

**DUE: July 22<sup>nd</sup>, 2025**

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# EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)

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## PHASE 42 Application

**IMPORTANT NOTICE:** The federal government has placed a temporary hold on the release of EFSP funds. However, it is the responsibility of the Local EFSP Board to determine how funds will be allocated and to be prepared to distribute them once they are released. As such, the application process is proceeding as required by the Department of Homeland Security.

**If you have any questions regarding this, please contact:**

- **Rhodetta Seward**, EFSP Board Chair – [rhodetta@comcast.net](mailto:rhodetta@comcast.net) | 360.791.7011
- **Cathy King**, EFSP Coordinator – [cking@unitedway-thurston.org](mailto:cking@unitedway-thurston.org) | 360.943.2773 ext. 100

### **DIRECTIONS:**

**Application must be downloaded and submitted via email in PDF format, along with all required supporting materials.** Incomplete or late applications will not be accepted, and no additional information can be submitted after the application has been received, per EFSP regulations.

Please email your completed application—and any questions about the application process—to:

**Daniel Amodeo-Chavez** at [damodeo-chavez@unitedway-thurston.org](mailto:damodeo-chavez@unitedway-thurston.org).

**Organization Information**

Agency's Legal Name: \_\_\_\_\_

Agency's Physical Local: \_\_\_\_\_

Agency's contact for EFSP Application: \_\_\_\_\_

Name: (last, first) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agency's Website: \_\_\_\_\_

Agency's Address for Place of Performance: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Unique Entity Identifier (UEI) Number: \_\_\_\_\_

**Please answer the following questions:**

Are you applying for EFSP funds for: ☐ Thurston County or ☐ Mason County

Name of the program for which you are applying for EFSP Funds: \_\_\_\_\_

What is the mission statement of the organization?

When does your Fiscal Year Begin: \_\_\_\_\_ and End: \_\_\_\_\_

Is this Agency a: ☐ Non-Profit or ☐ Unit of Government

Congressional District: \_\_\_\_\_

District where EFSP Funded services are provided: \_\_\_\_\_

Are your facilities and services compliant with American with Disabilities Act? ☐ Yes ☐ No

Have you been debarred or suspended from receiving funds or doing business with the Federal Government?

☐ Yes or ☐ No

**Type of Funds and Amount:**

Please fill in the requested dollar amount you wish to receive. You may pick as many categories as you can support in your application. You may leave sections blank if it does not pertain to you, or you do not wish to receive funding for it.

Before proceeding with this section, please review the Eligible Program Costs section of the EFSP manual, beginning on page 65. Pay extra attention to the *Mass Shelter* section on pages 68 and 69. We recommend using the per diem rate for simplicity, rather than the direct cost reimbursement method, which requires submitting receipts. This approach may also be used for *Served Meals*.

Categories	Dollar Amount
Served Meals	
Other Foods	
Mass Shelter	
Other Shelter	
Supplies/Equipment	
Rehabilitation	
Rent/Mortgage	
Utility Assistance	
Personal Protective Equipment (PPE):	

*For questions 1-5, please provide a short narrative answer. Do not exceed 500 words (roughly 3-4 paragraphs) for each answer.*

1. Describe the need for this service for the county for which you are applying.

2. How does this program meet the needs for this service?

3. Do you serve a unique target population? If yes, please describe how it's unique.

4. Clearly describe how the funds from this phase will be used and spent per the EFSP guidelines.

5. Please Provide any additional information about your agency's program or operations that you would like to share that has not been asked for in this application.



Please attach:

1. A detailed **program** budget, which includes the proposed EFSP funds, income, and expenses.
2. A copy of the most recent annual audit.
3. A copy of your 990.
4. (if non-profit) a roster of the agency's board.

By signing below, the above-named organization agrees to:

- Practice nondiscrimination.
- To the extent possible, involve homeless individuals and families in providing emergency food and shelter services.
- Deliver services in alignment with the program's purpose.
- Maintain proper documentation for all expenditures under this program in accordance with guidelines.
- Submit reports to the Local Board by their due date.
- Work with the Local Board to quickly clear up any problems related to compliance exceptions.
- Read and abide by the manual provided on the EFSP website.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_