

## EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM PHASE 36 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 36 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 petty 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.

**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 digit): \_\_\_\_\_ FEIN#: \_\_\_\_\_ DUNS #: \_\_\_\_\_

LRO Name: \_\_\_\_\_

Street Address/City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Print Name \_\_\_\_\_

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

**NOTE:** The EFSP National Board will be updating this document once the Phase 36 Manual has been finalized. LROs will be required to submit an updated Local Recipient Organization Certification form via DocuSign once award notifications have been announced.

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM**  
**PHASE 36 CERTIFICATION REGARDING LOBBYING**

---

*Certification for Contracts, Grants, Loans and Cooperative Agreements*

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on the behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, contribution, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Title 31 U.S.C. §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**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 Name**

\_\_\_\_\_  
**LRO ID Number (9 digits)**

\_\_\_\_\_  
**Representative Name**

\_\_\_\_\_  
**Representative Signature**

\_\_\_\_\_  
**Date (month/day/year)**

**NOTE:** Standard Form LLL and instructions are available at [www.grants.gov](http://www.grants.gov)

**NOTE:** LROs will be required to submit an updated Certification Lobbying form via DocuSign once award notifications have been announced.

# EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM

## PHASE 36 FISCAL AGENT/FISCAL CONDUIT AGENCY RELATIONSHIP CERTIFICATION

This certification must be signed by each agency receiving funds through a Fiscal Agent/Fiscal Conduit Agency at the beginning of the funding cycle.

By signing this Fiscal Agent/Fiscal Conduit Agency Relationship Certification Form, our agency certifies we have read and understand the Emergency Food and Shelter Program (EFSP) Phase 36 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, Fiscal Agent/Fiscal Conduit and the agency(ies) benefitting through the relationship have retained a copy of this form for their records.

As a **recipient agency** (through the Fiscal Agent/Fiscal Conduit noted below) of Emergency Food and Shelter National Board Program (EFSP) funds made available for Phase 36 and as the duly authorized representative of

\_\_\_\_\_  
(NAME OF AGENCY)

I certify that my public or private agency:

Has a Fiscal Agent/Fiscal Conduit approved by the Local Board:

\_\_\_\_\_  
(NAME OF FISCAL AGENT/FISCAL CONDUIT)

- Is not debarred or suspended from receiving Federal funds.
- Has the capability to provide emergency food and/or shelter services.
- Will use funds to supplement and 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.
- 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).
- 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.
- Will not charge a fee to clients for EFSP funded services.
- Has a voluntary board if private, not-for-profit.
- **Understands that cash payments (including petty cash) are not eligible under EFSP.**
- Will provide all required information to the Fiscal Agent/Fiscal Conduit.
- Will expend monies only on eligible costs and keep complete, accurate 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 provide complete, accurate documentation to the Fiscal Agent/Fiscal Conduit Agency for payment to the vendor.
- 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.
- Has certified that our employees, volunteers, or other individuals associated with the program understand they will not engage in any trafficking of persons during the period this award is in effect.
- Has certified that our employees, volunteers, or other individuals associated with the program understand they will not use EFSP funds to support access to classified national security information during the period this award is in effect.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.
- Will spend all funds and close-out the program by the jurisdiction's selected end-of-program date and return any unused funds (\$5.00 or more) 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): \_\_\_\_\_ FEIN#: \_\_\_\_\_ DUNS #: \_\_\_\_\_

LRO Name: \_\_\_\_\_

Street Address/City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** LROs will be required to submit an updated Fiscal Agent/Fiscal Conduit Agency Relationship Certification form via DocuSign once award notifications have been announced.



## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

**Mail to:** Emergency Food and Shelter Program  
701 North Fairfax Street  
Alexandria, VA 22314-2064

**THIS ORIGINAL FORM MUST BE COMPLETED IN ITS ENTIRETY AND MAILED TOGETHER WITH A VOIDED CHECK IN ORDER TO BE PROCESSED.**

Contact: \_\_\_\_\_

**LRO ID: 168600 - \_\_\_\_\_**

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

Address: \_\_\_\_\_  
\_\_\_\_\_

**This original form must be completed in full; an original voided check must be attached or it cannot be processed.  
The form must be submitted by mail and MAY NOT be faxed to EFSP.**

The above listed LRO, by its authorized agent, hereby authorizes United Way Worldwide (UWW), Fiscal Agent for the Emergency Food and Shelter National Board Program, to initiate credit entries (EFT deposits); to initiate, if necessary, debit entries (reversal of deposits) and adjustments for any credit entries in error to the account in the depository indicated below; or to authorize depository to credit or debit initiated transactions.

This authority is to remain in full force and effect until UWW has written notification from the LRO of its termination in such time and in such manner as to afford UWW and DEPOSITORY a reasonable opportunity to act on it.

LOCAL RECIPIENT ORGANIZATION (AUTHORIZED AGENT)

By : \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

SIGNATURE(S) ON ACCOUNT

1. \_\_\_\_\_  
Printed Name

2. \_\_\_\_\_  
Printed Name

1. \_\_\_\_\_  
Signature

2. \_\_\_\_\_  
Signature

NAME OF DEPOSITORY: \_\_\_\_\_  
(bank, savings and loan, etc.)

TYPE OF ACCOUNT (Please check one)     SAVINGS     CHECKING

TELEPHONE NUMBER OF DEPOSITORY (        ) \_\_\_\_\_  
(Area code)    Phone Number

**THE FEDERAL RESERVE REQUIRES THAT UWW KEEP THIS INFORMATION ON RECORD**

**Instructions for Local Recipient Organizations (LROs)**  
**(How to Request a Dun and Bradstreet (D&B) Data Universal Number System (DUNS Number))**

---

*Please Note: It is strongly recommended that LROs use the Internet Option A for obtaining their DUNS number for reporting to the National Board. Check with your parent organization to see if you already have a DUNS number.*

➤ **What is a DUNS Number?**

- A DUNS (Data Universal Number System) Number is a unique identification number for each physical location of a business organization that is used to track how federal grant money is allocated.
- LROs are required to provide the 9-digit DUNS Number.

➤ **Who needs a DUNS Number?**

- All businesses or other organizations receiving money from the U.S. Federal government through contracts or grants are required to have a DUNS Number.
- For EFSP purposes, all LROs must have a DUNS number. This was first required for LROs funded under Phase AR (American Recovery and Reinvestment Act of 2009); the National Board made it a requirement beginning with Phase 28. DUNS Numbers and all other data elements, as specified on the DUNS Reporting Form, must be submitted to the National Board. **The DUNS number alone is not sufficient.**

➤ **How can I receive a DUNS Number?**

- You may receive your free DUNS Number by Internet or by phone.
  - a. **By Internet (Option A):** *This option is highly recommended.* Register at [grants.gov](http://grants.gov) which includes a step-by-step process for obtaining the DUNS Number. If one does not already exist, it will be created within one business day.
  - b. **By Internet (Option B):** Go to <http://fedgov.dnb.com/webform> and request a DUNS Number. If one does not already exist, it will be created within one business day.
  - c. **By Phone:**
    - Businesses in the United States or U.S. Virgin Islands may call 1-866-705-5711.
    - Businesses in Alaska and Puerto Rico may call 1-800-234-3867 (Select Option 2, then Option 1).
    - Call centers are open between the hours of 7:00 a.m. and 8:00 p.m. CST. Phone requests generally take five to ten minutes to complete.
  - d. **Please have the following information available when you call:**
    - Legal Name of Organization
    - Tradestyle, Doing Business As (DBA), or other name by which your organization is commonly recognized
    - Physical Address, City, State and Zip Code
    - Mailing Address (if separate)
    - Telephone Number
    - Facsimile (fax) Number
    - Name of CEO/Organization Owner
    - Contact Name
    - SIC Code (Line of Business)/Primary Type of Business\*\*\*
    - Legal structure of the Organization (corporation, partnership, proprietorship)
    - Year the Organization Started
    - Number of Employees (full and part-time) at your location
    - Headquarters Name and Address (if there is a reporting relationship to a parent corporate entity)
    - Whether a home-based business

➤ **Who should I contact with any questions?**

- General inquires on the overall requirement can be addressed to [govt@dnb.com](mailto:govt@dnb.com).
- EFSP specific inquiries can be addressed to [efsp@uww.unitedway.org](mailto:efsp@uww.unitedway.org).

**\*\*\*Note:** The SIC code may be obtained from [http://www.osha.gov/pls/imis/sic\\_manual.html](http://www.osha.gov/pls/imis/sic_manual.html). This is a manual that can be referenced for the SIC code which is a coding system that identifies the type of business.

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM**  
***INSTRUCTIONS FOR DATA UNIVERSAL NUMBERING SYSTEM (DUNS) REQUIREMENT***

---

Beginning with Phase 28 of the Emergency Food and Shelter National Board Program (EFSP), the National Board began requiring DUNS numbers for all Local Recipient Organizations (LROs). This was first a requirement for LROs funded under the Phase AR (American Recovery and Reinvestment Act of 2009 or ARRA). The DUNS number and the associated information noted below and on the DUNS form must be provided to the National Board with the jurisdiction's Local Board Plan for any LRO that did not previously provide the information. *LROs that have not complied with this requirement cannot be paid.*

The data elements on the form are those that were required to be reported by sub-recipients of ARRA funding and are now required to be reported for all sub-recipients.

**Report Form Instructions:**

***LRO ID Number:*** This is the 9-digit identification number assigned to your agency by the EFSP. It is the login number used for accessing the website and is on nearly all LRO information provided from the National Board.

***DUNS Number:*** This is a unique 9-digit identification number used for tracking Federal grants. If your agency does not already have a DUNS number, instructions are provided on this site on how to obtain one. *Please be sure to check with your parent organization to see if your agency already has a DUNS number.* There is no charge for this number.

***Sub-Recipient Congressional District:*** This is the two digit code for the Congressional District where your organization is physically located.

***Sub-Recipient Primary Place of Performance (POP) Address:*** This is the address of the primary place that your agency provides EFSP services – use both Line 1 and Line 2 to provide the complete address, if necessary.

***Sub-Recipient Primary POP Location:*** This is the name of the city or town where your agency provides EFSP services.

***State Primary POP Postal Code:*** This is the state's two character postal abbreviation where your agency provides EFSP services.

***Sub-Recipient POP Zip Code:*** This is the Zip Code + 4 of the city or town noted above where your agency provides EFSP services.

***Sub-Recipient POP Congressional District:*** This is the two digit code for the Congressional District of the city or town noted above where your agency provides services.

***Sub-Recipient Indication of Reporting Applicability:*** Enter "Yes" or "No". Please see the definition on the form to determine if your organization needs to provide this information. If "Yes", then provide information for the next two items.

***Sub-Recipient Highly Compensated Officers Names:*** These are the individual names (first, middle initial, last) of your organization's 5 most highly compensated officers, if applicable. Please see the definition on the form to determine if your organization needs to provide this information. If you answered "No" to "Sub-Recipient Indication of Reporting Applicability" above, you do not need to provide this.

***Sub-Recipient Highly Compensated Officers Compensation:*** This is the individual compensation for your organization's 5 most highly compensated officers noted above, if required. Please see the definition on the form to determine if your organization needs to provide this information. If you answered "No" to "Sub-Recipient Indication of Reporting Applicability" above, you do not need to provide this.

***Please do not delay in providing this information so our records for your agency are complete.***

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM  
DUNS REPORTING FORM**

LRO NAME: \_\_\_\_\_  
\_\_\_\_\_

REQUIRED ITEM	DEFINITION	PROVIDE INFORMATION HERE <i>(Please type or print legibly)</i>
<b>Local Recipient Organization (LRO) ID Number</b>	Unique 9-digit number assigned to your agency by the Emergency Food and Shelter Program	
<b>DUNS Number</b>	Unique 9-digit number obtained from Grants.Gov or Dun & Bradstreet	
<b>Sub-Recipient Congressional District</b>	Congressional District where your agency is physically located. (2-digit number)	
<b>Sub-Recipient Primary Place of Performance (POP) Address Line 1</b>	Address of primary physical location where your agency's EFSP services are provided	
<b>Sub-Recipient POP Address Line 2</b>	Address of primary physical location where your agency's EFSP services are provided (line 2, if necessary)	
<b>Sub-Recipient POP Location</b>	Name of city/town where your agency's EFSP services are provided	
<b>Sub-Recipient POP State Code</b>	State where your agency's EFSP services are provided	
<b>Sub-Recipient POP Zip Code + 4</b>	Zip Code + 4 where your agency's EFSP services are provided	
<b>Sub-Recipient POP Congressional District</b>	Congressional district where your agency's EFSP services are provided (2 digit number)	
<b>Sub-Recipient Indication of Reporting Applicability</b>	This is a "Yes" or "No" response. "Yes" if your agency received in the preceding fiscal year: (a) 80% or more of its annual gross revenues from federal contracts (and sub-contracts), loans, grants (and sub-grants) and cooperative agreements; AND (b) \$25 million or more in annual gross revenues from federal contracts (and sub-contracts), loans, grants (and sub-grants) and cooperative agreements; AND if this information is not publicly available through some other means including, but not limited to, SEC filings and IRS 990 filings.	Yes  No
<b>Sub-Recipient Highly Compensated Officers Names</b>	If you answered "Yes" to <i>Sub-Recipient Indication of Reporting Applicability</i> above, <u>this information is required</u> . List the individual names (first, middle initial, last) of your organization's 5 most highly compensated officers, if applicable.	1. 2. 3. 4. 5.
<b>Sub-Recipient Highly Compensated Officers Compensation</b>	If you answered "Yes" to <i>Sub-Recipient Indication of Reporting Applicability</i> above, <u>this information is required</u> . This is the individual compensation for your organization's 5 most highly compensated officers and should correspond to the officers' names you listed above, if applicable.	1. 2. 3. 4. 5.