EFSP Phases 37 and CARES Application Templates

Emergency Shelter

**Application Link**

**Contact Information**
1. Organization *
2. Main Contact Name *
3. Main Contact Email Address *
4. Main Contact Phone Number *

**Organization Information**
5. Organization Mission *
6. What percent of your leadership staff are people or color? *
7. What percent of your Board are people of color? *

**Shelter Program(s) Information**
8. Program Details
List the programs included in this proposal. *

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Location (City)</th>
<th># Beds Available Nightly (Currently)</th>
<th>Occupancy Rate (Most Current Available)</th>
<th>Total Individuals Served (2019)</th>
<th>% Served POC (2019)</th>
<th>% Seniors Served (2019, age 55+)</th>
<th>% DV Survivors Served (2019)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

9. Check the primary population(s) served by the above program(s). If the proposal covers multiple programs with different populations, check all that apply. *
   - Single Adult- Women
   - Single Adult- Men
   - Single Adults- All Gender
   - Families with children
   - Youth/ Young Adults

10. Are all the shelter programs in this proposal low barrier? *
    Yes
    No
11. Are all the shelter programs in this proposal housing first? *
   - Yes
   - No

12. Request by Category *

<table>
<thead>
<tr>
<th>Request</th>
<th>Anticipated # Served July 2020 - May 2021</th>
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<tbody>
<tr>
<td>Shelter Operations</td>
<td></td>
</tr>
<tr>
<td>Motel</td>
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</table>

13. If you are requesting motel funds, how will they be used and for whom? Include how you will plan for people that need a longer term stay; EFSP motel funds are limited to 30 days. Keep answer short, around 250 words or less.

14. Have any of the shelters included in this proposal added new beds related to COVID response? *
   - Yes
   - No

Which program and how many beds were added?

15. How have the shelter program(s) included in this proposal de-intensified in response to COVID-19, and how has that impacted shelter costs? Keep answer short, around 250 words or less. *

16. How will you ensure tracking for expenses, reporting, documentation and results in accordance with EFSP? Keep answer short, around 250 words or less. *

17. If you previously received EFSP funds through a fiscal conduit AND would want to continue that arrangement, please select which one. *
   - Hopelink
   - Multiservice Center
   - Other - Write In
   - Have not been a sub-recipient previously.

18. Check if you are interested in a fiscal conduit relationship but have no prior setup established. This means that another organization would receive a direct award and you would be a sub-recipient of that award. *
   - My organization is interested in a fiscal conduit relationship.
   - My organization is not interested in a fiscal conduit relationship.

19. Has your organization previously acted as a fiscal conduit, and if so are you willing to be again? *
   - Yes and yes we are willing again
   - Yes and no we are not willing this time
   - No but we are willing to consider
• No and we are not interested

20. Check that you have read and understand the reporting requirements for EFSP, which is a federally restricted grant. Review guides here: https://bit.ly/EFSPGuide *

• I have read and agree to the EFSP requirements regarding documentation and reporting.
• I do not agree to the EFSP requirements regarding documentation and reporting.
• Please reach out- I need more information.

21. Is there anything else you would like to share?
Food Category 1 Application Template

1. Main Contact Name *
2. Organization *
3. Main Contact Email Address *
4. Main Contact Phone Number *

**Organization Information**
5. Organization Mission *
6. What percent of your leadership staff are people or color? *
7. What percent of your Board are people of color? *
8. Amount Requested and Impact *

**Amount Requested**

**Pounds of Food Anticipated**
9. Which region(s) are you requesting to serve? *
   - North King County
   - Seattle
   - East King County
   - South King County

10. List the organizations you would support in that region. *

11. Would you be open to supporting any additional programs? *
   - Yes
   - No
   - Not Sure

12. Describe your experience bulk-purchasing food for distribution to multiple programs. Keep answer short, around 250 words or less. *

13. Describe how you will distribute food to partner organizations. Keep answer short, around 250 words or less. *

14. Describe how you would approach increasing culturally relevant food and fresh food provision if funded. Keep answer short, around 250 words or less. *

15. How will you track spending, reporting, documentation and results as required by EFSP? Keep answer short, around 250 words or less. Review guides and forms here: https://bit.ly/EFSPGuide *

16. Check that you have read and understand the reporting requirements for EFSP, which is a federally restricted grant. *
   - I have read and agree to the EFSP requirements regarding documentation and reporting.
   - I do not agree to the EFSP requirements regarding documentation and reporting.
   - Please reach out, I need more information.

17. Is there anything else you would like to share?
Food Category 2 Application Template

Application Link

1. Main Contact Name *
2. Organization *
3. Main Contact Email Address *
4. Main Contact Phone Number *

Organization Information
5. Organization Mission *
6. What percent of your leadership staff are people or color? *
7. What percent of your Board are people of color? *
8. Amount(s) Requested *
9. List the program(s) this proposal would support and the anticipated number served.
   Be specific about the service and frequency - for example 25 seniors receiving weekly grocery delivery or 50 seniors receiving 1 meal daily *

<table>
<thead>
<tr>
<th>Program</th>
<th>Anticipated # Served</th>
<th>Anticipated Service and Frequency (ex. 1 grocery delivery 1x per week)</th>
<th>Location (City)</th>
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</table>

10. Populations Served
If funded, how many seniors (55+) and non-seniors would these funds serve? The timeframe for funding is July 2020-May 2021. *

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Seniors to be Served</td>
<td></td>
</tr>
<tr>
<td>Non-seniors to be served</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
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</table>

11. Of the seniors and non-seniors that will be served, what **percentage** will be from the following communities? *

<table>
<thead>
<tr>
<th></th>
<th>Native Hawaiian/ Pacific Islander</th>
<th>Latinx</th>
<th>African American/Black/African Immigrant</th>
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<tbody>
<tr>
<td>Seniors</td>
<td></td>
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<tr>
<td>Non-Seniors</td>
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</table>
12. Describe how your program provides food to homebound people, especially seniors, and how you have adapted to COVID-19. Please keep answer short, around 250 words or less. *

13. How is your program meeting cultural/dietary needs of seniors you’re serving? Please keep answer short, around 250 words or less. *

14. Describe how you will track spending, reporting, documentation and results as required by EFSP. Keep answer short, around 250 words or less. *

15. Has your program previously received funds through a fiscal conduit?
   • Yes
   • No

16. Check that you have read and understand the reporting requirements for EFSP, which is a federally restricted program. Review guides and forms here: https://bit.ly/EFSPGuide *
   • I have read and agree to the EFSP requirements regarding documentation and reporting.
   • I do not agree to the EFSP requirements regarding documentation and reporting.
   • Please reach out, I need more information.

17. Is there anything else you would like to share?
Food Category 3 Application Template

**Application Link**

1. Main Contact Name *
2. Organization *
3. Main Contact Email Address *
4. Main Contact Phone Number *

**Organization Information**

5. Organization Mission *
6. What percent of your leadership staff are people or color? *
7. What percent of your Board are people of color? *
8. Amount Requested *
9. List the housing agencies this request would support, the city, and the % seniors of each program that would be served through this proposal. If the proposal intends to support multiple properties from a single agency, add up the number of seniors in each building. *

<table>
<thead>
<tr>
<th>Housing Agency</th>
<th>Location (City)</th>
<th>% Seniors (55+) of total residents</th>
<th># Seniors (55+) to be served</th>
<th>Anticipated # Meals served July 2020- May 2021</th>
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</tbody>
</table>

10. Describe how your program provides food to homebound people and how you have adapted to COVID-19. Keep answer short, around 250 words or less. *
11. What are the cultural and/or dietary needs of residents, and how do you ensure they are met? Keep answer short, around 250 words or less.*
12. How will your program track spending, reporting and documentation as required by EFSP? Keep answer short, around 250 words or less. *
13. Check that you have read and understand the reporting requirements for EFSP, which is a federally restricted grant. Review guides and forms here: [https://bit.ly/EFSPGuide](https://bit.ly/EFSPGuide) *
   - I have read and agree to the EFSP requirements regarding documentation and reporting.
   - I do not agree to the EFSP requirements regarding documentation and reporting.
   - Please reach out, I need more information.
14. Is there anything else you would like to share?
Basic Needs for CoC/Immigrant/Refugee Organizations Application Template

Application Link

1. Organization/ Collaborative Name *
2. Main Contact *
3. Main Contact Email Address *
4. Main Contact Phone Number *
5. Is this proposal for an individual organization or a collaborative/collective? *
   • Individual Organization
   • Collaborative/Collective
6. Does your organization meet the following definition: 50%+ staff and board are people of color and/or immigrants/refugees, services are focused on communities of color/immigrants/refugees, decision-making structures center people of color/immigrants/refugees, and organization is directly accountable to their communit(ies)
   If a collective, all partners must meet this definition *
   • Yes
   • No
7. What is the percentage of participants your organization/collective serves by geography? *

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>North King County</td>
<td></td>
</tr>
<tr>
<td>Central/North Seattle</td>
<td></td>
</tr>
<tr>
<td>South Seattle</td>
<td></td>
</tr>
<tr>
<td>South King County</td>
<td></td>
</tr>
</tbody>
</table>

Please include your most recent data covering a one-year time period.

8. Characteristics of Community Served
   Use the latest data possible from a 12-month timeframe. If a collective, add the numbers together for each program. *

Percentage Households Number Households Served
   • African Immigrant
   • African American/Black
   • American Indian/Alaska Native
   • Asian (Chinese, Japanese, Korean, etc)
   • South Asian (Indian, Pakistani, Bengali, etc)
   • South East Asian (Thai, Lu Mein, Hmong, Vietnamese, Cambodian, etc.)
• Latinx
• Native Hawaiian/Pacific Islander
• Middle Eastern (Iraqi, Iranian, Saudi, Turkish, etc)
• Caucasian/White - European Descent
• Multiracial
• Unknown
• Total

Funding Request and Community Need
9. Amount(s) Requested and Anticipated Numbers Served by Category
The timeframe of the grant is July 2020 - May 2021.
For a collective, add up the anticipated #s served from each of the partners.
For food, specify the amount and frequency... For example "1 box of food weekly to 25 households" or "100 one-time grocery deliveries" *

<table>
<thead>
<tr>
<th>Category</th>
<th>Dollar Amount Requested</th>
<th>Anticipated Households Served July 2020- May 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent or Mortgage Assistance</td>
<td></td>
<td></td>
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<tr>
<td>Utility Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Assistance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Describe the program(s) experience providing rent, utility assistance and/or food assistance. Please keep answer short, around 250 words or less. *
11. Describe how the program will deliver services and who it will prioritize. Please keep answers short, around 250 words or less. *
12. (collaborations only) Describe how the partnership will be structured, including which organization(s) will be the fiscal conduit(s) and how the group will ensure funding to the designated program partners. Keep answer short, around 250 words or less.
13. How will the program track spending, reporting, documentation and results as required by EFSP? Keep answer short, around 250 words or less.*
14. Check that you have read and understand the reporting requirements for EFSP, which is a federal restricted grant. Review guides and forms here: https://bit.ly/EFSPGuide *
   • I have read and agree to the EFSP requirements regarding documentation and reporting.
   • I do not agree to the EFSP requirements regarding documentation and reporting.
   • Please reach out, I need more information.
15. Check if you are interested in a fiscal conduit relationship but have no prior setup established. This means that another organization would receive the grant, pay vendors on your behalf, and keep reporting/documentation requirements. *
   • My organization is interested in a fiscal conduit relationship.
   • Not interested.
16. Is there anything else you would like to share?