



# FEMA

Emergency Food and Shelter National Board Program (FEMA)  
Washington County, Tennessee  
Phase 35



**American  
Red Cross**



Catholic  
Charities  
USA.



www.ujcweb.org



National Council of Churches USA  
Working and Preaching Together for our Future



## Criteria for Eligibility of Funds

- Be private voluntary non-profits with 501(c)(3) status or units of government
- Have an accounting system that is annually audited annually
- Practice nondiscrimination
- Have demonstrated the capability to deliver emergency food and/or shelter programs
- Must have a voluntary board, if they are a private organization
- Must Have a Federal DUNS number.

## Requirements for Agencies Receiving Grants

- Provide a written summary of the project or program at the end of 12 months from the time funds were disbursed. Failure to provide a written summary will preclude the possibility of additional funding in the future.

## Proposal Submission Deadline

- **The deadline for completed application is June 4, 2018.** Completed applications must be received at the United Way of Washington County, TN office, 926 West Oakland Avenue, Suite 214, Johnson City, TN 37604, **by 4:30 p.m.**

**Forward applications to: Moricina Fain, Local FEMA Board Contact  
United Way of Washington County, TN  
926 W. Oakland Avenue, Suite 214  
Johnson City, TN 37604  
423-282-5682**

## Call for Proposal

### Each proposal must be in writing and should include the following

- Completed application form
- Timeline of project/program
- Budget of how funds will be utilized

### Submit with proposal the following attachments:

- Most recent fiscal year-end audited financial statement, and interim financial statement.
- IRS determination letter documenting the agency's nonprofit 501(c)(3) status.
- Most recent Form 990 (must cover the same fiscal period as the submitted audit)

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM  
WASHINGTON COUNTY, TENNESSEE  
PHASE 35**

|                            |
|----------------------------|
| <b>LRO Number:</b>         |
|                            |
| <b>Agency Applicant:</b>   |
|                            |
| <b>Executive Director:</b> |
|                            |
| <b>Mailing Address:</b>    |
|                            |
| <b>City, State Zip:</b>    |
|                            |
| <b>Telephone: (    )</b>   |
|                            |
| <b>Fax: (    )</b>         |
|                            |
| <b>Email: (    )</b>       |
|                            |

**Debarment and Suspension Certification**

My agency is \_\_\_ is not \_\_\_ debarred or suspended  
from receiving Federal funds.

**NOTICE: Your LRO is required to have an annual independent audit review. Enter the information below about the most recent financial audit for your organization.**

Date of audit: \_\_\_\_\_ Preparer: \_\_\_\_\_  
Preparer was (circle one) Individual/Accounting Firm

**This Section below is for the Emergency Food and Shelter Board only**

**Grant Award for the Fiscal Year**

\_\_\_\_\_ **To** \_\_\_\_\_

**Presented To:** \_\_\_\_\_ **on** \_\_\_\_\_  
(Name of Recipient Organization) (Date)

**Grant Amount: \$** \_\_\_\_\_

This budget was considered and approved for submission at the FEMA Board Meeting on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
President & CEO

\_\_\_\_\_  
Board Chair or Other Authorized Official

# Program DESCRIPTION & GOALS

Date \_\_\_\_\_

|  |   |
|--|---|
| <b>PROGRAM TITLE</b>   |   |
| <b>AMOUNT of request</b>   | \$ _____  |
| <b>HISTORY of program</b>  | <input type="checkbox"/> <i>NEW</i> program? <input type="checkbox"/> <i>EXISTING</i> program since _____?  |
| <b>Agency NAME</b>   |   |
| <b>Agency EXECUTIVE DIRECTOR</b>   |   |
| <b>Program DIRECTOR</b>  |   |
| <b>President of the Board</b>  |   |
| <b>Number of Board Members</b>   |   |
| <b>Total Number of Employees</b><br>(full-time & part-time)  |   |
| <b>History of Agency</b>   | <i>Agency EXISTING</i> since _____? 501(c)(3) status since _____?   |
| <b>Agency Mission Statement</b>  |   |
| <b>Does your agency CHARGE for this service?</b>   | <input type="checkbox"/> No <input type="checkbox"/> Yes – we charge a (1) Flat Fee (2) Sliding Scale (3) Scholarship<br><i>Please indicate which applies</i><br><b>COMMENTS:</b> |
| <b>What are the ELIGIBILITY CRITERIA for this program?</b>   |   |
| <b>How do you HANDLE DEMANDS for services that cannot be met immediately?</b><br><br><b>What is the AVERAGE WAIT for services if applicable?</b> |   |
| <b>Describe how your program is WORKING WITH OTHER ORGANIZATIONS to better serve clients (or can work with)</b>                                  |   |

# Program Title \_\_\_\_\_

|   |   |
|---|---|
| <p><b>PRIORITY NEEDS</b><br/> <i>Please check which of the Top Overall FEMA/ARRA Area(s) apply to your program funding request;</i></p> | <p><input type="checkbox"/> <b>Food:</b></p> <p>A. Expenditures for served meals \$ _____ # _____ <b>Meals</b></p> <p>B. Expenditures for other food \$ _____ # _____</p> <p><input type="checkbox"/> <b>Shelter:</b></p> <p>C. Expenditures for mass shelter \$ _____ # _____<br/>         Number of nights' lodging<br/>         From these funds (on-site shelter)</p> <p>D. Expenditures for other shelter \$ _____ # _____<br/>         Number of motel/hotel nights</p> <p>E. Expenditures for rent/mortgage \$ _____ # _____ <b>Bills Paid</b><br/>         Number of bills paid from these funds</p> <p><input type="checkbox"/> <b>Supplies/Equipment:</b></p> <p>F. Expenditures for supplies/ Equipment \$ _____ # _____</p> <p><input type="checkbox"/> <b>Emergency Repairs/Building Code:</b></p> <p>G. Expenditures to rehabilitate \$ _____ # _____<br/>         A facility due to building code citation</p> <p><input type="checkbox"/> <b>Energy</b></p> <p>H. Expenditures for utility \$ _____ # _____<br/>         Assistance to an individual or family<br/>         Number of bills paid</p> <p><input type="checkbox"/> <b>Administration:</b></p> <p>I. Administrative costs incurred \$ _____<br/>         (you are allowed up to 2.00% of your award if approved by Local Board)</p> <p><input type="checkbox"/> <b>Grand Total</b></p> <p>J. Total amount expended \$ _____<br/>         (Add A-I, must match amount of request)</p> |
|---|---|

► **COMMUNITY IMPACT** = Please describe how your organization is helping to create lasting changes in community conditions that improve lives.

|   |                               |
|---|-------------------------------|
| <p><b>Describe 3 specific objectives of your program.</b></p> | <p>1-</p> <p>2-</p> <p>3-</p> |
|---|-------------------------------|

|   |  |                          |                        |                          |                       |       |       |       |       |
|---|--|--------------------------|------------------------|--------------------------|-----------------------|-------|-------|-------|-------|
| Describe how your program/services are assessed for effectiveness?                              |  |                          |                        |                          |                       |       |       |       |       |
| Describe your units of service.   |  |                          |                        |                          |                       |       |       |       |       |
| Number of unduplicated units of service   | <table border="0"> <tr> <td>3 years ago</td> <td>2 years ago</td> <td>Last Year</td> <td>Current Year</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | 3 years ago              | 2 years ago            | Last Year                | Current Year          | _____ | _____ | _____ | _____ |
| 3 years ago   | 2 years ago  | Last Year                | Current Year           |                          |                       |       |       |       |       |
| _____   | _____  | _____                    | _____                  |                          |                       |       |       |       |       |
| Briefly describe the fundraising activities you conduct   | <table border="0"> <tr> <td><u>fundraisers</u></td> <td><u>month conducted</u></td> <td><u>geographical area</u></td> <td><u>net \$ results</u></td> </tr> </table>                              | <u>fundraisers</u>       | <u>month conducted</u> | <u>geographical area</u> | <u>net \$ results</u> |       |       |       |       |
| <u>fundraisers</u>  | <u>month conducted</u>   | <u>geographical area</u> | <u>net \$ results</u>  |                          |                       |       |       |       |       |
| Identify any new programs or services planned for this next year and how they will be financed. |  |                          |                        |                          |                       |       |       |       |       |
| How does/will your agency PUBLICIZE your program to the general public?                         |  |                          |                        |                          |                       |       |       |       |       |
| How will you make CLIENTS aware of your program?  |  |                          |                        |                          |                       |       |       |       |       |
| How will you acknowledge FEMA in your marketing of this program?                                |  |                          |                        |                          |                       |       |       |       |       |

I, \_\_\_\_\_ am an authorized representative of \_\_\_\_\_.

I am authorized to certify and affirm all statements enclosed in this application.

\_\_\_\_\_

**Printed Name and Title**                      **Date**                      **Signature**