## **Emergency Food & Shelter Program**

### **Application for Phase 40 Funds**

[Minimum \$5,000 Application Budget Request]

			Amount Eligible in Phase 40							
County	Phase 40 Allocation		Food		Shelter		Off Site odging		t/Mortgage ssistance	Total
Clackamas	\$146,843	50%	\$73,421	0%	0	0%	0	50%	\$73,422	\$ 146,843
Multnomah	\$406,537	25%	\$101,634	48%	\$195,138	15%	\$60,981	12%	\$48,784	\$ 406,537
Washington	\$221,721	0%	0	20%	\$44,344	0%	0	80%	\$177,377	\$ 221,721
	\$775,101									\$ 775,101
Clark Co. WA	\$237,405	20%	\$47,481	30%	\$71,222	0%	0	50%	\$118,703	\$237,405

**Spending period:** November 1, 2021 – December 31, 2023 (Expenses may be back dated to 11/1/21.)

Agency Name:			 
Program:			
Address:			 
City:			
Contact Person:		Title:	
Phone:	Fax:	E-mail:	 
UFL number: (required by FES	P to annly)		

	ORG	ANIZATIONAL INFORMATION
A.		Non-profit (New applicants must attach a copy of their 501(c)(3) letter.) Government Entity
B.		Clackamas County Clark County Multnomah County Washington County
	(Not	e: Agencies must apply separately for each county to be served.)
C.	Туре	e of assistance you plan to provide:
		Meals Food Shelter Lodging Rent/Mortgage
D.		Date of last audit or financial review  If not available, please explain

I.

#### II. PROGRAM DESCRIPTION (additional pages may be attached)

Under the terms of the grant from the National Board, local governmental or private voluntary organizations chosen to receive funds must: 1) be a nonprofit or government agency, 2) have a 501(c)3 compliant accounting system, 3) practice nondiscrimination, 4) have demonstrated the capability to deliver emergency food and/or shelter programs, and 5) if a private non-profit organization, must have a voluntary board. The following sections provide an opportunity for your organization to demonstrate how it meets these requirements.

Please note that assistance from funds provided by this program must be provided to needy individuals without discrimination (age, race, sex, religion, national origin, disability, economic status or sexual orientation) In providing assistance under the EFSP, verification of proof of citizenship or qualified alien status of any applicant for assistance is not required.

Any agency participating in distribution of funds from this source must have a system to ensure that no duplication of payment occurs within the expenditure category of rent/mortgage assistance. Agencies that are selected must comply with the process for verification of single-event assistance as specified by the Emergency Food & Shelter Program Board.

Applicants are required to review the Emergency Food and Shelter National Board Program Responsibilities and Requirements manual found at <a href="http://www.efspsd.org/efsp-manual.html">http://www.efspsd.org/efsp-manual.html</a> and confirm by signature.

Non-profit, experience of organization, scope of work
 Please describe your organization and how it meets the requirements for this program.
 Provide information that demonstrates the agency is a fiscally accountable 501(c) 3 and capable of tracking these allocations.

2. <u>Geographic diversity within the County, access to services by underserved communities</u>
Within the boundaries of the county checked above, define specific geographical areas and or underserved communities your program serves?

Census data shows Black, Indigenous and people of color (BIPOC) and the LGBTQ+ community are overrepresented in poverty statistics, including housing and food insecurity.

- Please provide a demographic profile of your current client base receiving services (i.e., racial/ethnic/cultural diversity, LGBTQ+ community, families with children, homeless, etc.). If you do not track this data, please provide a reason why or what efforts can be made to start.
- Please describe your efforts to address racial and/or other inequities in housing and food insecurity.
- How do you outreach to these historically underserved populations?

#### 4. (a) <u>Demonstrated Service Delivery (housing and/or shelter)</u>

If applying for housing or shelter, describe your organization's success in providing homeless and housing services.

#### (b) Demonstrated Service Delivery (food)

If applying for food, how is your organization successful in distributing food and/or meals that serve the diverse needs of the community?

#### (c) Funds Requested

Explain how EFSP funds will be used to **supplement** an existing program. The agency must not depend solely on these funds to provide the service. Amount of funds requested is reasonable for the service provided and the number of individuals/households to be served.

**III. SERVICES TO BE PROVIDED** (Complete for each program category you are applying for only. Administrative funding is an optional EFSP category up to 2% of the EFSP funding requested.)

Category	Unit of Service	# Units provided with EFSP Funds	# Units provided with Total Program Funds	EFSP \$ Amount	Non-EFSP \$ Amount	Total \$
Served Meals	Meals (\$3 per)					
Other Food	Food (lbs)					
Mass Shelter	Nights (\$12.50 per)					
Off-Site Lodging	# Nights (90 day max)					
Rent/Mortgage	# Bills/Orders (per household) (90 days/client max)					
Administration (Optional 0% to 2%)						
Total Request (EFSP\$ + Non- EFSP=Total \$)						

I, and understand the Emergency I	, representing Food and Shelter Program responsibilities and requ	
Name of Agency	Authorized Signat	ture
Date	 Name and Title (ty	yped)

# One (1) hard copy or electronic (\*preferred) copy of this Application with signature must be postmarked or received no later than 4:00pm on Friday, May 19, 2023. Send by U.S. Mail or email\* to your County Representative listed below.

Note: Applicant is responsible to verify receipt of the application.

County	Representative	Email	Phone
Clackamas	Teresa Christopherson	Teresachr@co.clackamas.or.us	503-650-5718
Oldonamao	Clackamas County Social Services		000 000 01 10
	PO Box 2950		
	Oregon City, OR 97045		
Multnomah	Anna Pendas	anna.pendas@multco.us	503-348-3908
Matthornan	Multnomah County Joint Office of		
	Homeless Services		
	721 SW Oak St, Suite 100		
	Portland, OR 97204		
Washington	Katherine Galian	Katherine_Galian@washingtoncounty	503-846-4760
vvaoriii igtori	Washington County Dept. of Housing	or.gov	000 0 10 17 00
	111 NE Lincoln Street, #200-L, MS 63		
	Hillsboro, OR 97124-3082		
Clark Co, WA	Laura Ellsworth	lellsworth@councilforthehomeless.or	360-993-9526
	Council for the Homeless	<u>g</u>	000 000 0020
	2500 Main St.		
	Vancouver, WAs 98660		