

## FY 2015 EFN Application Components

The main Components screen lists the five Components that must be completed prior to submitting an Application for FY 2015 Emergency Food Network program funding.

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web grants

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Application

70391 - FY 2014 Emergency Food Network

Program Area: Emergency Food Network (EFN)

Proposal Deadline: 05/03/2013

Application ID: 70876

Components		Preview   Withdraw   Submit	
Name	Attachments	Complete?	Last Edited
<a href="#">General Information</a>	Attachments (0)	✓	03/27/2013
<a href="#">Organization Information</a>	Attachments (0)		
<a href="#">Scope of Work</a>	Attachments (0)		
<a href="#">Staff Positions</a>	Attachments (0)		
<a href="#">Budget</a>	Attachments (0)		

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Click on the **General Information** to begin your application

### Helpful Hints:

Please disregard the dates in the screenshots included in these instructions; the FY 2015 application format is the same as what was used for FY 2014 EFN applications. The components may be completed in any order. It is not necessary to complete the entire application all in one sitting. However, be sure to click on **“Save”** before leaving a component to ensure you don’t lose any data already entered. Clicking on **“Continue”** will take you back to the main components screen. If you need to make any changes at any time prior to submitting your application, you can simply click on the Component name, and then click on **“Edit”**.

## Component #1 – General Information

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Application

Instructions  
The application has been given a title by default. You may change the title as you see fit.

General Information

ID: 70876

Title: SCSO Test Application

Type: Initial

Counties:

<input type="checkbox"/> Beaver	<input type="checkbox"/> Box Elder	<input type="checkbox"/> Cache	<input type="checkbox"/> Carbon
<input type="checkbox"/> Daggett	<input type="checkbox"/> Davis	<input type="checkbox"/> Duchesne	<input type="checkbox"/> Emery
<input type="checkbox"/> Garfield	<input type="checkbox"/> Grand	<input type="checkbox"/> Iron	<input type="checkbox"/> Juab
<input type="checkbox"/> Kane	<input type="checkbox"/> Millard	<input type="checkbox"/> Morgan	<input type="checkbox"/> Piute
<input type="checkbox"/> Rich	<input checked="" type="checkbox"/> Salt Lake	<input type="checkbox"/> San Juan	<input type="checkbox"/> Sanpete
<input type="checkbox"/> Sevier	<input type="checkbox"/> Summit	<input type="checkbox"/> Tooele	<input type="checkbox"/> Uintah
<input type="checkbox"/> Utah	<input type="checkbox"/> Wasatch	<input type="checkbox"/> Washington	<input type="checkbox"/> Wayne
<input type="checkbox"/> Weber			

Project Manager: Melissa Lee

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Select all counties in which your organization will provide services related to EFN funding. For Project Manager, click on the down arrow and, from the drop-down list, select the person from your organization who will be responsible for managing activities related to the EFN funding. Once you have finished entering data for a component, click **“Save”** to preview all data entered. Then click **“Continue”** to return to the main Components screen.

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Application

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Proposal Deadline: 05/03/2013

Application ID: 70876

General Information

ID: 70876

Title: SCSO Test Application

Type: Initial

County: Salt Lake

Project Manager: Melissa Lee

Organization: SCSO Test Organization

Continue

Click Continue

Last Edited By: Melissa Lee, 03/27/2013

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The Web Grants system will return to the application Components screen. This process is repetitive throughout the application process. As you move through the five components of the EFN application, a check mark ✓ will appear under the column headed “Complete?” indicating you are ready to move on to the next component.

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Components [Preview](#) | [Withdraw](#) | [Submit](#)

Name	Attachments	Complete?	Last Edited
General Information	<a href="#">Attachments (0)</a>	✓	03/27/2013
Organization Information	<a href="#">Attachments (0)</a>		
Scope of Work	<a href="#">Attachments (0)</a>		
Staff Positions	<a href="#">Attachments (0)</a>		
Budget	<a href="#">Attachments (0)</a>		

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✓ indicates component completed

Click on the “Attachments” next to any component to provide additional information (optional)

#### Attachments:

The EFN Application has been designed to allow Applicants to provide information deemed sufficient for making funding decisions. If you believe the space provided for any of the five components is inadequate to relay specific information about your organization or the programs you operate, additional information can be attached to the application. Simply click on “Attachments (0)” to the right of any of the Components, enter a description in the free-text box, then browse and attach a Word, Excel, or PDF file.

## Component #2 – Organization Information

https://webgrants.community.utah.gov/editComponent.do?property(documentPk)=: WebGrants - Utah Departm.

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**Application**

70391 - FY 2014 Emergency Food Network

Program Area: Emergency Food Network (EFN)  
Proposal Deadline: 05/03/2013  
Application ID: 70876

**Organization Information**

Are you a nonprofit, Section 501 (c)(3) organization?  No  Yes

Are you a government agency?  No  Yes

Does your organization operate a program with the primary purpose to:

Provide food and food ingredients directly to low-income persons?

Warehouse and distribute food to other agencies and organizations providing food and food ingredients to low-income persons?

Is your accounting system:

Automated (Quick Books, Peachtree, other financial software)?

Manual (Excel, hand-posted ledgers, etc.)?

Is your organization audited annually by an independent CPA?

Does your organization file an annual Form 990?

Do you practice nondiscrimination?

Do you have an active Board of Directors?

Do you charge a fee for services paid for or supported by EFN funding?

Is this an existing program?

Click on the down arrow in the box, then select yes or no to answer each of the ten questions.

Click "Save", then "Continue" to return to the components screen.

## Component #3 – Scope of Work

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**Application**

**70391 - FY 2014 Emergency Food Network**

Program Area: **Emergency Food Network (EFN)**

Proposal Deadline: **05/03/2013**

Application ID: **70876**

**Scope of Work**

*Eligible uses of the funds must be categorized under the following program goals and objectives:*

1. Cost efficiencies are achieved or services are improved through capacity building projects.
2. Services offered by pantries or meal sites increase participation in the food stamp program.
3. Services offered by pantries or meal sites help avert crisis situations for low-income individuals and families.
4. Statewide coordination of food pantry services and operations.

**1. Explain how your agency's program aligns with any/all of the above identified program goals and objectives.**

**2. If awarded funds, explain exactly how you would use them.**

**3. Describe the outcomes you expect to achieve as a result of your program.**

**4. Describe the coordination and linkages your organization's food pantry/meals program has with other services help connect clients with other needed resources or services.**

**5. Is this a new program? If not, how has your program service improved from last year?**

Answer the 5 Scope of Work questions. Your response is limited to 1,000 characters, including spaces.

After completing all five Scope of Work questions, click on "Save"; then "Continue" to return to main components screen.

## Component #4 – Staff Positions

The screenshot shows a web browser window with the URL [https://webgrants.community.utah.gov/editComponent.do?property\(documentPk\)=](https://webgrants.community.utah.gov/editComponent.do?property(documentPk)=). The page header includes the Utah.gov logo and the WebGrants logo. The navigation bar contains links for Menu, Help, Log Out, Back, Print, Add, Delete, Edit, and Save. The main content area is titled 'Application' and displays the following information:

- 70391 - FY 2014 Emergency Food Network
- Program Area: Emergency Food Network (EFN)
- Proposal Deadline: 05/03/2013
- Application ID: 70876

Below this information is the 'Staff Positions' section, which contains four input fields:

- # of Pantries:
- # of Full Time:
- # of Part Time:
- # of Volunteers Hours:

An orange callout bubble points to the 'Save' button in the navigation bar, containing the text: "Enter all required data. Then click 'Save', then 'Continue' to return to the main components screen."

**Enter the number of pantries operated by your organization (separate physical locations).**

**Enter the # of Full Time and Part Time staff involved in your pantry and/or food service operations, expressed as FTEs (full-time equivalents).**

**Enter the estimated number of volunteer hours donated to your pantry and/or food service operations.**

## Component #5 – Budget Worksheet

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Proposal Deadline: 05/03/2013

Application ID: 70876

FY13

FY14

FY15

**Budget**

Expenditures	FY '12 Actual 07/11 - 06/12	FY '13 Projected 07/12 - 06/13	FY '14 Requested 07/13 - 06/14
Total Agency Budget	\$0.00	\$0.00	\$0.00
Total Program Budget	\$0.00	\$0.00	\$0.00
Food Purchases	\$0.00	\$0.00	\$0.00
Operational Costs (utilities, rent, etc.)	\$0.00	\$0.00	\$0.00
Transportation	\$0.00	\$0.00	\$0.00
Supplies/Equipment	\$0.00	\$0.00	\$0.00
Technical Assistance	\$0.00	\$0.00	\$0.00
Other <input style="width: 150px;" type="text"/>	\$0.00	\$0.00	\$0.00

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Enter data for all columns based on the State fiscal year beginning July 1 and ending June 30. Total Agency Budget refers to your overall organization. Total Program Budget refers to your pantry and/or food service operations only. All other rows of data should be specific to the EFN program.

For capacity-building projects, enter a brief description in the free-text box next to “Other”.

The amounts entered in the “FY '15 Requested” column will become the grant program budget should your organization be awarded EFN funding (and will be adjusted as necessary depending on the actual amount awarded).

## Review and Submit

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**Application**

70391 - FY 2014 Emergency Food Network

Program Area: Emergency Food Network (EFN)  
Proposal Deadline: 05/03/2013  
Application ID: 70876

Click **Preview** to review before submitting.

Components		Preview   Withdraw   Submit	
Name	Attachments	Complete?	Last Edited
General Information	Attachments (0)	✓	05/02/2013
Organization Information	Attachments (0)	✓	4/12/2013
Scope of Work	Attachments (0)	✓	04/04/2013
Staff Positions	Attachments (0)	✓	03/27/2013
Budget	Attachments (0)	✓	04/12/2013

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Click **Submit** to electronically submit your application.

Once you have completed all five application components and see check marks “v” next to each, click on “**Preview**” to view your application. Carefully review the information. If you want to make any changes, simply click on the Component you want to change and edit the information.

If you are satisfied with what has been entered, click on “**Submit**”. Once submitted, your application will be locked to further editing. SCSO will notify you to discuss any deficiencies or questions.