



PHASE CARES EFSP APPLICATION

APPLICATION CYCLE: Friday, May 8, 2020 - Friday, May 22, 2020

OVERVIEW

The Cobb County Emergency Food and Shelter Program (EFSP) was appropriated supplemental funds under the Coronavirus Aid, Relief, and Economic Security (CARES) Act in FY 2020 in the amount of \$375,818.00.

EFSP funds must be used to expand the on-going efforts and provide Shelter, Food, and Supportive Services in response to the COVID-19 pandemic.

ELIGIBLE ACTIVITIES

FOOD SERVICES

- Congregate Meals
- Food Purchases
- Home Delivery Meals (e.g., Meals on Wheels)

SHELTER SERVICES

- Mass Shelters (e.g., local shelter facilities)
- Hotel/Motel
- Rent/Mortgage supplies and equipment purchases

- **Cleaning Supplies For Shelters, Feeding Sites**
- **Small Equipment Purchases Up To \$300 Per Item (e.g., microwave)**

UTILITY SERVICES FOR CLIENTS

- **(gas, electric, water)**

*** 1. AGENCY INFORMATION**

Agency Name

Mailing Address

Telephone Number

Contact Person

Email

TAX ID #

*** 2. PROGRAM INFORMATION**

PROGRAM TITLE

PROGRAM LOCATION

*** 3. REQUESTED FUNDING**

Total Program cost

Total EFSP Amount
Requested

Percentage of EFSP
Investment (EFSP Amount
Requested/ Total Program
Cost)

*** 4. ORGANIZATION INFORMATION**

1. What is your organization's mission statement?

2. How long has the Organization existed in its current form?

3. How long has the Organization had its 501 (c) (3) status? If your organization is a government entity, enter N/A.

4. How many years has the Organization conducted the project/program for which it is requesting funding?

5. ORGANIZATION CAPACITY

1. What percentage of the Organization's budget is grant funded?

2. How many program staff persons are dedicated to this project (i.e. Case Managers, Intake Coordinators)?

3. Does the organization have administrative staff (i.e. Accountants, Executive Director) dedicated to this grant?

4. Has the organization secured funding for the administrative staff for this project?

5. Describe your staffing efforts and their tasks for each EFSP service project that will be provided

6. PROPOSED SERVICES

Please select the proposed services to be provided and the number of persons to be served for each category.

- | | |
|--|---|
| <input type="checkbox"/> Served Meals | <input type="checkbox"/> Rent/Mortgage Assistance |
| <input type="checkbox"/> Mass Shelter | <input type="checkbox"/> Other Shelter (i.e. hotel/motel) |
| <input type="checkbox"/> Other Food (i.e. food boxes, food for food banks, etc.) | <input type="checkbox"/> Utility Assistance |

please provide the number of persons to be served for each category.

7. Describe your organization's experience in providing each service category for which funds are being requested. Organizations must demonstrate that they have been providing the services requested for at least two (2) years and how they were tracked

8. How do you make the public aware of the emergency assistance services that are available through your program?

*** 9. RECORDKEEPING**

Briefly describe your organization's experience in submitting reports and record keeping compliance requirements to ensure protection of client's sensitive information.

10. BUDGET PROPOSAL

Please complete the appropriate question based on your project.

Please enter the budget request for this activity.

Emergency

Rent/Emergency Mortgage

Assistance

Mass Shelter

Supplies/Equipment (not exceeding \$300

Other Shelter (offsite lodging)

Served Meals

Other food

Rehabilitation/Repairs

Utility Payments

*** 11. BUDGET PROPOSAL NARRATIVE**

1. For each line item listed in your budget, provide a detailed description of how EFSP funds will be used to support your program.

2. Please provide the source and amount of funding commitments, as well as, additional funding awarded in the past three years in which your organization provides emergency assistance.

*** 12. CONFLICT OF INTEREST ACKNOWLEDGMENT**

	YES	NO
Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members?	<input type="button" value="▼"/>	<input type="button" value="▼"/>
Do any family relationships (by blood or marriage) exist between staff in your organization and/or Cobb County Board of Commissioners?	<input type="button" value="▼"/>	<input type="button" value="▼"/>

If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.

13. ACKNOWLEDGED RESPONSIBILITY TO ABIDE BY ALL HUD AND COBB COUNTY REQUIREMENTS

The applicant agrees to abide by all policies, regulations, ordinances, or statutes as required by the Stewart B. McKinney Homeless Assistance Act and Cobb County.

*** 14. ATTACHMENT 1:**

Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant. (Not applicable to governmental agencies)

The applicant must have nonprofit status for at least one (1) full year, or have two (2) full years of operating experience under another nonprofit entity, or be a local governmental entity or agency.

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*** 15. ATTACHMENT 2:**

Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: www.sos.ga.gov

The applicant must be registered to conduct business in the State of Georgia at the time of application. (Not applicable to governmental agencies)

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*** 16. ATTACHMENT 3:**

Provide one copy of each of the last two most recent audited financial statements that meet the criteria described. Include management letters if applicable.

The applicant must have an audit or audited financial statements (if budget is less than \$25,000 annually) prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Copies of each audited financial statement must be submitted with the application. Reviews and Compilations will not be accepted. Audit findings will make the applicant ineligible to receive assistance. (Not applicable to governmental agencies)

No file chosen

*** 17. ATTACHMENT 4:**

Provide a list of board members and a copy of board meeting minutes authorizing the submittal of this application. Please also include a copy of the Conflict of Interest Statement from the Board of Directors.

Non-profit organizations must have an active Board of Directors within the last 12 months. (Not applicable to governmental agencies)

No file chosen

*** 18. ATTACHMENT 5:**

Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and include descriptions of the applicant's previous related program activities.

The applicant must have at least twenty-four (24) months experience directly related to the proposed project or program.

No file chosen

*** 19. ATTACHMENT 6:**

Provide a copy of the agency's written financial management procedures, and a current organization chart.

The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.

No file chosen

*** 20. ATTACHMENT 7:**

Provide a copy of Certificate of Insurance.

Each applicant must submit proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker’s Compensation

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*** 21. ATTACHMENT 8:**

Provide proof of registration with the U.S. System for Award Management.

Each applicant must submit proof that the organization has registered with the U.S. System for Award Management. Visit www.sam.gov

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*** 22. APPLICATION CHECKLIST**

- | | |
|---|--|
| <input type="checkbox"/> ATTACHMENT 1: Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant | <input type="checkbox"/> ATTACHMENT 5: Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and include descriptions of the applicant’s previous related program activities. |
| <input type="checkbox"/> ATTACHMENT 2: Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: www.sos.ga.gov | <input type="checkbox"/> ATTACHMENT 6: Provide a copy of the agency’s written financial management procedures, and a current organization chart. |
| <input type="checkbox"/> ATTACHMENT 3: Provide one copy each of the last two most recent audited financial statements that meet the criteria described. Include management letters if applicable. | <input type="checkbox"/> ATTACHMENT 7: Provide a copy of Certificate of Insurance. |
| <input type="checkbox"/> ATTACHMENT 4: Provide list of board members and a copy of board meeting minutes authorizing the submittal of this application. Please also include a copy of Conflict of Interest Statement from the Board of Directors. | <input type="checkbox"/> ATTACHMENT 8: Provide proof of registration with the U.S. System for Award Management. |

23. CERTIFICATION - AUTHORIZED REPRESENTATIVE

I certify that the applicant agency meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with all federal requirements. I also certify that the organization is a certified IRS 501(c) (3) non-profit or governmental agency. I agree to adhere to the above provisions for all programs receiving assistance from the US Department Homeland Security’s Federal Emergency Management Agency (FEMA). All board and staff members have disclosed any potential conflicts of interests that could violate EFSP regulations at this time or at a later date. I further certify that I have reviewed the contents of this application and the rating form and deem them to be accurate and true.

Name

Title

*** 24. DATE AND TIME SUBMISSION**

Date / Time

Date	Time		AM/PM
DD/MM/YYYY	hh	mm	- 

For more information regarding this Application, please contact:

Cobb County CDBG Program Office
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