

Phase 37 Local Recipient Application

Cover sheet

Agency Name: _____

Address: _____

Phone: _____ Email: _____

FEIN: _____ DUNS: _____

Executive Officer: _____ Email: _____

Financial Officer: _____ Email: _____

Board President: _____ Email: _____

Does the Agency require Board approval for receipt of EFSP funds? Yes No

If yes, when was/will that approval (be) received? Date: _____

Program/Project Name (if applicable): _____

EFSP Contact Person: _____

Phone: _____ Email: _____

| | | | |
|-------------------|----------------------|----|-------|
| Amount requested: | Olmsted | \$ | _____ |
| | Goodhue-Rice-Wabasha | \$ | _____ |
| | TOTAL | \$ | _____ |

Executive Officer Signature: _____ Date: _____

Application Checklist:

1. Signed Application Coversheet (this page)
2. Application narrative (following pages)
3. List of current Board of Directors
4. Most recent Annual Audit or Form 990 (or a link to the posted document)

Send complete application electronically to jprins@threeriverscap.org with the following subject line:

EFSP Phase 37 [Area name] – [Agency name]

Please note: Selected applicants will be required to complete additional certifications forms via the EFSP website.

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Application Narrative

Agency qualifying information

1. Does the Agency have the existing capability to provide emergency food and/or shelter services? Yes No
2. Will the Agency use EFSP funds to supplement and extend existing resources, and not to substitute or reimburse ongoing program and services? Yes No
3. Is the Agency a not-for-profit organization/corporation? Yes No
4. Does the Agency have a volunteer board? Yes No
5. Does the Agency conduct an annual audit? Yes No
6. Has the Agency received EFSP funds in the past two years?
If yes, were any funds returned for any reason? Yes No
7. Does your agency meet the Federal Government policy requirements on non-discrimination? Yes No
8. Is the Agency debarred or suspended from receiving funds or doing business with the Federal Government? Yes No
9. Is the Agency an affiliate of a national organization? Yes No
If yes, which one (select from list)?

| | | |
|---|--|---|
| <input type="checkbox"/> Aging Council | <input type="checkbox"/> Government Agency (except Tribal Government) | <input type="checkbox"/> Travelers Aid |
| <input type="checkbox"/> American Red Cross | <input type="checkbox"/> Hotlines/Information And Referral | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> Catholic Charities and Other Catholic organizations (Except St. Vincent De Paul) | <input type="checkbox"/> Jewish Federations and other Jewish organizations | <input type="checkbox"/> United Way |
| <input type="checkbox"/> Church Organizations or Ministerial Associations | <input type="checkbox"/> Labor organization | <input type="checkbox"/> Urban League |
| <input type="checkbox"/> Coalition | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> YMCA |
| <input type="checkbox"/> Community Action Agency | <input type="checkbox"/> Salvation Army | <input type="checkbox"/> YWCA |
| <input type="checkbox"/> Family Service America | <input type="checkbox"/> St. Vincent De Paul | <input type="checkbox"/> Unaffiliated with any of the above |
| <input type="checkbox"/> Food Bank (Second Harvest/other) | | |

Proposal summary

Area covered by this proposal summary: Olmsted Goodhue-Wabasha-Rice

Provide a very brief narrative which describes the emergency food and/or shelter service(s) to be provided by your Agency with this special funding and why your agency has the capacity to provide the service(s).

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Describe how this funding will supplement and extend currently available resources rather than replacing other funding for, or reimbursing costs related to, ongoing programs and services.

Provide a brief description of the methods/activities to be used in the provision of the (se) services.

Describe the eligibility criteria for your services. In your response, include any required documentation and/or limits on the frequency with which a client may use your service.

For agencies applying for Rent/Mortgage assistance, please describe the assistance process including the average turnaround time.

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Expected client demographics

| | Olmsted Request | | Goodhue-Rice-Wabasha Request | |
|--|------------------------------------|------------------------|------------------------------------|----------------------|
| Total | # Persons | <input type="text"/> | # Persons | <input type="text"/> |
| | # Households | <input type="text"/> | # Households | <input type="text"/> |
| Geography | % Olmsted County – Rochester | <input type="text"/> | % Goodhue County – Red Wing | <input type="text"/> |
| | % Olmsted County – Other | <input type="text"/> | % Goodhue County – other | <input type="text"/> |
| | | | % Rice County – Faribault | <input type="text"/> |
| | | | % Rice County – Northfield | <input type="text"/> |
| | | % Rice County – other | <input type="text"/> | |
| | | % Wabasha County – all | <input type="text"/> | |
| Age | % Under 18 | <input type="text"/> | % Under 18 | <input type="text"/> |
| | % 18-24 years | <input type="text"/> | % 18-24 years | <input type="text"/> |
| | % 25-59 years | <input type="text"/> | % 25-59 years | <input type="text"/> |
| | % 60-74 years | <input type="text"/> | % 60-74 years | <input type="text"/> |
| | % Over 74 years | <input type="text"/> | % Over 74 years | <input type="text"/> |
| Gender | % Female | <input type="text"/> | % Female | <input type="text"/> |
| | % Male | <input type="text"/> | % Male | <input type="text"/> |
| | % Other | <input type="text"/> | % Other | <input type="text"/> |
| Race | % American Indian/Alaska Native | <input type="text"/> | % American Indian/Alaska Native | <input type="text"/> |
| | % Asian | <input type="text"/> | % Asian | <input type="text"/> |
| | % Native Hawaiian/Pacific Islander | <input type="text"/> | % Native Hawaiian/Pacific Islander | <input type="text"/> |
| | % Black | <input type="text"/> | % Black | <input type="text"/> |
| | % White | <input type="text"/> | % White | <input type="text"/> |
| | % Multiracial | <input type="text"/> | % Multiracial | <input type="text"/> |
| | % Other Race | <input type="text"/> | % Other Race | <input type="text"/> |
| Ethnicity | % Hispanic/Latinx | <input type="text"/> | % Hispanic/Latinx | <input type="text"/> |
| | % Not Hispanic/Latinx | <input type="text"/> | % Not Hispanic/Latinx | <input type="text"/> |
| Other Target Populations, if any (not required) | % Domestic Violence Victims | <input type="text"/> | % Domestic Violence Victims | <input type="text"/> |
| | % Families with Children | <input type="text"/> | % Families with Children | <input type="text"/> |
| | % Persons of Color | <input type="text"/> | % Persons of Color | <input type="text"/> |
| | % Older Adults (60+) | <input type="text"/> | % Older Adults (60+) | <input type="text"/> |
| | % Persons with Disabilities | <input type="text"/> | % Persons with Disabilities | <input type="text"/> |
| | % Military Veterans | <input type="text"/> | % Military Veterans | <input type="text"/> |
| | % Persons with HIV/AIDS | <input type="text"/> | % Persons with HIV/AIDS | <input type="text"/> |
| | % Native Americans | <input type="text"/> | % Native Americans | <input type="text"/> |
| | % Single Adults | <input type="text"/> | % Single Adults | <input type="text"/> |
| | % Other: _____ | <input type="text"/> | % Other: _____ | <input type="text"/> |