided  
\_\_\_\_\_

DUNS# (If Available at Time of Application Submittal)  
\_\_\_\_\_

Fax Number \_\_\_\_\_

Executive Director \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Program Contact \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Application Contact \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

*If using fiscal agent:* Agency \_\_\_\_\_

Mailing address \_\_\_\_\_

FAX \_\_\_\_\_

Contact person \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please indicate with an asterisk (\*) if any addresses are confidential.  
Any future change in the above information must be made in writing within 30 day to the Board.

## AMOUNT OF FUNDS REQUESTED

*Please read the Summary of Financial Terms and Eligible Costs before completing this form. It is available at [www.unitedwayrrv.org](http://www.unitedwayrrv.org). You may request funds for On-Site Meals or Shelter as Direct Cost **or** Per Meal or Per Diem Reimburse but **not both**.*

### Direct Cost

#### Food Costs

Served Meals \$ \_\_\_\_\_

Estimated number of meals \_\_\_\_\_

Estimated cost per meal \$ \_\_\_\_\_

Food delivery/distribution \$ \_\_\_\_\_

Supplies/Equipment \* \$ \_\_\_\_\_

Code compliance rehabilitation (\$2,500 max) \* \$ \_\_\_\_\_

#### Shelter Costs

Supplies/Equipment \* \$ \_\_\_\_\_

Code compliance rehabilitation (\$2,500 max) \* \$ \_\_\_\_\_

### Reimbursement

Per Meal Reimbursement (\$2.00 per person per meal) \$ \_\_\_\_\_

Estimated number of meals \_\_\_\_\_

Shelter Per Diem Reimbursement (\$12.50/person/night) \$ \_\_\_\_\_

Estimated number of shelter nights \_\_\_\_\_

\* Provide information re: intended use

**Continued next page**

**Other Programs**

Food for Distribution	
Food Bank	\$ _____
Estimated number of lbs. distributed _____	
Pantry	\$ _____
Estimated number of meals _____	
Estimated cost per meal \$ _____	
Supplies/equipment* \$ _____	
Grocery Vouchers or Certificate	\$ _____
Restaurant Meal Vouchers	\$ _____
Estimated number of meals _____	
Hotel/motel Vouchers	\$ _____
Estimated number of shelter nights _____	
Rent/Mortgage Assistance	\$ _____
Estimated number of rent/mortgage bills paid _____	
Utility Assistance	\$ _____
Estimated number of utility bills paid _____	
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$ _____</b>

\* Provide information re: intended use

## EFSP Phase 35 Program Income Sources

For each program area you are requesting funding for please provide the percent of the program budget for the past fiscal year by income source for Winnebago County.

<b>Funding Source</b>	<b>Pantry</b>	<b>Grocery Vouchers</b>	<b>Rent/ Mortgage</b>	<b>Hotel/ Motel</b>	<b>Mass Shelter</b>	<b>Utilities</b>
EFSP Funding						
Other Federal						
State Funding						
City/County Funding						
Cash Donations						
Other*						
Totals=100%						

\*Examples of Other Sources: United Way, foundation grants, program fees, etc.

## PROGRAM INFORMATION

Complete separate Program Information section per area of service for which you are requesting funds. Provide concise responses to 1- 13 as applicable on separate numbered pages.

Service \_\_\_\_\_

1. How long has the agency been providing the above service? \_\_\_\_\_

2. Define your service area as **one** of the following:

\_\_\_\_\_ Winnebago County \_\_\_\_\_ City of Rockford

\_\_\_\_\_ Other

If other, specify \_\_\_\_\_

3. Indicate staffing (#) for this service

Paid staff: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Volunteers: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

4. Provide address for all service locations, and days and hours of operation.

5. Does your agency participate in either of the following?

Rock River Homeless Coalition: Yes \_\_\_\_\_ No \_\_\_\_\_

Coordinated Entry System: Yes \_\_\_\_\_ No \_\_\_\_\_

(Single Point of Entry for Homeless Clients)

If you checked "No" in your program area above, explain.

6. How many individuals did you serve in this service area with EFSP Phase 34 funds (if applicable)?

7. How do you determine recipient eligibility? Describe any special needs, requirements, or conditions for service.

8. Describe your assistance process and how you assist clients to access public benefits.

9. How do you define successful outcomes for your EFSP clients? How do you track and measure client's success?

10. Describe your organization's capacity to provide quality service. Example: Lodging or facility that meets health and building codes; provision of nutritionally balanced meals/groceries.

11. Describe how agency collaborates and partners with other community organizations.

12. In the last 12 months, how have economic conditions affected the services you are able to provide? Example: Number served; length of waitlist; amount of assistance provided.

13. If a food bank, how will funds/pounds of food be allocated to emergency food programs? Provide a list of emergency food programs you wish to serve with allocated funds.

## **EFSP Application -Amount of Funds Requested Instructions (Pages 3 – 4)**

Indicate in the "Amount Requested" column, the dollar amount you are requesting for each line item for which you seek funding.

### **Actual Direct Cost: Mass Feeding Served Meals and Mass Shelter**

Note: Shelter must have five or more beds in one location.

Food cost: This category is for mass feeding programs serving prepared meals to recipients such as soup kitchens and shelters which choose to itemize expenditures rather than receive a \$2.00 per meal reimbursement.

For the dollar amount requested, provide the estimated number of meals to be served and estimated cost per meal.

Food delivery/distribution expenses are related to the pick-up/delivery of purchased and donated food.

Equipment/ Consumable Supplies: Purchase of small equipment not exceeding \$300/item and essential to mass feeding (e.g. pots, plates, microwave) or mass shelter (e.g. cots, mattresses, linens). Purchase of consumable supplies essential to mass feeding (e.g. plastic cups, utensils, detergent) or mass shelter (e.g., soap, toothpaste, cleaning supplies).

Code compliance rehabilitation: Facility must be owned by the organization, used primarily for mass feeding or shelter program, and have a detailed plan approved by the Local Board in writing prior to the start of the project. \$2,500 maximum expenditure.

### **Reimbursement: Mass Feeding Served Meals and Mass Shelter**

Per Meal: \$2.00 rate may be expended for any related cost (e.g. food, consumable supplies, utilities, salaries, etc.). For the dollar amount requested, provide the estimated number of meals to be served.

Per Shelter Night: \$12.50 rate may be expended for any shelter operation cost (e.g., shelter rent, utilities, staff salaries, consumable supplies). NOTE: The per diem shelter allowance does not include the costs associated with food. A shelter serving meals may request reimbursement for meals as either a direct cost or per meal reimbursement. For the dollar amount requested, provide the estimated number of shelter nights to be provided.

### **Other Programs**

Food Bank: Fill in the amount requested to purchase food for eligible Winnebago Co. emergency food programs (pantries and/or soup kitchens) and provide an estimate of how many pounds of food will be distributed to them.



## **EFSP Application – Amount of Funds Requested Instructions, Continued**

Food Pantry: Fill in the amount requested to purchase food to be given to recipients. Determine the pantry's cost in actual dollars to provide one meal to one person. Do not include the value of donated foods in this calculation. Then divide the requested dollar amount by the cost per meal to determine the number of meals to be provided.

Equipment/ Consumable Supplies: Purchase of small equipment not exceeding \$300/item and essential to the pantry operation (e.g., shelving; storage containers). Purchase of consumable supplies essential to the distribution of food (e.g., bags, boxes).

Groceries, meal vouchers/certificates, lodging vouchers, rent/mortgage and utility assistance: Fill in the amount requested and divide by the estimated average amount cost per unit of service to determine the estimated number of service units to be provided. Service units are:

Grocery voucher/certificate: 1 voucher = 1 unit

Meal vouchers: 1 meal for 1 person = 1 unit

Lodging voucher: 1 night lodging for 1 person = 1 shelter night

Rent/mortgage and utility assistance: Payment of 1 month's bill = 1 unit

**Total Amount Requested** is the sum of all the dollar amounts requested.

## EFSP Application - Program Information Instructions (Page 5)

Complete this section for each type of funding being requested.

Service: Fill in one type of service for which funds are requested. Program information being provided should relate to this service in Winnebago County only.

Ex: Rent/Mortgage; food pantry; mass shelter; etc.

1. Enter the number of years or months if less than a year.
2. If the service area is all of Winnebago Co. or the City of Rockford only, check one of these. Otherwise, check "Other" and specify the service area. This could be town names (ex: Pecatonica; Loves Park) or ZIP code area(s).
3. Fill in the number of full/part time, paid/volunteer persons who work/help to provide this particular service.
4. Provide information as to where and when this service may be accessed in Winnebago County.
5. If requesting funding for a pantry, check "yes" or "no" to indicate if a member of the Greater Rockford Pantry Coalition. If requesting funding for any type of shelter service, check "yes" or "no" to indicate if a member of the Mayor's Task Force on Homelessness.  
If you checked "no", explain why you are not participating.

6. How many individuals did you serve with this type of assistance in your past fiscal year?

Individuals \_\_\_\_\_

Households \_\_\_\_\_

7. Explain what criteria, if any, you use to determine which individuals/families will receive this service. If eligible recipients are prioritized to establish order or amount of service, explain the determining factors and why they are used.
8. When a recipient requests assistance for this service, how do you proceed? Is there an established intake procedure? Do you inquire regarding other service needs and/or make referrals for other services?
9. What is your goal in providing this service to recipients? How do you know if/when you have met that goal?
10. Quality service includes a sufficient number of trained staff/volunteers to provide the service as well as the physical facility and the level to which the recipient's needs are met.
11. What other entities do you work with and how do you work with them to provide this service?
12. Self-Explanatory.
13. Self-Explanatory.