

Required Forms



The following pages include samples of the required forms that must be used by participants of the EFSP. *These forms may not be altered.* Copies of the spreadsheet templates are available under Forms on the EFSP Website. All certification forms will be sent to the required signers as part of the e-signing process. Please direct any questions regarding the forms to the National Board staff.

Annex 1: Spreadsheets

Spreadsheets are required as part of the documentation requirements to support all expenditures made with EFSP funds. Samples of the required spreadsheets and elements for each category are included in this manual and can be found on the EFSP website under **Forms**. The following is a list of the elements required for the spreadsheets.

*A webinar providing guidance on preparing spreadsheets is available on the EFSP website under **Training Workshops** on the left-hand menu after you login.*

Required Elements with Explanation

1. **Billing Period Covered with Payment:** service period paid for client’s utility bill; if a non-metered utility bill is paid, indicate not applicable (N/A) on the spreadsheet. The required date format is MM/DD/YY-MM/DD/YY. If an LRO pays \$100 or less for a client from a past due balance of disconnect/cutoff/shutoff notice from the utility company, the “billing period covered” information is not required on the spreadsheet. Enter “N/A” in the column labeled “billing period covered”.
2. **Building Code Citation Date:** date the agency (feeding or shelter site) received the citation from the local city/county government indicating required work needed on building where services are provided. The required date format is MM/DD/YY.
3. **Client First Name:** legal name of the individual seeking assistance (this only applies to other shelter, rent/mortgage and utility categories.)
4. **Client Last Name:** legal name of the individual seeking assistance (this only applies to other shelter, rent/mortgage and utility categories.)
5. **Client Street Address:** the physical residence of the individual seeking assistance; the individual must be responsible for the service at the address (this only applies to rent/mortgage and utility categories.) P.O. Boxes are not allowed.
6. **Dates of Stay:** for assistance made in the Other Shelter category, indicate the dates the clients stayed in the motel, hotel, etc. The required date format is MM/DD/YY-MM/DD/YY.
7. **Due Date:** date the client’s rent/mortgage and/or utility bills had to be paid (this only applies to rent/mortgage and utility categories.) For rent please use the due date per the lease, not the due date listed on the eviction notice. The required date format is MM/DD/YY.
8. **Delivery Date:** if a non-metered utility bill (propane, firewood, coal, kerosene) is paid, indicate the date of delivery to the client. The required date format is MM/DD/YY.
9. **EFSP Portion of Invoice Amount:** portion of the purchase paid with EFSP funds; the column must be totaled on each page if multiple pages are required for the category. The total amount must be provided for the category on the last page, if multiple pages are required.
10. **Invoice/Receipt Amount:** total cost of purchase as listed on the invoice or receipt.
11. **Invoice/Receipt Date:** date the vendor prints on the invoice or receipt. The required date format is MM/DD/YY.
12. **Invoice/Receipt Number:** preprinted number on the invoice/receipt from vendors; if there is no invoice number, indicate not applicable (N/A) on the spreadsheet.

13. **Landlord/Mortgage Company Name:** individual or company that a client is required to pay their rent or mortgage payment to each month
14. **Member Agency Name:** food banks must provide the name of the agency(ies) that received food when using a shared maintenance fee.
15. **Month Covered with Payment:** service period paid for client's rent/mortgage or utility (month paid.) The required date format is MM/DD/YY-MM/DD/YY, should indicate the month of coverage provided by the payment.
16. **Monthly Rent/Mortgage:** a client's regular/usual rent or mortgage (principal and interest only) (**no deposits, late fees or other fees**) for one month as listed on the client's lease or mortgage papers.
17. **Page Numbers:** number all pages of the spreadsheets, when multiple pages are required for a category.
18. **Payment/Check Clear Date:** date the payment/check goes through banking system (also known as cancellation date of a check); EFSP generally references the check or the bank statement for this information. If an agency's debit/credit card is used, the date will be the same as the purchase date. The required date format is MM/DD/YY.
19. **Payment/Check Date:** date the payment/check is issued (date printed on the check, money order, etc.) to pay vendors; if an agency's credit/debit card is used, indicate the date of the purchase (**do not include the card number.**) The required date format is MM/DD/YY.
20. **Payment/Check Number:** preprinted number on check, money order, etc. used to pay vendors for service; if an agency's credit/debit card is used, indicate credit card or debit card in the spreadsheet (**do not include the card number.**)
21. **Payroll Registers:** payroll registers from the LRO's system for all employees who worked on the EFSP and the percentage of time charged to EFSP.
22. **Phase and LRO Identification (Name and Number):** provide the Phase number and the LRO's name and 9-digit ID number.
23. **Total Check Amount:** cost paid to vendors for services provided for agency or clients (can include partial or total EFSP payment.)
24. **Type of Repair:** for expenditures made in the REHABILITATION category, briefly explain the type of repair.
25. **Type of Service:** for utility payments, indicate if the assistance was for gas, electric, water, propane, kerosene, firewood or coal.
26. **Vendor Name:** company or individual that provided services for agency or clients.

Served Meals

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Served Meals** category (when not using the per meal allowance) with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in order by payment/check number. The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the schedule, if required to be submitted.

Ensure that your agency's name is included on the page along with your LRO 9-digit ID number and the Phase number.

A spreadsheet is required when not using the per meal allowance. The per meal schedule replaces the spreadsheets.

Phase Number: 35						Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.		
LRO Name: Sample LRO								
LRO ID (9 digits): 123456789								
SERVED MEALS EXPENDITURES - DIRECT COST								
(A spreadsheet is required when <u>not</u> using the per meal allowance. The per meal log replaces the spreadsheet.)								
Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter N/A)	Vendor Name	Invoice/ Receipt Amount	Total Check Amount	EFSP Portion of Invoice Amount
1234567	06/01/18	06/05/18	05/12/18	INV123	Sample Vendor	150.00	150.00	150.00
7654321	07/01/18	07/08/18	06/15/18	INV155	Other Vendor	850.00	850.00	500.00
							Total	650.00
Sample Spreadsheets and Guidance are available on EFSP website under Forms and listed on the dashboard under Final Report.								

Sample Daily Per Meal Log

DAILY PER MEAL LOG			
Phase Number:	35		
LRO ID Number:	123456789		
(9 digits)	Sample LRO		
	LRO Name		
	123 Sample Street		
	Street Address		
	City, State, Zip		
	City, State, Zip		
Date (Month/Date/Year)	Number of Meals Served	Per Meal Rate (\$2.00)	Total
06/01/18	100	\$ 2.00	\$ 200.00
06/02/18	75	\$ 2.00	\$ 150.00
06/03/18	80	\$ 2.00	\$ 160.00
06/04/18	90	\$ 2.00	\$ 180.00
Total Number of Meals	345	Grand Total	\$ 690.00
Per meal log must show a daily count. Sample per meal log and guidance are available on EFSP website under Forms and listed on the dashboard under Final Report.			