

Henry County Local Board Application – Phase 40

EFSP funds are Federal funds made available through the U.S. Department of Homeland Security's Federal Emergency Management Agency. The Henry County EFSP application process is open, and all eligible Agencies are provided the same opportunity in the application process.

To be eligible to receive a grant, local agencies must:

- be private, voluntary nonprofit, faith-based, or unit of government;
- if they are a private voluntary organization, have a voluntary board;
- be eligible to receive Federal funds;
- be located and/or provide services within Henry County;
- be registered with the Georgia Secretary of State as a nonprofit and as a charity (if applicable);
- be in operation for at least two (2) years and have demonstrated the capability to deliver emergency food and/or shelter services;
- will use funds to supplement or expand existing programs and services;
- have an accounting system, and will pay all vendors by an approved method of payment within 90 days for services provided or goods received;
- practices nondiscrimination;
- have strong relationships and trust in the community, as well as be able to demonstrate effective collaboration with other programs and services;
- will spend all funds and close out the program by the jurisdiction's selected end-of-program deadline;
- does not charge any client a fee for services funded by EFSP;
understands that cash payments (including petty cash) are not eligible under EFSP;
- have the administrative and financial capacity (i.e., proper governance, sufficient staffing, and robust policies, procedures, and internal controls) to manage an award of the size being requested;
- be able to provide financial and other information to support this capability as part of the review and selection process (if requested);
- conducts an independent annual review if receiving \$50,000-\$99,999/an independent yearly 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 no known EFSP compliance exceptions in this or any other jurisdiction;
- will provide all required reports and documentation, as requested, to the Local Board on time;
- will expend monies only on EFSP eligible costs and keep complete documentation (and provide, if requested) on all expenditures for a minimum of three years after the end-of-program date and compliance issues, until resolved; and
- will not use EFSP funds as a cost-match for other Federal funds or programs.

For more information, please contact:

Barbara A. Coleman
Local Board Chair
Emergency Food and Shelter Program
770-274-6282
bcoleman@connectinghenry.org

Required Attachments

- Cover Letter (Include a brief Executive Summary that reflects the agency's history, management, and capacity to deliver the services, a Statement of Needs, and a short Program Description.)
- Copy of 501 (c)(3), if applicable
- If the agency is a nonprofit, list of board members
- Copy of Georgia Secretary of State registration
- Copy of the agency's most recent Form 990 (or Form 990 N)
- If the agency filed a Form 990 N, copy of the previous year's Balance Sheet and Profit and Loss Statement
- Copy of the most recent Balance Sheet and Profit and Loss Statement
- Organization Budget
- Program Budget
- Application

The deadline for completed applications is 5:00 PM, Monday, February 6, 2023. Deliver paper applications to:

Connecting Henry
Barbara A. Coleman
66 Veterans Drive
McDonough, GA 30253

***** Incomplete applications will not be considered *** Please, manila folders or envelopes only.**

AGENCY INFORMATION

Agency's Legal Name:		Year Established:	
Name Known As:			
Is the Agency a Nonprofit <input type="checkbox"/> or a Unit of Government <input type="checkbox"/>			
Has the Agency Applied for EFSP Funds Previously? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, what was the last Phase received? _____ If ESFP funds were previously received, does the agency have any outstanding EFSP compliance issues? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the agency debarred or suspended from receiving funds or doing business with the Federal government? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does the agency have a checking account in the agency's name? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What type of accounting system does the Agency use? _____			
Agency Principal:		Principal's Title:	
Agency Contact for Application Questions:		Contact's Title:	
Contact Email:		Contact Phone:	
Agency Contact for ESFP, if Funded:		Contact Phone:	
Agency Physical Address:			
Agency Mailing Address:			
Agency Website:		Agency Phone:	
Agency Federal Employer ID Number (FEIN):		Agency's DUNS Number:	
Congressional District where agency's EFSP funded services are provided (Place of Performance):			
Agency Operating Budget (Total):		Agency Budget for Program Area Requested (Total):	

FUNDING REQUEST INFORMATION

Amount of EFSP Funding Requested by Program Area:	_____ Food Congregate Meals, Food Purchases, Home Delivery Meals (e.g., Meals on Wheels)	_____ Shelter Mass Shelters, (e.g., local shelter facilities), Rent/Mortgage, Hotel/Motel	_____ Utility Gas, Electric, Water	_____ Supplies and Equip. Cleaning Supplies for Shelters & Feeding Sites, Small Equipment Purchases Up to \$300 per item
---------------------------------------------------	---------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	---------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

How long have you provided the Program Areas? (Only applicable for programs that funding is being requested.)	_____ Food	_____ Shelter	_____ Utility	_____ Supplies and Equip.
---------------------------------------------------------------------------------------------------------------	------------	---------------	---------------	------------------------------

Number of participants the agency <i>anticipates serving</i> through the EFSP funding: _____ Number of households the agency <i>anticipates serving</i> through the EFSP funding: _____	Number of participants the agency <i>served last year</i> in the same category: _____ Number of households the agency <i>served last year</i> in the same category: _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Signature and Title	Date