

# **EFSP Phase 42 Funding Application**

## **Emergency Food & Shelter Program Clark County, Nevada**

### **Phase 42 FUNDING PERIOD:**

Applications must be submitted via SurveyMonkey Apply

Deadline: **February 28, 2025, 5pm PST**

**The link and code to apply on SurveyMonkey Apply are located in the MANDATORY Applicant Webinar recording, located at [www.uwsn.org/EFSP](http://www.uwsn.org/EFSP).**

*If you have questions relating to this application process, please address them in emails to [EFSP@uwsn.org](mailto:EFSP@uwsn.org) (NOTE: Applications submitted after the deadline and/or incomplete applications will **NOT** be accepted or reviewed. There will be no exceptions)*

## Background

The Emergency Food and Shelter Program (EFSP) was created with a \$50 million federal appropriation in 1983. The program was created by Congress to help meet the needs of hungry and homeless people throughout the United States and its territories by allocating federal funds for the provision of food and shelter. This collaborative effort between the private and public sectors has provided over \$6 billion in Federal funds during its 412-year history.

The program is governed by a National Board composed of representatives of the American Red Cross; Catholic Charities, USA; United Jewish Communities; The National Council of the Churches of Christ in the U.S.A.; The Salvation Army; and United Way of America. The Board is chaired by a representative of the Federal Emergency Management Agency (FEMA).

In FY 2024, FEMA awarded the Emergency Food and Shelter Program (EFSP) National Board the \$117 million made available under the Department of Homeland Security Appropriations Act, 2022 (Pub. L. No. 117328). This \$117 million supports Phase 42.

EFSP Phase 42 funding has allocated \$1,220,268 for emergency food and shelter assistance in Clark County, Nevada.

## Objectives

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The program's objectives are:

- to allocate funds to the neediest areas,
- to ensure fast response,
- to foster public/private sector cooperation, to ensure local decision making, and
- to maintain accountable reporting.

## Local Board Foundational Statements

### Local Funding Priorities

The Emergency Food and Shelter National Board mandate that Local Boards must set funding priorities annually prior to the selection of agencies for funding. As a result, funding will be focused to address these needs in the areas of emergency food and shelter. The following are additional priorities for the Local Board:

#### 1. Serve a geographically diverse area of Clark County

The Local Board will look to provide funding to organizations that provide services throughout the County, so that as many citizens as possible have access to EFSP funds. We encourage organizations to apply that serve countywide and especially those that are located in an underserved community or neighborhood, as evidenced by local research. Funded organizations will be required to serve ALL eligible individuals/families in the geographic region and may not limit assistance to specific populations.

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<sup>1</sup> . It is our fiduciary responsibility to timely disburse these dollars to the community through organizations that have existing programs and that we believe, through our application process, have both the capacity and ability to timely, efficiently and effectively use these funds.

<sup>2</sup> . Among other things, a duty of our Local Board is to ensure enhanced collaboration among community resources.

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## 2. Serve a range of populations that are most in need

While there are no minimum income requirements set for clients to access these funds, the Local Board is seeking to provide assistance to those most in need, especially those finding themselves in situations with which they have not encountered previously.

This will include:

- Families and individuals newly experiencing unemployment and financial instability;
- Seniors (60+) who are on fixed incomes or experiencing added financial burdens of guardianship of grandchildren or other strains;
- Physically or mentally disabled individuals or families with disabled members; □ Veterans;
- Native Americans; and
- Transitional-aged youth (18-24 yrs.) who are unaccompanied and/or leaving the foster care system.

## 3. Provide most needed services addressing eligible categories

In order to create the most benefit for the community, the Local Board commits to funding gaps in community needs in the category of Shelter services. In addition, the Local Board seeks to equitably fund as much food, shelter, rent/mortgage and utility assistance as demonstrated in applications in order to meet the current need in our community.

## 4. Leverage Optimal Buying Power with funds

Each LRO shall leverage their buying power for the purchase of the items needed. It is an obligation of the receiving LROs to make these dollars benefit as many in the community as possible as the Local Board has fewer dollars available to allocate. The Local Board requires that each LRO provide evidence that they have achieved optimal buying power. This again requires the LROs to look to optimize services versus only provision of service.

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## Eligibility Guidelines by Program

The EFSP is a needs-based program, for which clients must qualify. **The National Board does not set client eligibility criteria.** The Clark County Local Board has set such criteria (see the chart, below). This criteria used must provide for assistance to needy individuals without discrimination (age, race, sex, religion, national origin, disability, economic status or sexual orientation), sensitivity to the transition from temporary shelter to permanent homes and attention to the specialized needs of homeless individuals with behavioral health, physical disabilities and/or illness and to facilitate access for homeless individuals to other sources of services and benefits. In providing assistance under the EFSP, verification of proof of citizenship or qualified alien status of any applicant for assistance is not required. **Note: Funds allocated to a jurisdiction can only be used for permanent residents and transients within that jurisdiction.**

## Eligible Programs

Applicants can apply for costs associated with food programs (served meals programs, bagged grocery programs, and/or food voucher programs), shelter, motel voucher programs and utility/rental assistance programs. Listed below is a brief description of each eligible funding category.

CATEGORY	SAMPLE ELIGIBLE ITEMS	SAMPLE INELIGIBLE ITEMS
CONGREGATE (SERVED) MEALS	Any food used in served meals (cold or hot); costs of transporting food to site or client; daily per meal schedule (\$3/meal).	Any items not related to actual feeding of a client. Excessive meal costs. Excessive snack food items. Staff events/ functions.
OTHER FOOD	Food vouchers, food boxes, grocery orders, restaurant vouchers, etc., food purchased for food banks and/or food pantries, vouchers, gift certificates (limited), diapers, feminine hygiene products (only non-food items allowed).	Tobacco, alcohol, paper products. Any non-food items. Excessive meal costs. Excessive snack food items. Staff events/functions.
MASS SHELTER	Direct expenses associated with housing a client (e.g., supplies, linens, etc.); transportation costs; daily per diem schedule up to \$12.50.	Year-round ongoing operational costs (rent, pest control, garbage pick-up, utilities); salaries of employees.
HOTEL/MOTEL (OTHER) SHELTER	Any reasonable hotel/motel or non-profit facility acting as a vendor; SRO; actual charge by vendor, per night; 90-day limit.	An LRO receiving funds <u>may not</u> act as a vendor for themselves or another funded LRO. Stay beyond 90 days per phase. Prepayments for hotel/motel.
RENT/MORTGAGE	Past due rent or mortgage payment (P&I only); current rent or mortgage due <b>within 10</b> calendar days; first month's rent; lot fee for mobile homes. <b>Limited to three months' cost for an individual/family.</b> (Must verify in HMIS.)	Payment for rent/mortgage exceeding three months' cost; deposits; down-payment for purchase of home; late fees; legal fees; taxes, insurance & escrow accounts.
UTILITIES	Past due bills, or current bills due within <b>10</b> calendar days, for gas, electricity, oil, water; reconnect fees. May pay budgeted or actual amount. <b>Limited to three months' amount that is part of the arrearage at the time of payment.</b> Delivery of firewood, coal, propane. (Must verify in HMIS.)	Payments for utilities exceeding three months' cost; deposits; cable, or satellite TV bills; phone bills; internet service; late fees.
SUPPLIES/ EQUIPMENT	<p><b>\$300 per item maximum</b></p> <p><b>Mass feeding:</b> pots, pans, toasters, blenders, microwave, utensils, paper products, any item essential to the preparation of food, shelving.</p> <p><b>Mass shelter:</b> cots, blankets, pillows, toilet paper, soap, toothpaste, toothbrushes, cleaning materials, limited first-aid supplies, underwear/diapers.</p> <p>Emergency repair of essential small equipment (\$300 limit for both mass feeding and mass shelter.)</p>	Decorative curtains, carpet, clothing, TVs, computer systems, office equipment, bedroom furniture other than beds (nightstand, lamps, etc.).

Criteria	Bulk Food/Diapers/Feminine Hygiene Products	Rent/Mortgage & Utilities
<b>Identification</b>	Current NV ID or currently registered in HMIS, <u>or</u> proof of application for new NV ID	Current NV ID <u>or</u> proof of application for new NV ID or currently registered in HMIS
<b>Proof of residency</b>	Mail less than 30 days old; utility bill, insurance, etc.	Current utility bill, mortgage statement or lease signed at least 3 months prior
<b>Evidence of need</b>	Client – verbal; and LRO must verify recipient has capacity to store & prepare food at place of residence	Whichever is applicable among: disconnection notice; 5 Day late notice; bank notice; AND evidence of emergency or inability to pay.

## Instructions for Submitting Proposals

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- Applications (or applicants) that do not meet ALL the program requirements on the RFP or do not submit ALL the necessary documentation will not be accepted or reviewed.  
(THERE WILL BE NO EXCEPTIONS.)
- The intent of the Emergency Food and Shelter Program is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. **Other funding sources must be in place for the program for which you are applying and must be reported below. If no current program funding is reported on the form below, this application will be automatically denied. Applicants may not request more than 50% of a total program budget.**
- If you have previously submitted the requested attachments for another program or funding process at United Way of Southern Nevada, you still must attach the requested item to the EFSP RFP. *EFSP is NOT a UWSN funded program* and therefore all materials are separate.
- All proposals **must be** submitted via [uwsn.smapply.org](https://uwsn.smapply.org) by the deadline of **February 28, 2025** at 5:00pm. There will be no time extension for the deadline.
- Proposals submitted by email, USPS, or hand delivered to UWSN will not be accepted.
- Agencies are encouraged to submit their proposals prior to the deadline with the understanding that they will not be reviewed until after the deadline when all proposals have been received.
- RFPs should take into consideration the amount of dollars needed to meet EFSP guidelines to operate the programs and not the amount that may or may not be in the funding pool. **Please consider your agency's capacity when making a funding request**, as funds **may not** be used for administrative expenses.
- Agencies are to submit **one application per program category** requested of these categories: food services; shelter services; and utilities. More than one program within each category may be included in your request.

**Phase 42 EFSP APPLICATION FOR FUNDING CLARK COUNTY LOCAL BOARD**

<b>Part I-A: Organization Information</b>	
<b>Organization Name</b>	(100 character max)
<b>D.B.A. (if applicable):</b>	(100 character max)
<b>Year Organization Established:</b>	
<b>Federal Employer ID:</b>	(100 character max)
<b>UEI:</b>	(100 character max)
<b>Administrative Address:</b>	(100 character max)
<b>City, State Zip:</b>	(100 character max)
<b>Executive Director:</b>	(100 character max)
<b>Telephone:</b>	(100 character max)
<b>Email:</b>	(100 character max)
<b>Website:</b>	(100 character max)
<b>Application Contact:</b> - Grant Writer OR - Program Contact OR - Finance Contact	(100 character max)
<b>App Contact Telephone:</b>	(100 character max)
<b>App Contact Email:</b>	(100 character max)
<b>Address of Service Provision, (if different):</b>	(100 character max)

**Please indicate which neighborhoods your proposed program(s) will be serving:**

<u>Cities</u>	<u>Rural Townships</u>	<u>Urban Townships</u>	<u>Unincorporated</u>
<input type="checkbox"/> Las Vegas	<input type="checkbox"/> Bunkerville	<input type="checkbox"/> Enterprise	<input type="checkbox"/> Unincorporated Clark County
<input type="checkbox"/> Henderson	<input type="checkbox"/> Good Springs	<input type="checkbox"/> Lone Mountain	
<input type="checkbox"/> North Las Vegas	<input type="checkbox"/> Indian Springs	<input type="checkbox"/> Kyle Canyon	
<input type="checkbox"/> Boulder City	<input type="checkbox"/> Laughlin	<input type="checkbox"/> Paradise	
<input type="checkbox"/> Mesquite	<input type="checkbox"/> Moapa	<input type="checkbox"/> Spring Valley	
	<input type="checkbox"/> Mt. Charleston	<input type="checkbox"/> Sunrise	
	<input type="checkbox"/> Red Rock	<input type="checkbox"/> Whitney	
	<input type="checkbox"/> Sandy Valley	<input type="checkbox"/> Winchester	

**About Your Organization**

Describe your organization's mission, vision, and values.

(1,000 character max)

**Part I-B: Organization Information (Federal Eligibility)**

Did your organization return funds in any previous EFSP phases?

Yes

No

Note: Your agencies past performance as an EFSP LRO will be rated as part of this RFP review and allocations decisions.

If so, how much? From which categories and why?

(250 character max)

Has your organization been debarred or suspended from receiving funds or doing business with the Federal government? SAM.gov documentation required.

Yes

No

Does your organization currently have an active HMIS license? HMIS documentation required.

Yes

No

Does your organization agree to serve ALL eligible individuals/families in the geographic region and not limit assistance to specific populations?

Yes

No

If no, please explain.

(250 character max)

**Part II: Narrative Questions (80 points max)**

- Applications that have been altered in any way will not be accepted.
- Do not: change font, margins or spacing or delete any supplied field.
- Click in each field to type requested information for each program.
- Responses to questions have 3,000-character max, including spaces.
- Narratives exceeding these guidelines will be deemed ineligible.

**ANSWER EACH QUESTION PER PROGRAM CATEGORY WHICH FUNDS ARE REQUESTED:**



**1. The Target Population (15 points)**

- a. Describe the primary target population served by this program, i.e., demographic data and geographic area served. Include information/data resources. Explain how this population addresses the EFSP Local Board funding priorities (see page 2-3 of this application).
- b. Describe and document the magnitude of need for this population and how this program addresses these needs. List your sources of research/information.
- c. Describe the process for determining client eligibility for this program.
- d. Describe how your target population has been impacted by current community challenges in regard to the need for this program.

(3,000 character max)

**2. The Program (15 points)**

- a. Describe the program's purpose, history, and the response to the need as addressed in question 1.
- b. Describe how funds will leverage non-EFSP resources to support each program.
- c. If funded, how will your staffing meet the increased number of clients your agency will serve?
- d. Describe how current community challenges have changed, if at all, your program delivery model, service delivery and staffing capacity.

(3,000 character max)

**3. Program Category Questions: Answer only for applied category (10 points max)**

**3a. Food Service category questions (10 points)**

- a. Describe process and the steps clients take to receive services, including when and how clients access your program services supported by EFSP funds. Include access available during off hours, holidays, etc.
- b. How is your vendor/supplier chosen? Describe the rationale for choosing this vendor. Describe your agency's efforts to ensure optimal value (including nutritional value) when purchasing food.

(3,000 character max)

**3b. Shelter Services category questions (10 points)**

- a. Describe process and the steps clients take to receive services, including when and how clients access your program services supported by EFSP funds. Include access available during off hours, holidays, etc. b. Do you take appointments - walk-ins.?

(3,000 character max)

**3c. Utilities category questions (10 points)**

- a. Describe process and the steps clients take to receive services, including when and how clients access your program services supported by EFSP funds. Include access available during off hours, holidays, etc. b. Do you take appointments - walk-ins.?

(3,000 character max)

**4. Success, and Results (20 points)**

- a. Describe how EFSP funds will enhance or expand your program. List 2-3 projected results that demonstrate this change.
- b. Describe the current system your agency is using to measure results.
- c. Are you currently using HMIS in the daily practice of your program? HMIS is required; would you be able to begin using HMIS, if funded?

(3,000 character max)

**5. Accounting and Financial Stability (20 points)**

- a. Describe how your agency will ensure EFSP funds will be used only for the intended purpose. Include a description of your accounting procedures and staff responsible for financial management.
- b. Describe how your agency has the fiscal capacity to begin delivering EFSP services through your current program prior to receiving EFSP funding.

(3,000 character max)

**Application – Part III A & B – Budget (Pages 1 -2) attachment to application (20 Points)**

The intent of the Emergency Food and Shelter Programs to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new program. **Other funding sources must be in place for the program for which you are applying and must be reported below. If no current program funding is reported on the budget form, this application will be automatically denied. Applicants may not request more than 50% of a total program budget.**

**Part IV: RFP Checklist**

Please note all attachments must be submitted via <https://uwsnefsp.smapply.io/>

The intent of EFSP is to supplement and expand current available resources and not to substitute or reimburse ongoing programs and services or to start new programs. **Other funding sources must be in place for the program for which you are applying and must be reported below. If no current program funding is reported on the form below, this application will be automatically denied. Applicants may not request more than 50% of a total program budget.**

<b>Application:</b> Completed application (submitted online via Survey Monkey Apply)	Yes <input type="checkbox"/>	
<b>Application – Part III A &amp; B – Budget (Pages 1-2)</b> <a href="#">CLICK HERE FOR BUDGET TEMPLATE</a>	Yes <input type="checkbox"/>	
<b>Attachment A:</b> Copy of the EFSP Appeals Process Policy & Allocation Guidelines (included in this RFP) signed by your agency’s Executive Director or Board Chairperson.	Yes <input type="checkbox"/>	
<b>Attachment B:</b> Copy of your current Volunteer Board Member Roster. (Please provide a list of current Board members, their terms of office and their organizational and community affiliations).	Yes <input type="checkbox"/>	
<b>Attachment C:</b> Copy of your agency’s nondiscrimination policy for the provision of services to include the following protected categories: Race, color, national origin, sex, sexual orientation, age, disability or handicap, and religious affiliation.	Yes <input type="checkbox"/>	
<b>Attachment D:</b> Copy of your organization’s completed recent IRS Form 990.	Yes <input type="checkbox"/>	
<b>Attachment E:</b> Copy of <b>Audits:</b> All applicants must submit an audit (A-133 Audit, Audited Financials, or an Annual Certified Financial Statement). Applicants <b>must submit</b> one of the following with their application: <b>1) A-133:</b> Organizations that expend \$750,000 or more in previous year in federal awards shall have a single or program specific audit ( <b>A-133</b> ) conducted for that year:	Yes <input type="checkbox"/>	

<p><b>2) <u>Audited Financials**</u>:</b> Agencies with revenue of \$200,000 - \$749,999 must submit Financial Statements audited by a CPA;</p> <p><b>3) <u>Annual Certified Financial Statement (ACFS)</u>:</b> Agencies with revenue less than \$199,999 must submit an ACFS, in addition to their IRS stamped copy of their completed recent IRS Form 990.</p>		
<p><b>Attachment F:</b> Copy of the most recent Board approved and dated budget for this program including revenue and expenses recorded including breakdown of expenses; and a 12 month long proposed spending plan for FY 2022-2023.</p>	<p>Yes <input type="checkbox"/></p>	
<p><b>Attachment G:</b> Copy of the most recent HMIS data quality report for your agency. (HUDX-225)</p>	<p>Yes <input type="checkbox"/></p>	
<p><b>Attachment H:</b> Copy of the most recent Registration Receipt from Nevada 2-1-1.</p>	<p>Yes <input type="checkbox"/></p>	
<p><b>Attachment I:</b> Copy of your 501(c)(3) tax-exempt status letter for your organization. If your organization does not have one, you must utilize the FEIN of a fiscal agent and provide the agreement between agencies.</p> <p><b>(A fiscal agent is another non-profit organization that may receive Emergency Food and Shelter Program funds and maintains fiscal responsibility on behalf of another organization)</b></p>	<p>Yes <input type="checkbox"/></p> <p>s</p>	
<p><b>Attachment J:</b> Certification/Verification that your organization has not been debarred or suspended. Submit your profile from SAM.gov .</p>	<p>Yes <input type="checkbox"/></p>	
<p><b>Has your agency returned funds from previous Phases of EFSP? If yes, please explain in Part IB.</b></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

**Clark County, NV LRO 586800-\_\_\_\_\_**  
**EFSP APPLICATION EVALUATION**  
**PHASE 42**

**Agency Name:**

**Program Name:**

**PART II: Narrative Questions (80 points max)**

**1. The Target Population (15 points max)**

- a. Agency described the primary target population served by this program, i.e., demographic data and geographic area served. Include information/data resources. Explain how this population addresses the EFSP Local Board funding priorities (see page 2-3 of this application). Does this application serve a small local population or County wide? (1-4 points)
- b. Agency described and documented the magnitude of need for this population and how this program addresses these needs. Listed their sources of research. (1-4 points)
- c. Did Agency described the process for determining client eligibility for this program? (1-4 points)
- d. Did Agency describe impact of current community challenges on target population, demonstrating increased need for assistance in the priority areas? (1-3 points)

**2. The Program (15 points max)**

- a. Agency described the program's purpose, history, and the response to the need as addressed in question 1. (1-5 points)
- b. Agency described how funds will leverage non-EFSP resources to support each program. (1-5 points)
- c. Agency described how their staff will handle the increased number of clients, if funded? (1-5 points)
- d. Agency described how they are adapting programs/services in response to current community challenges. (1-3 points)

**3. Program Category Questions: Answer only for applied category (10 points max)**

**3a. Food service category requests only (10 points max)**

- a. Did Agency describe process and the steps clients take to receive services, including when and how clients access your program services supported by EFSP funds. (1-5 points)
- b. Did Agency describe how their vendor/supplier chosen? Described the rationale for choosing this vendor. Did Agency describe their efforts to ensure optimal value (including nutritional value) when purchasing food. (1-5 points)

**3b. Shelter services category requests only (10 points max)**

- c. Did Agency describe process and the steps clients take to receive services, including when and how clients access your program services supported by EFSP funds. (1-5 points)
- d. Does the Agency take appointments - walk-ins? (1-5 points)

**3c. Utility services category requests only (10 points max)**

- a. Did Agency describe process and the steps clients take to receive services, including when and how clients access your program services supported by EFSP funds. (1-5 points)
- b. Does the Agency take appointments - walk-ins? (1-5 points)

**4. Success and Results (20 points max)**

- a. Did Agency describe how EFSP funds will enhance or expand their program? Did they list 2-3 results for program that demonstrate this change? (1-10 points)
- b. Did Agency describe the current system they use to measure results? (1-5 points)
- c. Is Agency currently using HMIS and did they describe their daily practice? If no, are they able to begin using HMIS if funded? (1-5 points)

**5. Accounting and Financial Stability (20 points max) (Aligns with Budget)**

- a. Did Agency describe how they will ensure EFSP funds will be used only for the intended purposes? Included a description of their accounting procedures and staff responsible for financial management. (1-10 points)
- b. Did Agency describe how their agency has the fiscal capacity to begin delivering EFSP services through their current program, prior to receiving EFSP funding. (1-10 points)

**PART III: Budget (20 points max) [CLICK HERE FOR BUDGET TEMPLATE](#)**

**Part III-A: (10 points)**

- a. Category chart has been completed (1-5 points)
- b. Agency listed number of unduplicated clients (units of service) projected to serve  
**(Utilities/Shelter only)** (1-5 points) **OR**
- c. Agency listed number of clients (units of service) projected to serve **(Food)** (1-5 points)

**PART III-B: (10 points)**

- a. Agency provided budget that verifies full funding for current program. (1-10 points)

**TOTAL Score out of 100**

**Phase 42 Funding  
Clark County, NV (586800)**

**EFSP LOCAL BOARD APPEALS PROCESS POLICY**

Any agency not selected for funding has a right to appeal, **provided that** the appeal is based upon Local Board violations of program stipulations and regulations as outlined on the application documents or errors on the part of the Local Board.

A written appeal must be received within seven (7) days from the date of the award notification letter. If the written appeal contains information which can be substantiated with appropriate documentation, the appeal will be heard by a special session of the Local Board upon recommendation of the review panel. If it is determined that the written appeal does not contain information which can be substantiated, the review panel will recommend that a written determination of rejection of appeal be sent.

All appeals should be submitted to the following:

EFSP Secretariat  
Emergency Food and Shelter Program Clark County, NV  
United Way of Southern Nevada 5830  
W Flamingo Road  
Las Vegas, NV 89103

Email submissions: [EFSP@uwsn.org](mailto:EFSP@uwsn.org)

Appeals will not be heard on the following basis:

- Incomplete submission of applications
- Late submission of applications and supporting documents
- Violation of EFSP program guidelines
- Any appeals related to an unaddressed audit finding.
- Any unqualified audit submitted
- New programs

Reviewed, agreed upon, and authorized by the Executive Director/Board Chair:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

Printed