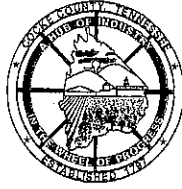


Office: (423) 623-8791  
Fax: (423) 623-8792  
Email: rob.mathis@cockecountytn.gov



Courthouse Annex  
360 East Main St. Suite 146  
Newport, Tennessee 37821

## **Cocke County Mayor Rob Mathis**

### **FOR IMMEDIATE RELEASE**

## **Cocke County Allocated Federal Funds under the Emergency Food and Shelter National Board Program**

**Cocke County** has been allocated federal funds in the amount of \$15,034.00, under the **Emergency Food and Shelter National Board Program** to supplement emergency food and shelter programs in the county.

The selection was made by a National Board that is chaired by the Department of Homeland Security's Federal Emergency Management Agency and consists of representatives from American Red Cross; Catholic Charities, USA; National Council of the Churches of Christ in the U.S.A.; The Salvation Army; United Jewish Communities, and United Way of America. The Local Board is charged to distribute funds appropriated by Congress to help expand the capacity of food and shelter programs in high-need areas around the country.

A Local Emergency Food and Shelter Program Board, comprised of representatives from the same human services agencies as the national board, will determine how the funds allocated to Cocke County are to be distributed among the emergency food and shelter programs run by local service organizations in the area. The Local Board is responsible for recommending agencies to receive these funds and any additional funds available under this phase of the program.

Under the terms of the grant from the National Board, local agencies chosen to receive funds must: 1) be private voluntary nonprofits or units of government, 2) have an accounting system, 3) practice nondiscrimination, 4) have demonstrated the capability to deliver emergency food and/or shelter programs, and 5) if they are a private voluntary organization, they must have a voluntary board 6) have a UEI (unique entity identifier). Qualifying agencies are urged to apply.

Public or private voluntary organizations interested in applying for Emergency Food and Shelter Program funds must pick up an application at the Cocke County Mayor's Office, Courthouse Annex, 360 East Main Street, Suite 146, Newport, Tennessee 37821; 423-623-8791. You may email your application to Joanie Stokely, [jstokely@cockecountytn.gov](mailto:jstokely@cockecountytn.gov), or return the application to the above address.

**PLEASE NOTE: THE DEADLINE FOR AGENCIES TO SUBMIT AN  
APPLICATION FOR FUNDING IS WEDNESDAY, APRIL 17TH AT 4:00 P.M.**

**EFSP**  
**Application Packet**  
**Phase 41**

March 26, 2024

To: Coker County Organizations  
From: Local Board Chair-Joanie Stokely  
Subject: Phase 41 Application Forms

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We have received notification from the Emergency Food and Shelter National Board Program of the award for Coker County in the amount of \$15,034.00 for Phase 41 to supplement emergency food and shelter programs in our area. I have enclosed a copy of the press release that should run in the Newport Plain Talk, WLIK and WNPC Radio Stations today.

Enclosed are your Emergency Food and Shelter Program Phase 41 application forms. A checklist has been included to assist in making sure that complete packets are returned to the local board. Due to the short time frame, incomplete applications will not be considered.

If you are a new agency applying for the first time, I will contact your agency to schedule a time to meet with the local board grant awards committee to present your application. The following issues are important to the board in considering applications:

- Organization history; length of service and track record,
- Must be a 501 (c) (3),
- MUST HAVE A UEI NUMBER FROM SAMS.GOV (this replaced the DUNS number)
- Ability to keep complete and accurate accounting records,
- What kind of programs you run and the number of people you serve?
- How your program addresses community needs,
- Where funding will come from if you are not granted this request.

These issues should be discussed during your presentation to the EFSP local board. Agencies who apply are welcome to make brief presentations to the EFSP Local Board on Thursday, April 25<sup>th</sup> at 9:30 AM.

Please note that the following three items will immediately disqualify you from receiving any funding through the Emergency Food and Shelter Program:

- Inability to show fiscal responsibility
- No track record with an existing program (This is supplemental funding only)
- Ineligible expenditures.

**The application should be completed and returned to Joanie Stokely, Coker County Mayor's Office, 360 East Main Street, Suite 146, Newport, TN 37821, no later than Wednesday, April 17<sup>th</sup> at 4:00pm. Applications may be emailed to [jstokely@cockecountytn.gov](mailto:jstokely@cockecountytn.gov) or return the application to the above address.**

If you have any questions, feel free to contact me at 423-623-8791.

Sincerely,

Joanie Stokely  
Local Board Chair

## Qualifications to Receive Funds

### For a local organization to be eligible for funding it must:

- Be nonprofit or an agency of government;
- Have a checking account in the organization's name. (Cash payments are not allowed).
- Have an accounting system or fiscal agent approved by the Local Board;
- Have a Federal employer identification number (FEIN), or be in the process of securing FEIN;
- Have a UEI (Unique Entity Identification) number from <https://sams.gov> (this replaced the DUNS number)
- Conduct an independent annual audit if receiving \$50,000 or more in EFSP funds; conduct an annual review if receiving \$25,000 to \$49,000 in EFSP funds;
- Be providing services and using other agency resources in the area in which they are seeking funding;
- Practice nondiscrimination;
- Have a voluntary board if private, not-for-profit; and,
- To the extent practicable, involve homeless individuals and families, through employment, volunteer programs, etc, in providing emergency food and shelter services.
- Submit required reports

# Emergency Food and Shelter Grant Request Checklist

Please use this checklist to provide the Local Emergency Food and Shelter Board with the following information:

**Attention: (\*) These items needed for first year applicants only, unless requested by the local board.**

\_\_\_\_\_ Organization description. (\*)

\_\_\_\_\_ Historical profile of your agency. (\*)

\_\_\_\_\_ Specific description of your existing programs (include who, what, when, where, and numbers of persons served annually for each program).

\_\_\_\_\_ Describe your process for distributing funds, including hours and days of service.

\_\_\_\_\_ Justify why this program is needed in the community.

\_\_\_\_\_ Explain the total cost of the program(s) for which you are requesting funding. What part of the program will you pay? Where will these funds come from? (Please provide documentation.)

\_\_\_\_\_ During the preceding year, \_\_\_\_\_% of total support and revenue has been spent on administrative and fund-raising costs.

\_\_\_\_\_ If this request is a collaborative effort, please identify which agency will act as the fiscal agent.

\_\_\_\_\_ Provide a copy of your latest audit or similar monitoring document indicating that financial accounting is consistent with standard accounting practices.

\_\_\_\_\_ Provide a list of your staff and their job titles.

\_\_\_\_\_ Provide a list of your Board of Directors.

\_\_\_\_\_ Provide a copy of a document verifying your 501.c.3 status. (\*)

\_\_\_\_\_ Provide a copy of your Bylaws. (\*)

\_\_\_\_\_ Provide a copy of your state charter. (\*)

\_\_\_\_\_ Combine the above listed items with your completed application form. Sign all necessary forms. Prepare one application packet and return it to Joanie Stokely, County Mayor's Office, 360 East Main Street, Courthouse Annex, Suite 146, Newport, Tennessee 37821 by the **deadline of 4:00 p.m., Wednesday, April 17, 2024.**

## **ELIGIBLE PROGRAM COSTS**

Eligible Program Costs include, but are not limited to:

1. Food purchases for food banks / pantries and other food providers.
2. Transportation for food banks / pantries and other food providers.
3. Equipment and consumable supplies for food banks / food pantries.
4. Food purchases for mass feeding.
5. Transportation for mass shelter / mass feeding.
6. Consumable supplies for mass shelter / mass feeding.
7. Equipment purchases for mass shelter / mass feeding.
8. Minor emergency equipment repairs for mass shelters / mass feeding.
9. Limited first aid supplies for mass shelter / mass feeding.
10. Building code repairs to mass shelter or mass feeding facility.
11. Local board approval for building code repairs.
12. Facility improvements for the disabled for mass shelter / mass feeding.
13. Mass shelter expenses.
14. Mass shelter / direct cost.
15. Per diem allowance.
16. Mass feeding expenses.
17. Mass feeding direct cost.
18. Per meal allowance.
19. Off-site lodging (hotel / motel).
20. Rent / mortgage assistance / eviction prevention.
21. First month's rent payment.
22. Utility assistance.
23. Utility assistance documentation special note.
24. Metered utility verification form.
25. Diapers.

\*Each eligible program cost category has detailed documentation required for expense.

**Please follow all guidelines in the Emergency Food and Shelter National Program information booklet.**

## INELIGIBLE PROGRAM COSTS

Purposes for which funds **cannot be used** include, but are not limited to:

1. **CASH PAYMENTS** of any kind including checks made out to cash, or petty cash expenditures.
2. Payments made in any form other than LRO check, LRO vendor issued credit card, or LRO debit card to vendor, never a client.
3. Reimbursements to staff, volunteers, or clients for program purchases. Cash back to client from gift certificates / vouchers,
4. Reimbursements to other LROs or agencies including those agencies under LROs serving as a fiscal agent or fiscal conduit.
5. Fees: No bank fees for check replacements, membership fees to food banks, shopping clubs, etc.
6. Deposits of any kind.
7. Administrative cost reimbursement to state or regional offices of governmental or voluntary organizations.
8. Use of administrative funds for purposes other than administering EFSP.
9. Lobbying efforts.
10. Expenditures made outside jurisdiction's spending period.
11. No pre-payment for expenses or services not yet rendered or incurred (i.e., where no goods or services have been provided prior to payment during program period).
12. Telephone costs, salaries, or office equipment by LRO, except as administrative allowance authorized by the Local Board, and limited to the total allowance (2%) of the LRO's award.
13. Rental security deposit or revolving loan accounts.
14. Payments of more than one month's mortgage, first month's mortgage, or down payment on mortgage.
15. Purchase / lease of real property (land or buildings) of any kind.
16. Property taxes of any kind, escrow accounts, insurance, legal fees, or condo fees.
17. Late fees for rent, mortgage, or utility assistance.
18. Payment of more than one month's rent.
19. Payment of more than one month's portion of a utility bill.
20. Payment of more than \$300 per item of essential equipment.
21. Lease-purchase agreement or equipment leases.
22. Emergency building code repairs or rehabilitation to government owned, profit-making facilities or leases facilities or any facility not owned by the LRO.
23. Routine maintenance of LRO facilities, routine maintenance or service contracts on equipment.
24. Construction, rehabilitation or remodeling for expansion of service.
25. Repairs of any kind to an individual's home or apartment. (Repairs can only be made to LRO owned facilities.)
26. Supplies or equipment purchases for an individual's home or private use.
27. Transportation of people **not** related to direct provision of food or shelter (e.g., to another agency, another city, etc.). Also transportation to a relative's or friend's home.
28. Gas or repairs for client-owned vehicles, maintenance or repairs to LRO-owned vehicles.(e.g., oil, tires, etc.). Also, insurance for LRO-owned or client-owned vehicles.
29. Emergency assistance for disaster victims, supplies bought for or in anticipation of a natural disaster (i.e., fire victims, floods, tornadoes, etc.).
30. Prescription medication, medical supplies or vitamins.
31. Clothing (except underwear / diapers for clients of mass shelters, if necessary).
32. An LRO may not operate as a vendor for itself or other LROs, except for the shared maintenance fee for food banks.
33. Direct expenses associated with new or expanded services or to prevent closing.
34. Encumbrance of funds; that is, no-pre-payments for goods or services not received or not rendered which are paid for prior to the end of the jurisdiction's program.
35. No payments on account.
36. Meal costs in excess of the normal daily basic meal cost.
37. Reserving or withholding funds in anticipation of a future need (e.g., holiday events, holiday baskets, special programs, celebratory events).
38. Staff events / functions / meals of any kind.
39. Supplementing foster care costs, where an LRO has already received payment for basic boarding and feeding of a client. Comprehensive foster care costs beyond food and shelter are not allowed.

# Phase 41 Application Form

This form should be completed and signed by your agency when applying for Emergency Food and Shelter funding. Please report anticipated expenditures and units of service (meals / nights lodging / bills paid) in the blanks provided below. Categories E, F, and I do not require an estimate. A minimum ten percent (10%) match for requested funds is required and documentation of the match must be attached to this request in the form of a current year's budget that will be substantiated by your annual audit. When completed, this form must be forwarded to your Local Board Chair. **Deadline for application is April 17<sup>th</sup>, 2024, at 4:00pm.**

	<u>Expenditures</u>	<u>Units of Service</u>
A. Served meals	_____	_____ (# of meals)
B. Other food	_____	_____ (# of meals)
C. Mass shelter	_____	_____ (# of nights)
D. Other shelter	_____	_____ (# of nights)
E. Supplies / equipment	_____	XXXXXXXXXX
F. Emergency repairs	_____	XXXXXXXXXX
G. Rent / mortgage	_____	_____ (# of bills)
H. Utilities	_____	_____ (# of bills)
I. Administration	_____	XXXXXXXXXX
J. Total (A+B+C+D+E+F+G+H+I)	_____	XXXXXXXXXX

\_\_\_\_\_ Agency Name

\_\_\_\_\_ LRO Agents Signature

\_\_\_\_\_ I.D.#

\_\_\_\_\_ Date

\_\_\_\_\_ Reviewed by Local Board

After completion, return this form to:

Joanie Stokely  
Local Board Chair  
360 East Main Street, Room 146  
Newport, Tennessee 37821

For questions, call Joanie Stokely at 423-623-8791