

# Emergency Food and Shelter Program Phase 33 Funding Application

1. Agency's Legal Name: City of North Port General Services Department
2. Agency Principal: Social Services Division
3. Agency Contact for Application Questions: Zulma Solero or Robin Carmichael
4. Agency Contact for EFSP, if funded: Zulma Solero or Robin Carmichael
5. Agency Physical Address: 6919 Outreach Way
6. Congressional District (where agency is physically located): 13th
7. Agency Mailing Address: same as above
8. Agency Address for Services: same as above
9. Congressional District (where services are provided): 13th
10. Agency Phone Number: 429-3700 or 429-7129 Agency Fax Number: 941 429-3701
11. Agency Email Address(es) (for individuals above): rcarmichael@cityofnorthport.com
12. Agency Web Site: cityofnorthport.com
13. Agency Federal Employer Identification Number (FEIN): 596072227
14. Agency DUNS Number (9 digits): 39567821
15. Agency Operating Budget (total): \$183890
16. Provide a copy of your agency's most recent annual audit with the application
17. Is Agency Non-Profit or Unit of Government?  Non-Profit  Unit of Government
18. If Agency is a non-profit, provide a copy of the agency's Volunteer Board list with the application
19. Is agency debarred or suspended from receiving funds or doing business with the Federal Government?  Yes  No
20. Area of County  
 Northport  Venice  Osprey/Nokomis  Sarasota  Englewood
21. List organizations agency collaborates with: Salvation Army Sarasota, North Port & Venice, Catholic Charities, Community Foundation of Sarasota County, United Way 211 of Manasota, Inc., Jewish Family & Children's Services and St Vincent dePaul's of North Port
22. Amount of ESFP funding requested by program area & Projected #'s Served  
Food: \$ \_\_\_\_\_  
Rent/Mortgage: \$ 15000.00 19  
Shelter: \$ \_\_\_\_\_  
Utilities: \$ \_\_\_\_\_
23. Agency Budget for the Program Area Requested:  
Food: \$ \_\_\_\_\_  
Rent/Mortgage: \$ \_\_\_\_\_  
Shelter: \$ \_\_\_\_\_  
Utilities: \$ \_\_\_\_\_
24. If funded last year (Phase 32) were any funds returned?  Yes \$ \_\_\_\_\_ Amount  
 No

Executive Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

8/9/16

**Application Deadline: 4:00 pm August 12, 2016**

Mail completed application to:

**Kim Vorias, Information Referral Specialist  
1750 17<sup>th</sup> Street, Bldg. F, Sarasota, FL 34236**

## EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM PHASE 33 LOCAL RECIPIENT ORGANIZATION CERTIFICATION

*By signing this Local Recipient Organization (LRO) Certification Form, our agency certifies we have read and understand the Emergency Food and Shelter Program (EFSP) Phase 33 Responsibilities and Requirements Manual, including the Grant Agreement Articles, Financial Terms and Conditions, and Other Terms and Conditions as well as the Eligible and Ineligible Costs and Documentation sections and agree to comply with all program requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program including those not specifically stated in the Manual. All appropriate staff and volunteers have been informed of EFSP requirements. The Local Board has been provided and we have retained a copy of this form for our records.*

I certify that my public or private agency:

- Has the capability to provide emergency food and/or shelter services.
- Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services.
- Is nonprofit or an agency of government.
- Will not use EFSP funds as a cost-match for other Federal funds or programs.
- Has an accounting system, and will pay all vendors by an approved method of payment.
- Understands that cash payments (including netty cash) are not eligible under EFSP.
- Conducts an independent annual review if receiving \$50,000-\$99,999/an independent annual audit if receiving \$100,000 or more in EFSP funds, and follows OMB's Uniformed Guidance if receiving \$750,000 or more in Federal funding.
- Has not received an adverse or no opinion audit.
- Is not debarred or suspended from receiving Federal funds.
- Has provided a Federal Employer Identification Number (FEIN) to EFSP.
- Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP.
- Practices non-discrimination (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds).
- Will not charge a fee to clients for EFSP funded services.
- Has a voluntary board if private, not-for-profit.
- Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports).
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks -- front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds (\$5.00 or more) to the National Board.
- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.
- Will not use EFSP funding for any lobbying activities and if receiving \$100,000 or more, will provide the "Certification Regarding Lobbying" and, if applicable, will complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not use EFSP funds to support access to classified national security information.

Note: Check this box only if your Local Board has additional requirements beyond those of the National Board. The Local Board must attach a copy of those requirements to the Local Board Plan when submitted to the National Board.

This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.

LRO ID (9 digits): <u>171400-007</u>	FEIN#: <u>59-607227</u>	DUNS #: <u>039567821</u>
LRO Name: <u>City of North Port, General Services Dept, Social Services Division</u>		
Address: <u>6919 Outreach Way</u>		
City/State/Zip: <u>North Port, FL 34287</u>		
Phone #: <u>941 429-3700</u>	Fax #: <u>941 429-3701</u>	Email: <u>zsolero@cityofnorthport.com</u>
Print Name: <u>Jonathan R Lewis, City Manager</u>		Date: <u>8/9/16</u>
Signature: 		