**MIDDLESEX COUNTY LOCAL FEMA BOARD**

**AMERICAN RESCUE PLAN ACT HUMANITARIAN ASSISTANCE FUNDING**

**JANUARY 1 – MARCH 31, 2021**

**BACKGROUND INFORMATION**

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| --- | --- | --- | --- | --- |
| Agency Name |  | | | |
| Address |  | | | |
| Federal Tax ID # |  | Amount Requested: | $ |  |
| DUNS # |  |  | | |

**FUNDING REQUEST**

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| --- | --- | --- |
| Total Eligible Unduplicated/Unique Migrant Clients Served (Best of knowledge) |  |  |
| Total Amount of Reimbursement Funds Requested (must be itemized below): | $ |  |

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| --- | --- | --- | --- | --- |
| Period When Services Were Provided: | Begin Date: |  | End Date: |  |

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

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| **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 | $ |  |

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| **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 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 | $ |  |

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| **PRIMARY ELIGIBLE REIMBURSEMENTS:** All primary Services expenses will be reimbursed based on actual costs, please indicate below. Daily log, spreadsheet and proof 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 (repair and cleaning supplies): | | | | | | | $ |  |
| Contracted Services (security, laundry, trash pickup): | | | | | | | $ |  |
| Personal Protective Equipment (PPE): | | | | | | | $ |  |

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| **FOOD AND SHELTER** | | | | | | |
| SHELTER (mass/local shelter facilities or motels) Total | |  | | TOTAL REQUEST: | $ |  |
| Migrant Nights (duplicated) | | | |  |  | |
| Total Migrants Unduplicated Served in Shelter: |  | | Average length of stay Before Departing: | | |  |
| **ITEMIZED ELIGIBLE REIMBURSEMENTS** | | | | | $ |  |
| Basic First Aid/Over-the-Counter Medications (e.g., band aids, aspirins): | | | | | $ |  |
| 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 (repair and cleaning supplies): | | | | | $ |  |
| Contracted Services (security, laundry, trash pickup): | | | | | $ |  |
| Personal Protective Equipment: | | | | | $ |  |
| Hotel/Motel Stay (for migrants): | | | | | $ |  |

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| **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 log, spreadsheet and proof 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 | | | | $ |  |
| COVID-19 Associated Care During Quarantining and Isolation | | | | $ |  |
| Mental Health | | | | $ |  |
| Legal Aid | | | | $ |  |
| Translation Services | | | | $ |  |
| Clothing, Shoes/Shoelaces, Belts | | | | $ |  |

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| **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 log, spreadsheet and proof 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 (bus tickets, airline tickets, and train tickets to sponsor) | | | | | | $ |  |
| Mileage using the Federal rate of 56 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): | | | | | | $ |  |

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| **EQUIPMENT AND ASSETS** (based on funding availability) | | |
| Equipment an Assets Costs: | $ |  |

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| **ADMINISTRATIVE REIMBURSEMENTS** (based on funding availability) | | |
| Administrative Costs: | $ |  |

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| 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. |

I hereby certify that the information provided in this application 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 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.

**ORGANIZATION CONTACT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Request Prepared by |  |  | Telephone |  |
| Title |  |  | Email |  |
| Approved by |  |  | Fax |  |
| Title |  |  | Date |  |

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| --- | --- | --- | --- |
| **Agency Contact for Application Questions** | | | |
| Name: |  | Telephone # |  |
| Title |  | Email |  |