



January 23, 2025

MEMORANDUM

To: Phase 42 Applicants

From: Jess Thompson, President and Chief Professional Officer, HIUW/ EFSP LRO Board Chair

RE: Application for EFSP Phase 42 Funding

Aloha Everyone!

Phase 42 has been announced, and Hawaii County has been granted \$51,229.00. In addition to current application guidelines, all agencies applying for EFSP funds will be required to provide a:

- 1. UEI number
- 2. Main point of contact with a valid email address and phone number

There is a very short time frame for the application and Local Board approval process to take place. As a courtesy, we are providing the Phase 42 application paperwork should you decide to apply. Enclosed are:

- ❖ Application for Phase 42 funding
- ❖ Funding Request Form
- ❖ Local Recipient Organization (LRO) Responsibilities
- ❖ Financial Terms and Conditions
- ❖ Program Cost
- ❖ Required Documentation

All forms MUST be received at Hawaii Island United Way (HIUW) by 4:00 pm on Friday, February 14, 2025. Mail or drop-off: at 688 Kino'ole St., Suite 201, Hilo, HI 96720.

Once all the applications have been received and reviewed by the Local Board, you will be contacted and assigned an interview time which will take place on a date to be decided. Please make sure your contact information below is legible and complete.

If you need assistance, please contact Carol at 935-6393 ext. 1.

-----**Attach to Application**-----

Local Recipient Organization Main Contact Information:

Print Name: _____ **Signature:** _____

Title: _____ **E-mail:** _____

Legal Name of Organization: _____

UEI Number: _____ **FEIN#:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (B) _____ **Cell:** _____ **Fax:** _____



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**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM
Application Form for Phase 42 Funding**

Legal Name of Organization: _____

Main Person Authorized to Submit Application:

Print	Signature	Date Signed
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A. DOCUMENTATION TO SUPPORT ELIGIBILITY

Please provide one (1) copy each of the following by Friday, February 14, 2025, by 4:00 pm, to Hawaii Island United Way (HIUW), at 688 Kinoole St., Suite 201, Hilo, HI 96720.

1. **For new local recipient organizations only:** Documentation to support status as a nonprofit agency or as an agency of the government.
2. Signed Local Recipient Organization Certification Form **or** Signed Fiscal Agent/Fiscal Conduit Agency Relationship Certification form. Please note that the fiscal agent must be approved by the Local Board and that fiscal agents/conduits will be held accountable for compliance with program requirements.

B. BASIC INFORMATION

Please provide the following information and narrative as requested. Use extra sheets as necessary.

1. Mission of the organization:

2. Geographic area(s) served:

_____ South Hilo	_____ North Kona
_____ North Hilo	_____ South Kona
_____ Hamakua	_____ Kau
_____ North Kohala	_____ Puna
_____ South Kohala	

3. What is your agency's overall budget?

4. What is the name of the agency's program, and what are the goals?

5. How do you measure success for this program?

6. What guidelines have you established for the distribution of served meals, food packages, etc., relative to the frequency and amounts given to individuals and families for funds received from the EFSP for your program?

7. Tell us about your client population.



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8. What do you do to collaborate with other agencies?

9. a. What geographic areas are you distributing food in? Meals: _____

Pantry: _____

b. Total budget for your agency’s local food program for the current fiscal year: \$ _____

c. What is your agency’s fiscal year? (June – July vs Jan – Dec) \$ _____

d. Of the food program budgeted amount, what amount comes from the agency’s budget? \$ _____

e. Of the food program amount, what amount comes from EFSP? \$ _____

f. Projected agency budget for the agency's next fiscal year: \$ _____

g. Of this amount, how much is projected for the program? \$ _____

h. What amount is included, if any, from EFSP? \$ _____

10. Services Rendered and Projected for the Program (Total) and EFSP (a subtotal of the program total):

CATEGORY	This Period (Projected Numbers) Choose one category: __ Calendar Year (Jan. 1- Dec. 31) __ State Fiscal Year (July 1 – June 30) __ Phase 42 __ Other: _____		Last Period (Actual Numbers) Choose one category: __ Calendar Year __ State Fiscal Year __ Phase 41 __ Other: _____	
	Total	EFSP	Total	EFSP
Number of meals served in program				
Number of food packages taken home				
Number of individuals served				

a. For served meals, do you count “seconds” as a meal? _____

b. If an individual is served “seconds,” is he/she then counted once or twice as an individual served? _____

c. What is your methodology for counting the number served? _____

11. Date of last audit:

Completed by name of firm/individual: _____

Management letter: __ Yes __ No

12. Is your organization in good standing with the EFSP program? ____ If no, please provide an explanation.



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Application Phase 42 – page 3 of 3

- C. **AMOUNT REQUESTED.** Complete the attached form for the Phase 42 Local Board Plan. The form asks for the agency name, address, agency contact, with phone and fax number (if available), email address, Employment Identification Number (EIN), type of affiliation and target areas, accessibility for individuals with disabilities, and funding allocation request.
- D. **QUESTIONS.** Should you have questions, please contact the HIUW, Carol Pacheco, via telephone at 935-6393, ext. 1, or via e-mail at grants@hiuw.org.

Emergency Food and Shelter National Board Program
Phase 42 Local Board Plan - Stewart 8. McKinney Homeless Assistance
Act

Please Print

LRO# _____

LRO# NEW

362108-00 DIRECT 01

Agency Address:					Fiscal Conduit? D
Address Changes:					
Contact: Name:					
Phone#		Fax#			
Email:					
Contact changes:					
EIN or LRO or fiscal agent		EIN changes			
EIN of service Provider under F/A		EIN service provider changes			
Enrolled for EFTs?					
Type	Affiliation	Target 1	Target 2	Target 3	Handicapped Accessible?
	Changes	Changes	Changes	Changes	Changes
Funding Allocation					
Served meals		\$			
Other Food		\$			
Total		\$			

Agency Address:					Fiscal Conduit? D
Address changes					
Contact: Name:					
Phone#		Fax#			
Email:					
Contact changes:					
EIN of LRO or fiscal agent		EIN changes			
EIN of service provider under F/A		EIN service provider changes			
Enrolled for EFTs?					
Type	Affiliation	Target 1	Target 2	Target 3	Handicapped Accessible?
	Changes	Changes	Changes	Changes	Changes
Funding Allocation					
Served meals		\$			
Other food		\$			
Total		\$			