



Emergency Food and Shelter National Board Program

HUMANITARIAN PROGRAM FUNDING AND APPLICATION OVERVIEW



Emergency Food and Shelter National Board Program

PURPOSE OF TRAINING

FOCUS AREAS:

- Overview
- SSA and LB Expectations
- Eligible Applicants, including indirect providers
- Eligible Services and Required Documentation

AGENDA

- Funding Categories
- Application Process
- Key Program Dates
- Payment Release
- Reporting and Compliance Resolution



Emergency Food and Shelter National Board Program

OVERVIEW

- In July 2019, the *Emergency Supplemental Appropriations for Humanitarian Assistance and Security at the Southern Border Act, 2019* (Public Law No: 116-26) was signed into law. Provisions of the law provided \$30 million to the Federal Emergency Management Agency's (FEMA) Emergency Food and Shelter Program (EFSP) to provide services to families and individuals encountered by the U.S. Department of Homeland Security (DHS). That was the first award to the EFSP.
- The current FY 2023 humanitarian relief funding was made available under the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023, referencing Department of Homeland Security Appropriations Act, 2022, for the purposes of providing shelter and other services to families and individuals encountered by the U.S. Department of Homeland Security (DHS). Provisions of the law provided \$75 million to the EFSP. FEMA awarded the total \$75 million to the EFSP National Board.
- Congress chose the EFSP because of the program's established mission in supplementing and expanding the ongoing work of local social service organizations, both non-profit and governmental, to provide shelter, food and supportive services.
- EFSP program's existing grant funds delivery structure and public-private partnership made it a viable means for providing reimbursement to organizations having assisted migrants from the southern border released from DHS custody.
- The first Application Period will open January 2, 2023 and awards will be made to defray shelter, food, and related expenses incurred on or after **October 1, 2022 through December 31, 2022**.



EXPECTATIONS of STATE SET-ASIDE COMMITTEES AND LOCAL BOARDS

STATE SET-ASIDE COMMITTEES

- Mirrors the composition of the National Board, functions as a Local Board for any state-wide agency application
- Review all applications received and submit them to the National Board

LOCAL BOARDS

- Mirrors the composition of the National Board and is the governing body for the local EFSP in the county or city it serves
- Should use every opportunity broadly share information with non-profit, faith-based, and governmental service agencies in their communities about the availability of the humanitarian funding.
- Review applications received from service agencies for completeness and eligibility and submit the applications to the National Board for review and award determination.



ELIGIBLE APPLICANTS

- Be a nonprofit, faith-based, or governmental entity that provided services on or after **October 1, 2022 through December 31, 2022** to individuals and families encountered by DHS at the southwest border.
- Submit a completed application with required documentation on or before the deadline.
- Provide the agency's Unique Entity Identifier (UEI) Number - <https://sam.gov>
- Provide the agency's Federal Employer Identification Number (FEIN) - <http://www.irs.gov>
- Prior participation in EFSP is not a prerequisite for agencies seeking reimbursement for migrant services provided to individuals and families encountered by DHS at the southwest border.

Any agency that is awarded funds that participated in the EFSP in the past and has outstanding compliance exceptions must resolve them prior to the release of funds.



ELIGIBLE SERVICES

PRIMARY SERVICES (Food and Shelter)

- Per Capita
- Per Meal
- Per Diem
- Actual Costs

SECONDARY SERVICES (e.g., Health/Medical, COVID-19 testing)

TRANSPORTATION SERVICES (e.g., parking, taxi, long distance)

ADMINISTRATIVE SERVICES (Local Providers of Services to migrants, Local Boards)

EQUIPMENT AND ASSETS SERVICES (repairs and purchases necessary to provide services)





ELIGIBLE SERVICES

PRIMARY SERVICES (Food and Shelter) - NONPROFIT AND FAITH-BASED AGENCIES

PER CAPITA	Rate: \$28.50 allowed per unique migrant	<p>SERVICES INCLUDED</p> <ul style="list-style-type: none"> • Food and Shelter, Secondary and Administrative Services included in rate, • Agencies must have provided food and shelter services to use the rate • Agencies may request reimbursement for Equipment and Assets and Transportation Services separately 	<p>DOCUMENTATION</p> <ul style="list-style-type: none"> • Log of unique migrants served • Letter of support from Local Board or local government representative, as necessary
PER MEAL	Rate: \$3.00 allowed per meal provided migrant	<p>SERVICES INCLUDED</p> <ul style="list-style-type: none"> • Food and related services • Agencies may request reimbursement using per diem shelter rate, Secondary, Administrative and Equipment and Assets and Transportation Services separately 	<p>DOCUMENTATION</p> <ul style="list-style-type: none"> • Log of meals served daily
PER DIEM	Rate: \$12.50 allowed per shelter night provided	<p>SERVICES INCLUDED</p> <ul style="list-style-type: none"> • Shelter and related services • Agencies may request reimbursement using per meal rate, Secondary, Administrative and Equipment and Assets and Transportation Services separately 	<p>DOCUMENTATION</p> <ul style="list-style-type: none"> • Log of shelter nights provided daily



SAMPLE PER CAPITA LOG

Required Elements for Per Capita Rate Log (sample logs are available on the EFSP website under the [Humanitarian Funding Tab](#))

- Date (MM/DD/YY):** date that agency provided service (food, shelter and other supportive services) to migrants. The log must be sorted in date order and show a daily count. Date must be from **October 1, 2022 through December 31, 2022.**
- Number of Unique Migrants Served:** number of unduplicated migrants served
- Total Number of Unduplicated Migrants Served:** total number of unique migrant clients served.

Emergency Food and Shelter Program Humanitarian Funding Assistance Per Capita Schedule <i>(Reimbursement will be made at the rate of \$28.50 per unique individual for food, shelter and other supportive services provided)</i>	
Jurisdiction ID (6 digits) and Name	0123-00 Sample Jurisdiction
LRO ID (9 digits) and Name	0123-00-001 Sample Agency
LRO Street Address, City, State, Zip	123 Sample Street, City, State Zip
Date (MM/DD/YY)	Number of Unique Migrants Served
11/21/22	50
11/23/22	25
11/25/22	100
11/28/22	35
11/30/22	150

Total Migrants Served: 360
Total Reimbursement Request: \$10,260.00



SAMPLE DAILY PER MEAL LOG

Required Elements for Daily Per Meal Log (sample daily logs are available on EFSP website under the [Humanitarian Funding Tab](#))

1. **Date (MM/DD/YY):** date that agency provided service (e.g., food) to migrants. The daily logs must be sorted in date order and show a daily count. Date must be within **October 1, 2022 through December 31, 2022.**
2. **Number of Meals served:** number of meals served to migrants. For agencies that provided bags/boxes of food items, provide the best estimate of number of meals included in the bags/boxes.
3. **Total Number of Meals Served:** total number of meals served

Emergency Food and Shelter Program Humanitarian Funding Assistance Daily Per Meal Log (Reimbursement will be made at the rate of \$3.00 per meal)	
Jurisdiction ID (6 digits) and Name	0123-00 Sample Jurisdiction
LRO ID (9 digits) and Name	0123-00-001 Sample Agency
LRO Street Address, City, State, Zip	123 Sample Street, City, State Zip
Date (MM/DD/YY)	Number of Meals Served
10/12/22	100
10/16/22	150
10/17/22	125
10/20/22	100
10/25/22	50

Total Meals Provided: 525
Total Reimbursement Request: \$1,575.00



SAMPLE DAILY PER DIEM SHELTER LOG

Required Elements for Daily Per Diem Shelter Log
(sample daily logs are available on EFSP website under the [Humanitarian Funding Tab](#))

1. *Date (MM/DD/YY)*: date that agency provided shelter to migrants. The daily logs must be sorted in date order and show a daily count. Date must be from **October 1, 2022 through December 31, 2022.**
2. *Number of Migrants Sheltered*: number of migrants sheltered per day
3. *Total Number of Shelter Days Provided*: total number of shelter days provided

Emergency Food and Shelter Program Humanitarian Funding Assistance Daily Per Diem Shelter Log (Reimbursement will be made at the rate of \$12.50 per individual served)	
Jurisdiction ID (6 digits) and Name	0123-00 Sample Jurisdiction
LRO ID (9 digits) and Name	0123-00-001 Sample Agency
LRO Street Address, City, State, Zip	123 Sample Street, City, State Zip
Date (MM/DD/YY)	Number of Migrants Sheltered
11/23/22	50
11/30/22	30
12/4/22	25
12/13/22	50
12/23/22	10

Total Shelter Days: 165
Total Reimbursement Request: \$2,062.50



ELIGIBLE SERVICES

PRIMARY SERVICES (Food and Shelter) – GOVERNMENT AGENCIES

ACTUAL COSTS

Expenses incurred to provide services

Agencies may request reimbursement for Secondary, Administrative and Equipment and Assets Services separately

SERVICES INCLUDED (Food)

- Food services offered to migrants
- T-shirt Bags, Storage containers to separate bulk food purchases
- Utensils (e.g., plates, forks, knives), Cookware (pots, pans)
- Basic First Aid/OTC Medication (e.g., band-aids, aspirin)
- Hygiene Items (e.g., baby wipes, diapers, toiletries, feminine hygiene products, undergarments)
- Facility Utilities (electricity, gas, water)
- Maintenance & Housekeeping (repair and cleaning supplies)
- Contracted Services (security, trash pickup)

SERVICES INCLUDED (Shelter)

- Shelter services & Hotel/Motel Shelter Nights
- Basic First Aid/OTC Medication (e.g., band-aids, aspirin)
- Hygiene Items (e.g., baby wipes, diapers, toiletries, feminine hygiene products, undergarments)
- Cots and Beds, including pillows
- Linens (e.g., sheets, towels, wash cloths)
- Shelter Utilities (electricity, gas, water)
- Maintenance & Housekeeping (repair and cleaning supplies)
- Contracted Services (security, laundry, trash pickup)

DOCUMENTATION

- Log of migrants served
- Spreadsheets of expenditures
- Documentation (proof of payment or vendor receipt for each purchase)



ELIGIBLE SERVICES

INDIRECT PROVIDERS – NONPROFIT, FAITH-BASED AND GOVERNMENT AGENCIES

<p>ACTUAL COSTS</p> <ul style="list-style-type: none"> • Expenses incurred to provide services to support migrants • Expenses that have not been reimbursed by receiving organizations 	<p>SERVICES INCLUDED</p> <ul style="list-style-type: none"> • Food and Shelter services offered to migrants • Agencies may request reimbursement for Secondary, Administrative and Equipment and Assets Services separately 	<p>DOCUMENTATION</p> <ul style="list-style-type: none"> • Log of migrants served • Spreadsheets of expenditures • Documentation (proof of payment or vendor receipt for each purchase)
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Agencies that provided supportive services but did not directly serve migrants may receive reimbursement for eligible expenditures. Purchases of eligible items given to other organizations that provided the direct services to migrants may be reimbursed. **Indirect providers may be reimbursed for the replacement costs of items (e.g., cots, blankets, hygiene kits, health/medical supplies) given to agencies that provided the direct services.**



ELIGIBLE SERVICES - INDIRECT PROVIDER (EXAMPLE)

FOODBANK REIMBURSEMENT OPPORTUNITIES

DIRECT SERVICES

1

- Expenses incurred to provide services
- Eligible items purchased

DOCUMENTATION

- Log of migrants served
- Spreadsheets of expenditures
- Documentation (proof of payment or vendor receipt for each purchase)

INDIRECT SERVICES

2

- Expenses incurred to provide services
- Eligible items purchased and given to other agencies
- Expenditures which were not reimbursed by other organizations

DOCUMENTATION

- Spreadsheets of expenditures
- Documentation (proof of payment or vendor receipt for each purchase)

INDIRECT SERVICES

3

- Expenses incurred to provide services
- Eligible items given to other agencies
- Expenditures which were not reimbursed by other organizations

DOCUMENTATION

- List of items given to other agencies
- Total pounds of food/items given to other agencies
- Maintenance fee assigned to the food given to other agencies

Food banks will be reimbursed for either direct eligible expenditures which were not reimbursed by other organizations or by the total pounds of food provided to agencies for the indirect support of migrant services. Any expenses that were covered under the maintenance fee required of member organizations are not eligible for reimbursement.



ELIGIBLE SERVICES

TRANSPORTATION SERVICES – NONPROFIT, FAITH-BASED AND GOVERNMENT AGENCIES

ACTUAL COSTS	Expenses incurred to provide services	SERVICES INCLUDED	DOCUMENTATION
		<ul style="list-style-type: none"> • Transportation (local and long distance) • Mileage log at .625 per mile • Parking • Taxi • Charter Bus (minimum of 75% capacity) • Tickets (airfare, bus, train) • Tickets for long distance travel cost up to \$700 each • Agencies may request reimbursement for Primary, Secondary Administrative and Equipment and Assets Services separately 	<ul style="list-style-type: none"> • Log of migrants served • Spreadsheets of expenditures • Documentation (proof of payment or vendor receipt for each purchase)



ELIGIBLE SERVICES

SECONDARY SERVICES – NONPROFIT, FAITH-BASED AND GOVERNMENT AGENCIES

ACTUAL COSTS	Expenses incurred to provide services	SERVICES INCLUDED	DOCUMENTATION
		<ul style="list-style-type: none"> • Health/Medical, including health screenings • Basic First Aid • COVID-19 Testing • Clothing, Shoes/Shoelaces • Legal Aid • Translation Services • Agencies may request reimbursement for Primary, Administrative, Transportation and Equipment and Assets Services separately 	<ul style="list-style-type: none"> • Log of migrants served • Spreadsheets of expenditures • Documentation (proof of payment or vendor receipt for each purchase)



ELIGIBLE SERVICES

ADMINISTRATIVE SERVICES – NONPROFIT, FAITH-BASED AND GOVERNMENT AGENCIES

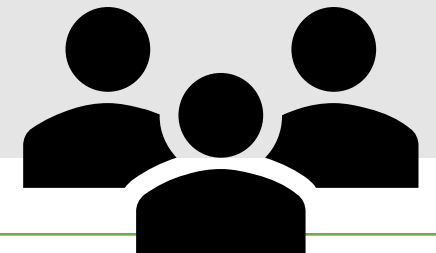
<p>APPLICANT AGENCIES ACTUAL COSTS and PAYROLL</p>	<ul style="list-style-type: none"> • Expenses incurred to provide services • Expenses incurred to prepare and submit application 	<p>SERVICES INCLUDED</p> <ul style="list-style-type: none"> • Staff time to provide services to migrants (e.g., meal preparation, shelter intake) • Staff time for service agency to gather materials and prepare/complete application • Postage to send/mail documentation, as necessary, to the Local Board as part of the application process • Expenses to purchase supplies (e.g., printing paper) to complete the application process • Agencies may request reimbursement for Primary, Secondary and Equipment and Assets Services separately, except for Per Capita – the per capita rate is inclusive 	<p>DOCUMENTATION</p> <ul style="list-style-type: none"> • Spreadsheets of expenditures • Documentation (proof of payment or vendor receipt for each purchase) • Spreadsheet and payroll register reflecting staff time
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ELIGIBLE SERVICES

ADMINISTRATIVE SERVICES – LOCAL BOARDS

<p>LOCAL BOARDS ACTUAL COSTS</p>	<ul style="list-style-type: none"> • Expenses incurred to provide services • Expenses incurred to prepare and submit applications to the National Board 	<p>SERVICES INCLUDED</p> <ul style="list-style-type: none"> • Staff time necessary to provide assistance to service agencies in the application process • Staff time necessary to coordinate Local Board meetings to review applications received from service agencies • Postage to send/mail documentation, as necessary, to the National Board • Expenses to purchase supplies (e.g., printing paper) to complete the application process 	<p>DOCUMENTATION</p> <ul style="list-style-type: none"> • Spreadsheets of expenditures • Documentation (proof of payment or vendor receipt for each purchase) • Spreadsheet and payroll register reflecting staff time
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INELIGIBLE SERVICES

The services/expenditures that are not eligible for the Humanitarian Assistance funding reimbursement include the following:

- Services provided to migrants outside of the eligible time frame for the application period
- Expenditures made outside of the United States
- Services provided to migrants outside of the United States
- Fraudulent applications/expenditures; any fraudulent application or expenditure will be reported to the DHS Office of the Inspector General (OIG) for further action.



LOCAL PROVIDER APPLICATION

- The application to apply for funds may be accessed on the home page of the EFSP website, www.efsp.unitedway.org, click on [Humanitarian Funding Information](#).
- Service organizations, including governmental service agencies, will apply through their Local Board. Applications will be submitted to the Local Board for the jurisdiction (city or county) in which the applicant agencies provided services. While completing the application, applicants will select the jurisdiction and the Local Board information will be populated on the application. State-wide organizations that provided eligible services may apply through their SSA Committee. (Organizations may access Local Board and SSA Committee contact information by clicking on [Humanitarian Funding Information](#).)
- After service agencies complete their applications, they will electronically submit them to the Local Board or SSA Committee, as appropriate.
- The Local Board will review all applications received and submit them to the National Board for review and award decision.
- This is a competitive grant process, so no application is guaranteed an award. Due to the limited funds, priority will be given to communities deemed to have been most impacted by this humanitarian crisis. Based on the level of demand, an award may be less than the full dollar amount requested.





LOCAL PROVIDER APPLICATION

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1



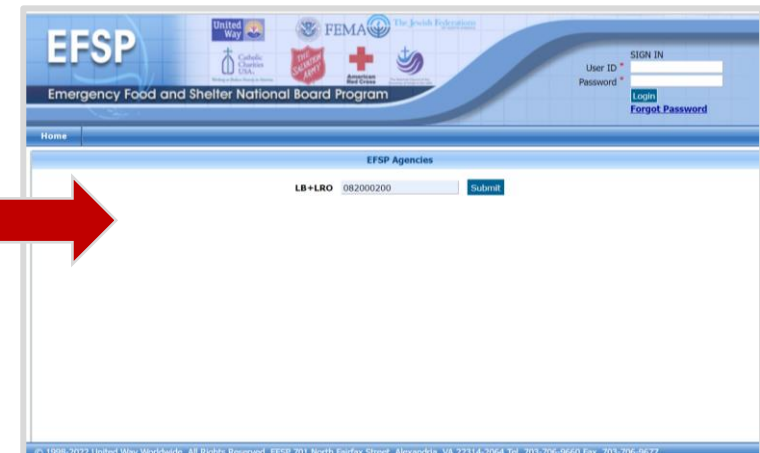
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3



4





LOCAL PROVIDER APPLICATION

- The application to apply for funds may be accessed on the home page of the EFSP website, www.efsp.unitedway.org, click on [Humanitarian Funding Information](#).

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EFSP
Emergency Food and Shelter National Board Program

Home

LB+LRO 025600116

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602-955-5290
wheat@hungerhurts.org

Enter Captcha Text
G 5 4 J E

Information entered in the LRO application will be saved automatically. You may leave the application and return to complete it at any time prior to the deadline of Friday, December 23, 2022 by 11:59:59 PM (Eastern Standard Time). After beginning the application, click on **Other Actions** in the top right of the screen, then select **Finish Later**.

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EFSP
Emergency Food and Shelter National Board Program

Home

LB+LRO 025600116

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Enter Captcha Text
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PROCESSING

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LOCAL PROVIDER APPLICATION

Page 1: General Info

- Instructions
- Deadline
- Applicant information
- Local Board Contact
- Request Amount

Page 2: Funding Request Info

- Migrants Served
- Dates of Services
- Per Capita
- Per Meal/Per Diem
- Primary Eligible Reimbursement Services (Food)

Page 3: Funding Request Info

- Primary Eligible Reimbursement Services (Shelter)
- Secondary Eligible Reimbursement Services
- Transportation Reimbursement Services
- Equipment & Assets Reimbursement Services
- Administrative Reimbursement Services

Page 4: Signature Page

- Comment Text Box
- Signature and Date



LOCAL PROVIDER APPLICATION

Page 1 - General Info

- Instructions
- Deadline
- Applicant information
- Local Board Contact
- Request Amount

EMERGENCY FOOD AND SHELTER PROGRAM LOCAL PROVIDER APPLICATION FOR

FY2023 HUMANITARIAN RELIEF FUNDING

This application must be completed in its entirety. Any missing information may cause an application to be disqualified. The funds may only be used to reimburse for food and shelter services provided in the eligible timeframe (see FY 2023 Humanitarian Relief Funding Guidance) for families and individuals encountered by the U.S. Department of Homeland Security (DHS). Daily logs are required to be submitted to the applicable Local Board along with this application. Documentation (proofs of payment, e.g., canceled check, agency debit or credit card and receipts/invoices) or expenditure spreadsheets may also be required with this application.

DEADLINE FOR SUBMISSION OF APPLICATION: Friday, February 17, 2023 (11:59 PM)

This application will be submitted to the Local Board point of contact.

No application received after the deadline will be considered for an award.

JURISDICTION ID AND NAME: Sample County (0977000)

LRO ID AND NAME: Sample Applicant Agency

REQUEST AMOUNT: \$50,000.00

APPLICANT INFORMATION

Point of Contact Information (Name/Title/Phone/Fax/Email):

Name/Title: John S. Tester, Chief Executive Officer

Applicant Phone/Fax/Email:

Phone: 555-555-5555 **Fax:** 555-555-5555 **Email:** jstester.org

Applicant's Physical Address: 123 Sample Street, Sample City, DC 12432

Congressional District Where Applicant is Physically Located: 04th District ([house.gov](https://www.house.gov))

Applicant's Mailing Address: 123 Sample Street, Sample City, DC 12432

Applicant's Federal Employer Identification Number (FEIN): 123456789

Applicant's Unique Entity Identifier (UEI) Number: 987654321ABC

Agency's Website: testhelpagency.org

**Is the applicant debarred or suspended from receiving funds or doing business with the Federal government?
Please check appropriately.**

YES

NO

(An applicant debarred or suspended from receiving federal funds, may not apply for this funding opportunity.)

FY 2023 EFSP HUMANITARIAN RELIEF FUNDING APPLICATION





LOCAL PROVIDER APPLICATION

Page 2 - Funding Request Info

- Migrants Served
- Dates of Services
- Per Capita
- Per Meal/Per Diem
- Primary Eligible Reimbursement Services (Food)

FUNDING REQUEST

Total Eligible Unduplicated/Unique Migrant Clients Served (best of knowledge): _____

Total Amount of Reimbursement Funds Requested (must be itemized below): \$ _____

Period When Services Were Provided: Begin Date: _____ End Date: _____

To be considered for reimbursement, applicants must itemize all expenses below.

PER CAPITA RATE: All expenses will be reimbursed at the per capita rate of **\$28.50** per person on a one-time only basis. Please include the daily log of unique migrants served with this application.

Total Number of Unique Migrants Served: _____ Request Amount: _____

PER MEAL/PER DIEM RATES: All food expenses will be reimbursed at the per meal rate of **\$3.00** per meal and all mass shelter expenses will be reimbursed at the per diem shelter rate of **\$12.50** per night of shelter. Please include the daily meal log of meals provided and daily shelter log of shelter nights provided to migrants with this application.

Total Number of Meals Served: _____ Request Amount: \$ _____

Total Shelter Nights Provided: _____ Request Amount: \$ _____

If hotel/motel shelter nights were provided and your organization requests reimbursement based on actual costs, please indicate below. Daily logs, spreadsheets, proofs of payment or receipts must be provided with this application to support these services.

Hotel/Motel Nights of Shelter Provided (for migrants): _____ Request Amount: \$ _____

Number of Migrants served: _____

PRIMARY ELIGIBLE REIMBURSEMENTS: All Primary Services expenses will be reimbursed based on actual costs, please indicate below. Daily log, spreadsheet, and proofs of payment or receipts must be provided with this application for these services.

FOOD AND SHELTER:

• FOOD (served/congregate meals or bags/boxes of groceries) TOTAL REQUEST: \$ _____

Total Number of Migrant Clients Served in Food Services: _____

Total Meals Served: _____

ITEMIZED ELIGIBLE REIMBURSEMENTS \$:

Total Amount for Served/Congregate Meals: \$ _____

Total Amount for Bags/Boxes of Foods: \$ _____

Food Bank - Cost of Food Purchased: \$ _____

Food Bank as Indirect Provider:

Total Pounds of Food Given to Other Agencies: _____ Maintenance Fee: \$ _____ Cost of Food: \$ _____

Total Amount for Food Storage Containers, Cookware, Utensils, T-Shirt Bags: \$ _____

Basic First Aid/ Over-The-Counter Medication (e.g., band-aids, aspirin): \$ _____

Hygiene Items (e.g., baby wipes, diapers, toiletries, undergarments): \$ _____

Facility Utilities (electricity, gas, water): \$ _____

Maintenance & Housekeeping (e.g., repair and cleaning supplies): \$ _____

Contracted Services (e.g., security, laundry, trash pickup): \$ _____

Personal Protective Equipment (PPE): \$ _____



LOCAL PROVIDER APPLICATION

Page 3 - Funding Request Info

- Primary Eligible Reimbursement Services (Shelter)
- Secondary Eligible Reimbursement Services
- Transportation Reimbursement Services
- Equipment & Assets Reimbursement Services
- Administrative Reimbursement Services

• SHELTER (mass/local shelter facilities or motels)
 Total Migrant Nights (duplicated): _____ TOTAL REQUEST: \$ _____
 Total Migrants Unduplicated Served in Shelter: _____ Avg Length of Stay Before Departing: _____

ITEMIZED ELIGIBLE REIMBURSEMENTS \$: _____

Basic First Aid/ Over-The-Counter Medication (e.g., band-aids, aspirin): \$ _____
 Hygiene items (baby wipes, diapers, toiletries, undergarments): \$ _____
 Cots and Beds, including pillows: \$ _____
 Linens (e.g., sheets, towels, wash cloths, etc.) \$ _____
 Shelter Utilities (electricity, gas, water): \$ _____
 Maintenance & Housekeeping (e.g., repair and cleaning supplies): \$ _____
 Contracted Services (i.e., security, laundry, trash pickup): \$ _____
 Personal Protective Equipment (PPE): \$ _____
 Hotel/Motel Stay (for migrants): \$ _____ Number of Migrants Served: _____

SECONDARY ELIGIBLE REIMBURSEMENTS (based on funding availability): All Secondary Services expenses will be reimbursed based on actual costs. Please fill in the information below. Daily logs, spreadsheets, and proofs of payment or receipts must be provided with this application for these services.

Total Migrant Clients Receiving the Following Services: _____ TOTAL REQUEST: \$ _____

ITEMIZED ELIGIBLE REIMBURSEMENTS \$:

Health/Medical, including Health Screenings: \$ COVID-19 Testing: \$ _____
 Associated Care for quarantining and Isolation: \$ _____
 Mental Health \$ _____
 Legal Aid: \$ _____
 Translation Services: \$ _____
 Clothing, Shoes/Shoelaces, Belts: \$ _____

TRANSPORTATION (based on funding availability): All Transportation Services expenses will be reimbursed based on actual costs or mileage rate. Please fill in the information below. Daily logs, spreadsheets and proofs of payment or receipts must be provided with this application for these services.

Total Migrant Clients Receiving the Following Services: _____ TOTAL REQUEST: \$ _____

ITEMIZED ELIGIBLE REIMBURSEMENTS \$:

Local Transportation (including contracted and/or vehicle rental, gas, insurance, drivers): \$ _____
 Long-Distance Transportation to Sponsors (bus tickets, airline tickets, and train tickets): \$ _____

Number of Migrants Received Long Distance Services: _____

Mileage using the **Federal rate of 62.5 cents** per mile for local transportation, in lieu of actual fuel costs
 Total Miles Traveled _____ \$ _____
 Parking (e.g., local street, airport): \$ _____ Contracted Services (e.g., charter bus): \$ _____

EQUIPMENT AND ASSETS (based on funding availability):
 Equipment and Assets Costs: \$ _____

ADMINISTRATIVE REIMBURSEMENTS (based on funding availability):
 Administrative Costs: \$ _____



Please use this space to provide any comments that may be beneficial to support your organization's request for reimbursement of expenditures made in this application.

LOCAL PROVIDER APPLICATION

Page 4 - Signature Page

- **Comment Text Box**
- **Signature and Date**

I hereby certify that the information provided in this application and all supporting documentation complies with all requirements for an award. 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 these emergency supplemental funds. All appropriate staff and volunteers have been informed of the requirements for these funds. The Local Board has been provided, and we have retained, a copy of this application for our records.

I certify that the information provided in this application and all supporting documentation that will be submitted to the Local Board for consideration of a grant/award under the U.S. Department of Homeland Security's Federal Emergency Management Agency's Emergency Food and Shelter Program is accurate.

Authorized Official Name and Title of the Agency: _____

Signature: _____

Date: _____

COMPLETE SUBMISSION

LOCAL PROVIDER APPLICATION - Submission Deadline: (11:59:59 PM EST)

Reimbursement Category	Application	Supplemental Funding Reimbursement Report	Log of Unique Individuals (LB Approval)	Per Meal Log (Daily)	Per Diem Shelter Log (Daily)	Spreadsheet of expenditures (payroll for administrative costs)	Log Individuals Served (Meals)	Log of Individuals Served (Shelter)	Log of Individuals Served (Secondary, Equipment Assets)	Explanation of Items Provided	Documentation (proof of payment or receipt)
Per Capita Rate	✓	✓	✓								
Per Meal Rate	✓	✓		✓							
Per Diem Rate	✓	✓			✓						
Primary Services – Direct (food/shelter)	✓	✓				✓	✓	✓			✓
Primary Services – Indirect Provider	✓	✓				✓				✓	✓
Transportation Services	✓	✓				✓				✓	✓
Secondary Services – Direct	✓	✓				✓			✓		✓
Secondary Services – Indirect Provider	✓	✓				✓				✓	✓
Administrative Services	✓	✓				✓					✓
Equipment and Assets Services	✓	✓				✓			✓		✓
Government Agencies	✓	✓				✓			✓		✓



LOCAL PROVIDER APPLICATION PROCESS

In prioritizing award determinations, the National Board will consider a number of factors, including:

- Migrant Release data received from Immigration Customs Enforcement (ICE)/Customs and Border Protection (CBP)
- Proximity to ICE and CBP facilities performing releases
- Number of migrants served
- Information organizations provided on the direct costs incurred in serving migrants
- Subject matter expertise and discretion of the National Board
- Any other information and guidance that may be applicable to determining awards
- Sufficiency of available funding

Award Notifications to Payment Release:

- After the National Board makes its funding decisions, Local Boards and SSA Committees will be notified of the award amounts of funded Local Recipient Organizations (LROs).
- A direct payment will be made to agencies approved to receive a funding award.

Compliance Resolution:

- Reminder that past participants in the EFSP with outstanding compliance exceptions must resolve them before any payments, including humanitarian funding can be released.

SAMPLE FORMS – LOGS – SPREADSHEETS

FY 2023 EFSP HUMANITARIAN RELIEF FUNDING APPLICATION

EMERGENCY FOOD AND SHELTER PROGRAM LOCAL PROVIDER APPLICATION FOR

FY2023 HUMANITARIAN RELIEF FUNDING

This application must be completed in its entirety. Any missing information may cause an application to be disqualified. The funds may only be used to reimburse for food and shelter services provided in the eligible timeframe (see FY 2023 Humanitarian Relief Funding Guidance) for families and individuals encountered by the U.S. Department of Homeland Security (DHS). Daily logs are required to be submitted to the applicable Local Board along with this application. Documentation (proofs of payment, e.g., canceled check, agency debit or credit card and receipts/invoices) or expenditure spreadsheets may also be required with this application.

DEADLINE FOR SUBMISSION OF APPLICATION: Friday, February 17, 2023 (11:59 PM)

This application will be submitted to the Local Board point of contact.

No application received after the deadline will be considered for an award.

JURISDICTION ID AND NAME: Sample County (0977000)

LRO ID AND NAME: Sample Applicant Agency

REQUEST AMOUNT: \$50,000.00

APPLICANT INFORMATION

Point of Contact Information (Name/Title/Phone/Fax/Email):

Name/Title: John S. Tester, Chief Executive Officer

Applicant Phone/Fax/Email:

Phone: 555-555-5555 Fax: 555-555-5555 Email: jstester.org

Applicant's Physical Address: 123 Sample Street, Sample City, DC 12432

Congressional District Where Applicant is Physically Located: 04th District ([house.gov](#))

Applicant's Mailing Address: 123 Sample Street, Sample City, DC 12432

Applicant's Federal Employer Identification Number (FEIN): 123456789

Applicant's Unique Entity Identifier (UEI) Number: 987654321ABC

Agency's Website: testhelpagency.org

Is the applicant debarred or suspended from receiving funds or doing business with the Federal government?
Please check appropriately.

YES NO

(An applicant debarred or suspended from receiving federal funds, may not apply for this funding opportunity.)

FY 2023 HUMANITARIAN RELIEF FUNDING REIMBURSEMENT REPORT

0123-00 Sample Jurisdiction

0123-00-001

Jane J. Doe

Sample Agency

123 Sample Street

Sample City, State 12304

This **Humanitarian Relief Funding Reimbursement Report** must be completed to report on the funds your agency spent to provide humanitarian relief to families and individuals encountered by the U.S. Department of Homeland Security (DHS). This information is required prior to the release of funds to reimburse your agency for any expenditures made. **Please be sure to complete the form in its entirety.**

In addition to completing and submitting this report, your agency will need to provide daily logs. Also, as necessary, spreadsheets, and documentation (proofs of payment or receipts) must be submitted in support of expenditures reported for provided assistance. **Your request for reimbursement cannot be submitted if this report and required daily logs, spreadsheets, and other documentation, as necessary, are not included.**

After the required information has been submitted to the Emergency Food and Shelter Program (EFSP) National Board, it will be reviewed as expeditiously as possible so that payment may be released to your agency, if awarded funds. If you have any questions regarding this report, or the required information that must accompany it, please reference the **Humanitarian Relief Funding Guidance** or **pre-recorded presentation** on the EFSP website, **Humanitarian Funding Information**. You may also contact EFSP staff at suppfund@www.unitedway.org or 703.706.9680, option 6.

REPORT ON THE AMOUNT SPENT BY YOUR AGENCY

	Amount
A. Primary Services, Per Capita Rate	\$ _____
B. Primary Services, Per Meal Rate	\$ _____
C. Primary Services, Per Diem Shelter Rate	\$ _____
D. Congregate Meals	\$ _____
E. Bags/Boxes of Food	\$ _____
F. Food Bank - Cost of Food Purchased	\$ _____
G. Food Bank - Indirect Provider (food by poundage)	\$ _____
H. Basic First Aid/Over the Counter (OTC) Medications	\$ _____
I. Food Storage Containers/Cookware/Utensils/T-Shirt bags	\$ _____
J. Hygiene Items	\$ _____
K. Cots and Beds	\$ _____
L. Linen	\$ _____
M. Agency/Facility Utilities	\$ _____
N. Local Transportation	\$ _____
O. Mileage at Federal rate of 62.5 cents per mile	\$ _____
P. Parking (local street, airport)	\$ _____
Q. Maintenance/Housekeeping	\$ _____
R. Personal Protective Equipment (PPE)	\$ _____
S. Clothing, Shoes/ Shoelaces	\$ _____
T. Contracted Services	\$ _____
U. Equipment and Assets Services	\$ _____
V. Hotel/Motel Stay	\$ _____
W. Long Distance Transportation	\$ _____
X. Health/Medical, including Health Screenings	\$ _____
Y. COVID-19 Testing	\$ _____
Z. COVID-19 Associated Medical Care During Quarantine/Isolation	\$ _____
AA. Mental Health	\$ _____
AB. Legal Aid	\$ _____
AC. Translation Services	\$ _____
AD. Administrative Services	\$ _____
Total Reported:	\$ _____

I hereby certify that the information provided in this report and all supporting documentation complies with all funding 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 these emergency supplemental funds. All appropriate staff and volunteers have been informed of EFSP requirements for these funds. The Local Board has been provided, and we have retained, a copy of this report for our records.

I certify that the information provided in this report and all required logs, spreadsheets and other supporting documentation, as necessary, that will be submitted to the Local Board for consideration of a grant/award under the U.S. Department of Homeland Security's Federal Emergency Management Agency's Emergency Food and Shelter Program is accurate.

Signature/Title of Agency Official: _____

Date: _____

SAMPLE FORMS – LOGS – SPREADSHEETS

Supplemental Appropriations for Humanitarian Assistance Funding

Per Capita Schedule

(Reimbursement will be made at the rate of \$28.50 per unique individual for food, shelter and other supportive services provided)

Jurisdiction ID (6 digits) and Name	0123-00 Sample Jurisdiction
LRO ID (9 digits) and Name	0123-00-001 Sample Agency
LRO Street Address, City, State, Zip	123 Sample Street, City, State Zip
Date (MM/DD/YY)	Number of Unique Migrants Served
10/21/22	50
10/23/22	25
10/25/22	100
10/28/22	35
10/31/22	150

Total Migrants Served: 360
Total Reimbursement Request: \$10,260.00

Emergency Food and Shelter Program

Supplemental Appropriations for Humanitarian Assistance Funding

Daily Per Meal Log

(Reimbursement will be made at the rate of \$3.00 per meal)

Jurisdiction ID (6 digits) and Name	0123-00 Sample Jurisdiction
LRO ID (9 digits) and Name	0123-00-001 Sample Agency
LRO Street Address, City, State, Zip	123 Sample Street, City, State Zip
Date (MM/DD/YY)	Number of Meals Served
10/12/22	100
10/16/22	150
10/17/22	125
10/20/22	100
10/25/22	50

Total Meals Provided: 525
Total Reimbursement Request: \$1,575.00

SAMPLE FORMS – LOGS – SPREADSHEETS

Emergency Food and Shelter Program Supplemental Appropriations for Humanitarian Assistance Funding <b style="background-color: yellow;">Daily Per Diem Shelter Log (Reimbursement will be made at the rate of \$12.50 per individual served)	
Jurisdiction ID (6 digits) and Name	0123-00 Sample Jurisdiction
LRO ID (9 digits) and Name	0123-00-001 Sample Agency
LRO Street Address, City, State, Zip	123 Sample Street, City, State Zip
Date (MM/DD/YY)	Number of Migrants Sheltered
11/23/22	50
11/30/22	30
12/4/22	25
12/13/22	50
12/23/22	10

Total Shelter Days: 165
Total Reimbursement Request: \$2,062.50

Emergency Food and Shelter Program Supplemental Appropriations for Humanitarian Assistance Funding <b style="background-color: yellow;">Mileage Log (Reimbursement will be made at the rate of \$.625 per mile traveled)		
Jurisdiction ID (6 digits) and Name	0123-00 Sample Jurisdiction	
LRO ID (9 digits) and Name	0123-00-001 Sample Agency	
LRO Street Address, City, State, Zip	123 Sample Street, City, State Zip	
Date (MM/DD/YY)	Departure, Destination, Purpose of Trip (roundtrip)	Number of Miles Traveled
10/12/22	Travel from agency to airport to take migrants and return	25
10/15/22	Travel from agency to bus station to take migrants	15
10/17/22	Travel from agency to grocery store	5

Total Miles: 45
Total Reimbursement Request: \$28.13

Required Elements for Daily Meal Log and Daily Shelter Log (sample daily logs are available on EFSP website under the [Humanitarian Funding Information Tab.](#))

- Date (MM/DD/YY):** date that agency provided service (food, shelter and other services) to migrants. The daily logs must be sorted in date order and show a daily count. Date must be within **October 1, 2022 – December 31, 2022.**
- Number of Meals served:** number of meals served to migrants. For agencies that provided bags/boxes of food items, provide the best estimate of number of meals included in the bag/box.
- Number of Migrants Served:** number of migrants served per day.
- Total Number of Unduplicated Migrants Served:** total number of unique migrant clients served.

Emergency Food and Shelter Program

FY 2023 Humanitarian Relief Funding

DAILY MEAL LOG

Jurisdiction ID (6 digits) and Name	0123-00 Sample Jurisdiction
LRO ID (9 digits) and Name	0123-00-001 Sample Agency
LRO Street Address	123 Sample Street, Sample City, State Zip

Date (MM/DD/YY)	Number of Meals Served	Number of Migrants Served
02/01/23	100	50
02/02/23	70	35
02/03/23	80	40
02/04/23	90	45
Total Number Served	340	170
Total Number of Unduplicated Migrants Served	150	

Daily meal log must show a **daily** count. Sample daily logs and guidance are available on EFSP website at Supplemental Funding Information. Spreadsheets and daily logs must be submitted electronically in the application process on EFSP website. Spreadsheets and daily logs alone are not sufficient. Copies of supporting documentation (proof of payment and receipts/invoices) of eligible expenditures must be submitted to the **Local Board**. Documentation may also be sent electronically in the application process, if volume is not too large.

SAMPLE FORMS – LOGS – SPREADSHEETS

ish Federations
OF NORTH AMERICA

The National Council of the
Churches of Christ in the USA

Emergency Food and Shelter Program

FY 2023 Humanitarian Relief Funding

DAILY SHELTER LOG

Jurisdiction ID (6 digits) and Name	0123-00 Sample Jurisdiction
LRO ID (9 digits) and Name	0123-00-001 Sample Agency
LRO Street Address	123 Sample Street, Sample City, State Zip

Date (MM/DD/YY)	Number of Migrants Served
02/01/23	25
02/02/23	24
02/03/23	24
02/04/23	25
Total Number Served	98
Total Number of Unduplicated Migrants Served	65

Daily shelter log must show a **daily** count. Sample daily logs and guidance are available on EFSP website at Supplemental Funding Information. Spreadsheets and daily logs must be submitted electronically in the application process on EFSP website. Spreadsheets and daily logs alone are not sufficient. Copies of supporting documentation (proof of payment and receipts/invoices) of eligible expenditures must be submitted to the **Local Board**. Documentation may also be sent electronically in the application process, if volume is not too large.

Example of Primary Expenditures Spreadsheet for Hotel/Motel Shelter

**Emergency Food and Shelter Program
FY 2023 Humanitarian Relief Funding**

Jurisdiction ID and Name	0123-00 Sample Jurisdiction
LRO ID and Name	0123-00-001 Sample Agency
LRO Address City/State/Zip	123 Sample Street, City, State, Zip

Spreadsheets and daily logs must be submitted electronically in the application process on the EFSP website. Spreadsheets alone are not enough. Copies of supporting documentation (proofs of payment or receipts) of eligible expenditures must be submitted to the **Local Board**. Documentation may also be sent electronically in the application process if volume is not too large.

PRIMARY ELIGIBLE REIMBURSEMENTS SPREADSHEET – HOTEL/MOTEL SHELTER NIGHTS

Payment /Check Number	Payment/ Check Date (MM/DD/YY)	Invoice/ Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter N/A)	Vendor Name	Description (describe item purchased, if not identified on receipt)	Invoice/ Receipt Amount	Total Check Amount	EFSP Portion of Invoice Amount
87364	3/15/23	3/12/23	842086	Value Motel		250.00	250.00	250.00
Credit Card	1/01/23	1/01/23	789134	Local City Motel		50.00	50.00	50.00
Total								300.00

Sample Spreadsheets and Guidance are available on EFSP website under the Humanitarian Funding Info tab.

SAMPLE SECONDARY

Federations
OF NORTH AMERICA

**SAMPLE FORMS – LOGS –
SPREADSHEETS**

SAMPLE PRIMARY – ACTUAL COSTS

Example of Secondary Expenditures Spreadsheet for Supportive Services

**Emergency Food and Shelter Program
FY 2023 Humanitarian Relief Funding**

Jurisdiction ID and Name	0123-00 Sample Jurisdiction
LRO ID and Name	0123-00-001 Sample Agency
LRO Address City/State/Zip	123 Sample Street, City, State, Zip

Spreadsheets and daily logs must be submitted electronically in the application process on the EFSP website. Spreadsheets alone are not enough. Copies of supporting documentation (proofs of payment or receipts) of eligible expenditures must be submitted to the **Local Board**. Documentation may also be sent electronically in the application process if volume is not too large.

SECONDARY ELIGIBLE REIMBURSEMENTS SPREADSHEET

Payment /Check Number	Payment/ Check Date (MM/DD/YY)	Invoice/ Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter N/A)	Vendor Name	Description (describe item purchased, if not identified on receipt)	Invoice/ Receipt Amount	Total Check Amount	EFSP Portion of Invoice Amount
12395	02/26/23	01/15/23	6501	Community Drugstore	COVID-19 Tests	250.00	250.00	250.00
Debit Card	03/10/23	03/10/23	LS-555-05	Legal Services Corporation		50.00	50.00	50.00
EFT	03/25/23	03/25/23	CH54321-20	Sample Translation Company		200.00	200.00	200.00
Cash	03/10/23	03/10/23	5430-09	Local Grocery Mart		50.00	50.00	50.00
Total								550.00

Sample Spreadsheets and Guidance are available on EFSP website under the Humanitarian Funding Info tab.

Example of Transportation Spreadsheet

**Emergency Food and Shelter Program
FY 2023 Humanitarian Relief Funding**

Jurisdiction ID and Name	0123-00 Sample Jurisdiction
LRO ID and Name	0123-00-001 Sample Agency
LRO Address City/State/Zip	123 Sample Street, City, State Zip

Spreadsheets and daily logs must be submitted electronically in the application process on the EFSP website. Spreadsheets alone are not enough. Copies of supporting documentation (proofs of payment or receipts) of eligible expenditures must be submitted to the **Local Board**. Documentation may also be sent electronically in the application process if volume is not too large.

TRANSPORTATION SERVICES ELIGIBLE REIMBURSEMENT SPREADSHEET

Payment/Check Number	Payment/Check Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter N/A)	Vendor Name	Description (describe item purchased, if not identified on receipt)	Invoice/Receipt Amount	Total Check Amount	EFSP Portion of Invoice Amount
1358	02/18/23	02/15/23	5W123-23	Charter Bus Depot		1,200.00	1,200.00	1,200.00
Credit Card	03/20/23	03/20/23	6543-21	USA Airlines	Airfare for 4 migrants	1,000.00	1,000.00	1,000.00
Credit Card	05/03/2023	05/03/2023	9900-1	Bus Line	Bus tickets 10 migrants	625.00	625.00	625.00
Total								2,825.00

Sample Spreadsheets are available on the EFSP website under the Humanitarian Funding Info tab.

**SAMPLE FORMS – LOGS –
SPREADSHEETS**

SAMPLE TRANSPORTATION

**Emergency Food and Shelter Program
FY 2023 Humanitarian Relief Funding**

Jurisdiction ID and Name	0123-00 Sample Jurisdiction
LRO ID and Name	0123-00-001 Sample Agency
LRO Address City/State/Zip	123 Sample Street, City, State Zip

Spreadsheets and daily logs must be submitted electronically in the application process on the EFSP website. Spreadsheets alone are not enough. Copies of supporting documentation (proofs of payment or receipts) of eligible expenditures must be submitted to the **Local Board**. Documentation may also be sent electronically in the application process if volume is not too large.

EQUIPMENT AND ASSETS ELIGIBLE REIMBURSEMENT SPREADSHEET

Payment/Check Number	Payment/Check Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter N/A)	Vendor Name	Description (describe item purchased, if not identified on receipt)	Invoice/Receipt Amount	Total Check Amount	EFSP Portion of Invoice Amount
12318	02/17/23	02/16/23	N/A	Handy Repairs	Refrigerator Repair	250.00	250.00	250.00
Credit Card	03/20/23	03/20/23	6543-21	Appliance Depot		650.00	650.00	300.00
Total								550.00

Sample Spreadsheets are available on the EFSP website under the Humanitarian Funding Info tab.

SAMPLE EQUIPMENT & ASSETS

**Emergency Food and Shelter Program
FY 2023 Humanitarian Relief Funding**

Jurisdiction ID and Name	0123-00 Sample Jurisdiction
LRO ID and Name	0123-00-001 Sample Agency
LRO Address City/State/Zip	123 Sample Street, City, State Zip

Spreadsheets and daily logs must be submitted electronically in the application process on the EFSP website. Spreadsheets alone are not enough. Copies of supporting documentation (proofs of payment or receipts) of eligible expenditures must be submitted to the **Local Board**. Documentation may also be sent electronically in the application process if volume is not too large.

ADMINISTRATION EXPENDITURES - DIRECT COST

Payment/Check Number	Payment/Check Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter N/A)	Vendor Name	Description (describe item purchased, if not identified on receipt)	Invoice/Receipt Amount	Total Check Amount	EFSP Portion of Invoice Amount
12315	02/15/23	02/15/23	12-7788935	USPS	Postage	50.00	50.00	50.00
Total								50.00

Sample Spreadsheets are available on EFSP website under the Humanitarian Funding Info tab.

**SAMPLE FORMS – LOGS –
SPREADSHEETS**



**SAMPLE ADMINISTRATION
SPREADSHEET – ACTUAL COST**

**SAMPLE ADMINISTRATION
SPREADSHEET – PAYROLL**

**Emergency Food and Shelter Program
FY 2023 Humanitarian Relief Funding**

Jurisdiction ID and Name	0123-00 Sample Jurisdiction
LRO ID and Name	0123-00-001 Sample Agency
LRO Address City/State/Zip	123 Sample Street, City, State Zip

Spreadsheets and daily logs must be submitted electronically in the application process on the EFSP website. Spreadsheets alone are not enough. Payroll Registers must be provided. *If required, copies of supporting documentation (proofs of payment or receipts) of eligible expenditures must also be submitted to the Local Board.* Documentation may also be sent electronically in the application process if volume is not too large.

ADMINISTRATION EXPENDITURES - PAYROLL

Employee Name	Payroll Date (MM/DD/YY)	Percentage	Payroll Amount	EFSP Portion of Payroll Amount
Smith, Tester	2/28/23	25.00%	\$1,500.00	\$375.00
Smith, Tester	3/15/23	30.00%	\$1,500.00	\$450.00
Smith, Tester	3/31/23	20.00%	\$1,500.00	\$300.00
Total				1,125.00

Sample Spreadsheets are available on EFSP website under the Humanitarian Funding Info tab.



KEY PROGRAM DATES

Application Periods

Humanitarian Relief Application Schedule (pending funding availability):

Quarter	Application Available	Eligible Reimbursement Period*	LRO App Submission Deadline To LB	LB Submission of LRO App Deadline To NB
1	01/02/2023 – 02/17/2023	10/1/2022 -12/31/2022	02/17/2023	02/24/2023
2	04/03/2023 – 05/15/2023	1/1/2023 - 3/31/2023	05/15/2023	05/22/2023
3	07/01/2023 – 08/11/2023	4/1/2023 - 6/30/2023	08/11/2023	08/18/2023
4	10/01/2023 – 11/10/2023	7/1/2023 - 9/30/2023	11/10/2023	11/17/2023

App – Application

LRO – Local Recipient Organization

LB – Local Board

NB – National Board

***Note:** Agencies may submit applications during the Application Available periods for expenses incurred during the Eligible Reimbursement Periods only. Expenses incurred outside of the Eligible Reimbursement Periods will not be accepted. Unlike with prior humanitarian relief funding, the National Board will not allow the submission of expenses from past periods to be submitted with applications. *Example:* Applications submitted in Quarter 3 may only include expenses from the period of 4/1/2023 – 6/30/2023; expenses dated before or after that period will be considered ineligible and will not be reimbursed.



Emergency Food and Shelter National Board Program

FISCAL YEAR 2023 HUMANITARIAN GUIDANCE

Available on the EFSP website under the
Humanitarian Funding Info Tab

Website: efsp.unitedway.org



EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM

**HUMANITARIAN RELIEF
FUNDING GUIDANCE
FISCAL YEAR 2023
(Continuing Resolution
\$75 Million)**

APPLICATION AND FUNDING GUIDANCE

This document provides information and guidance for those participating, and interested in participating, in the Emergency Food and Shelter National Board Program, with Fiscal Year 2023 funding made available under the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023, Pub. L. No. 117-180, referencing Department of Homeland Security Appropriations Act, 2022, Pub. L. No. 117-103, for the purposes of providing shelter and other services to families and individuals encountered by the U.S. Department of Homeland Security.



Emergency Food and Shelter National Board Program

HELP DESK TECHNICAL ASSISTANCE

POTENTIAL APPLICANTS MAY SEEK ASSISTANCE ABOUT THE HUMANITARIAN FUNDING BY CONTACTING:

- Local Board for assistance
- SSA Committee for state-wide agencies
- EFSP website by clicking [Humanitarian Funding Information](#)
- National Board staff at suppfund@uww.unitedway.org or 703.706.9660, option 6

EMERGENCY FOOD AND SHELTER
NATIONAL BOARD PROGRAM
701 North Fairfax Street
Alexandria, Virginia 22314

Phone: 703-706-9660 (option 6)

Fax: 703-706-9677

Website: efsp.unitedway.org

Email Address for Inquiries:
suppfund@uww.unitedway.org



Emergency Food and Shelter National Board Program

HUMANITARIAN PROGRAM FUNDING AND APPLICATION OVERVIEW