



Robeson County Emergency Food and Shelter Program
Jurisdiction: 642900
Phase 41 Request for Funding Proposal

Complete, Sign and **Email** the original application to: tmunn@lumberriveruw.org
 Lumber River United Way, serving Bladen, Robeson and Hoke Counties
 Attn: Tomeika Munn
 301 N. Water Street
 Lumberton, NC 28359
 (910)739-4249
Deadline to Submit: Monday, February 12th at 5:00pm

SECTION I: AGENCY INFORMATION

Name of Organization:
Program Name:
Federal Employer Identification Number (FEIN):
Unique Entity Identifier (UEI) Number:
Executive Director's Name:
Contact Name & Title (if different):
Program Physical Street Address:
Program Mailing Address (if different):
City, State, Zip Code:
Telephone Number:
Fax Number:
Email Address:

Total Amount Requested for Phase 41:	\$
--------------------------------------	----

____ (Initials) *To the best of my knowledge, the data in this Request for Funding Proposal (RFP) is true, complete, and accurate. The governing body of this organization has duly authorized the enclosed documents. I understand that incomplete RFPs or RFPs submitted after the deadline will not be accepted or reviewed.*

By signing below, I agree to comply with all applicable federal, state, and local requirements, including financial management. I understand funding decisions are based upon: the availability of resources awarded to Robeson; the need for the service/program provided by my organization in the community; the population this service/program will serve; financial and budget data provided; and overall program performance. I understand that the Local Emergency Food & Shelter Program Board, before final funding decisions, may request additional documentation and I agree to comply promptly with any requests.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____



Robeson County Emergency Food and Shelter Program
Jurisdiction: 642900
Phase 41 Request for Funding Proposal

SECTION 2: EMERGENCY FOOD & SHELTER PROGRAM (EFSP) FUNDING REQUIREMENTS

1. Emergency Food and Shelter funds must be used for the program. EFSP mandates that funds are to supplement and expand existing resources; they are not to be used to substitute or reimburse ongoing programs and services; and are to be used for emergency food, feeding, and shelter programs for the homeless and at-risk families/individuals. Will the program/service continue after Phase 41 if there are no funds available from the Emergency Food & Shelter Program?

- Yes
- No (If no, what measures are or will be taken to attain services when people request assistance?)

SECTION 3: PROGRAM DESCRIPTION

1. Does your agency attempt to involve homeless individuals and families in the provision of emergency food and shelter services (through employment, volunteer programs, etc.)?

- Yes (Describe below how they are involved)
- No (Describe below how you plan to involve them through this program)

2. Please describe the mission of the organization.

3. PROGRAM SUMMARY. Please provide a summary statement of the program for which you are requesting funding.

(Please use separate and/or additional sheets if needed)

A. Summary/Mission of Program:	
B. Activities/Services Provided:	
C. Target Population:	

**Robeson County Emergency Food and Shelter Program
Jurisdiction: 642900
Phase 41 Request for Funding Proposal**

D. Number of Clients currently served without EFSP funds:	
E. Number of Clients on the Waiting List:	
F. Process Used to Provide Client Awareness of Programs/Services:	
G. How will these services be coordinated with other programs within the community?	

4. How will Phase 41 Emergency Food & Shelter Program funds be used to expand and supplement existing programs and/or services?

5. Please list all of the proposed service locations for the program for which you are requesting funding. Include hours of operation, the number of staff members at each site, and their role in providing services.

6. What are the eligibility criteria for clients requesting services and how are services documented? (Please attach forms)

7. How does your organization measure the progress or impact of services provided to the community? Please indicate accomplishments, failures, and/or challenges regarding service delivery. **(Please use a separate and/or additional sheet if needed)**

2023 Program/Service Accomplishments:	
2023 Program/Service Failures:	
2022 Challenges Regarding Program/Service Delivery:	



LIVE UNITED

Robeson County Emergency Food and Shelter Program

Jurisdiction: 642900

Phase 41 Request for Funding Proposal

SECTION 4: PROGRAM/SERVICE EXPENDITURES (Eligible Program Costs)

Please complete the tables below and indicate the number of units, cost per unit, and total amount of your request for each line item for which you are requesting funding. Refer to line-item guidelines for details. For eligible and ineligible expenditures please review Program Cost Manual.

1. Name of program: _____

2. Total amount requested under Phase 41\$ _____

3.

	A	B	C
FOOD SERVICES	ESTIMATED NUMBER OF UNITS / MEALS SERVED (EFSP FUNDING ONLY)	COST PER UNIT (\$12.50 per bag) OR PER DIEM RATE (\$3.00 per meal)	TOTAL EFSP PHASE 41 REQUEST (A x B =C)
Other Food (i.e., vouchers, bags, etc.)			
Served Meals (i.e., feeding programs)			
TOTALS			

	A	B	C
SHELTER SERVICES	ESTIMATED NUMBER OF BEDS PER NIGHT (EFSP FUNDING ONLY)	COST PER UNIT or PER DIEM RATE \$12.50 shelter & services (attach a detailed description of services)	TOTAL EFSP PHASE 41 REQUEST (A x B =C)
Mass Shelter			
Other Shelter (i.e., hotel/motel) (up to 90 days or 3 months)			
TOTALS			

	A	C
EMERGENCY SERVICES	ESTIMATED NUMBER OF CLIENTS SERVED (EFSP FUNDING ONLY)	TOTAL EFSP PHASE 41 REQUEST
Rent/Mortgage (up to 90 days or 3 months)		
Utilities (up to 90 days or 3 months)		



LIVE UNITED

Robeson County Emergency Food and Shelter Program

Jurisdiction: 642900

Phase 41 Request for Funding Proposal

TOTALS		
---------------	--	--



Robeson County Emergency Food and Shelter Program
Jurisdiction: 642900
Phase 41 Request for Funding Proposal

4. Administrative Funding is limited to a maximum of 2% of your total request. If you are requesting administrative funding, please indicate the amount below. **NOTE: Administrative funding is available only to Lumber River United Way for administrative functions provided to the Local EFSP Board.**

ADMINISTRATION	TOTAL EFSP PHASE 41 REQUESTS (Not to exceed 2% of total request)
Lumber River United Way	N/A

5. SUPPLEMENT AND EXPANSION OF RESOURCES (SOURCES OF FUNDING):

The Emergency Food & Shelter Program intends to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. Services for which funding is being requested must already be provided by your agency through other funding sources. Please indicate in-kind donations/contributions.

For each Program Area for which you are requesting funding, please list other sources of funding. Indicate the source and amount of funding.

EXAMPLE OF SOURCES OF FUNDING

Example	<i>Current Available Funds WITHOUT EFSP Funding</i>	<i>Sources of Current Funds (indicate sources & amount of NON-EFSP Funding)</i>	<i>In-kind donations and/or Contributions (indicate sources & sources & number of contributions)</i>	<i>EFSP Funding Requested Under Phase 36</i>
Food Services Program	\$10,000.00	1. \$5,000 Johnson Church 2. \$3,000 CBDG Grant 3. \$2,000 Individual Donors	1. 1-20hr week Volunteer Value @ \$10 per hr.= \$10,400.00 2. Donated Food=\$3000.00	\$4600.00 for Vouchers and Food Bags



LIVE UNITED

Robeson County Emergency Food and Shelter Program

Jurisdiction: 642900

Phase 41 Request for Funding Proposal

SOURCES OF FUNDING

	Current Available Funds WITHOUT EFSP Funding	Sources of Current Funds (indicate sources & amount of NON-EFSP funding)	In-Kind Donations and/or Contributions (indicate sources & sources & number of contributions)	EFSP Funding Requested Under Phase 41
FOOD SERVICES				
Other Food (i.e., vouchers, food bags, boxes, etc.)		1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	
Served Meals		1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	
TOTAL FOOD SERVICES				
SHELTER SERVICES				
Mass Shelter		1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	
Other Shelter (i.e., hotel/motel)		1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	
TOTAL SHELTER SERVICES				
EMERGENCY SERVICES				
Rent/Mortgage		1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	
Utilities		1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	
TOTAL EMERGENCY SERVICES				
TOTAL FOOD, SHELTER & EMERGENCY SERVICES				

Robeson County Emergency Food and Shelter Program
Jurisdiction: 642900
Phase 41 Request for Funding Proposal

6. **Program Operating Budget** – To be eligible to receive EFSP Funding your agency/organization must show that the activities you are applying for are ongoing not new or start-up.

Phase 41
Emergency Food and Shelter Program
Program Operating Budget

	A Phase 41 Request	B Current Cash/Revenue	C In-Kind Support
SUPPORT/REVENUE			
1. Contributions			
2. Special Events			
3. Fees & Grants from Government			
4. Individual Memberships			
5. Program Service Fees			
6. Sale of Materials			
7. Investment Income			
8. Foundation Income			
9. Other Income:			
10. Other Income:			
TOTAL SUPPORT/REVENUE			
EXPENSES			
12. Salaries & Benefits			
13. Payroll Taxes			
14. Postage Fees			
15. Occupancy (including utilities, heating, rent, etc.)			
16. Equipment rental & Maintenance			
17. Printing & Publications			
18. Travel, Conference, Conventions, etc.			
19. Equipment Purchases			
20. Direct Services to Clients			
21. Other Expenses:			
22. Other Expenses:			
TOTAL EXPENSES			



**Robeson County Emergency Food and Shelter Program
Jurisdiction: 642900
Phase 41 Request for Funding Proposal**

2023 AGENCY BOARD ROSTER

NOTE: Board of Directors is defined as the non-compensated, volunteer governing body of an organization. Its' purpose is to oversee the financial, operational, and management functions of an organization. Members of an organization's Board of Directors cannot be on the organization's payroll.

Agency Name: _____

Executive Director: _____

Program Name: _____

Officers & Directors	Name	Place of Employment or Retirement	Mailing Address/ Phone Number	Year Term Expires	Gender	Race
President						
Vice President						
Secretary						
Treasurer						
Director:						



**Robeson County Emergency Food and Shelter Program
Jurisdiction: 642900
Phase 41 Request for Funding Proposal**

PHASE 41 EFSP REQUEST FOR FUNDING PROPOSAL CHECKLIST

(Please Note: Applicants that do not meet all of the program requirements listed below or Request for Funding Proposals that do not include all of the required documentation will not be considered for Phase 41 funding.)

Please submit the following documentation:

- 1. Original copy of the Phase 41 Request for Funding Proposal Initials _____
Please keep it in chronological order. You may use front and back format on copies)
- 2. **Section 4: Program/Service Expenditures (page 4).** If applying for Shelter Funding and requesting a \$12.50 rate attach a detailed description of "Services" to qualify for this rate and the designated staff/volunteer positions which carry out the activities. Initials _____
- 3. Sources of Non-EFSP funding. (Page 6) Initials _____
- 4. Program Operating Budget - **(include revenue and expenditures for program(s) funding is being requested).** This is not your total agency budget only the costs and revenues related to the activities you are applying for. If there is a budget deficit, please explain how you will ensure that EFSP funds are not used to meet that deficit. (Page 7) Initials _____
- 5. Current Agency Non-Compensated Voluntary Board of Director's Roster. (Page 8) Initials _____
- 6. Agency's most recent annual financial report and/or independent audit. Initials _____

NOTE: If your agency received more than \$25,000 in EFSP funds under the Phase 40 Funding Cycle, you are required to submit a financial audit.
- 7. Agency's 501(c)(3) certification (IRS & State Tax exempt letters) Initials _____
- 8. Solicitation License Initials _____
- 9. Agency's non-discrimination policy. Initials _____
- 10. Agency's conflict of interest policy. Initials _____
- 11. Client Authorization for Release of Information Form (3rd party release clause included) Initials _____
- 12. Client Eligibility Form and/or Service Documentation Form Initials _____

Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____