

Required Forms



The following pages include samples of the required forms that must be used by participants of the EFSP. *These forms may not be altered.* Copies of the spreadsheet templates are available under Forms on the EFSP Website. All certification forms will be sent to the required signers as part of the e-signing process. Please direct any questions regarding the forms to the National Board staff.

Annex 1: Spreadsheets

Spreadsheets are required as part of the documentation requirements to support all expenditures made with EFSP funds. Samples of the required spreadsheets and elements for each category are included in this manual and can be found on the EFSP website under **Forms**. The following is a list of the elements required for the spreadsheets.

*A webinar providing guidance on preparing spreadsheets is available on the EFSP website under **Training Workshops** on the left-hand menu after you login.*

Required Elements with Explanation

1. **Billing Period Covered with Payment:** service period paid for client’s utility bill; if a non-metered utility bill is paid, indicate not applicable (N/A) on the spreadsheet. The required date format is MM/DD/YY-MM/DD/YY. If an LRO pays \$100 or less for a client from a past due balance of disconnect/cutoff/shutoff notice from the utility company, the “billing period covered” information is not required on the spreadsheet. Enter “N/A” in the column labeled “billing period covered”.
2. **Building Code Citation Date:** date the agency (feeding or shelter site) received the citation from the local city/county government indicating required work needed on building where services are provided. The required date format is MM/DD/YY.
3. **Client First Name:** legal name of the individual seeking assistance (this only applies to other shelter, rent/mortgage and utility categories.)
4. **Client Last Name:** legal name of the individual seeking assistance (this only applies to other shelter, rent/mortgage and utility categories.)
5. **Client Street Address:** the physical residence of the individual seeking assistance; the individual must be responsible for the service at the address (this only applies to rent/mortgage and utility categories.) P.O. Boxes are not allowed.
6. **Dates of Stay:** for assistance made in the Other Shelter category, indicate the dates the clients stayed in the motel, hotel, etc. The required date format is MM/DD/YY-MM/DD/YY.
7. **Due Date:** date the client’s rent/mortgage and/or utility bills had to be paid (this only applies to rent/mortgage and utility categories.) For rent please use the due date per the lease, not the due date listed on the eviction notice. The required date format is MM/DD/YY.
8. **Delivery Date:** if a non-metered utility bill (propane, firewood, coal, kerosene) is paid, indicate the date of delivery to the client. The required date format is MM/DD/YY.
9. **EFSP Portion of Invoice Amount:** portion of the purchase paid with EFSP funds; the column must be totaled on each page if multiple pages are required for the category. The total amount must be provided for the category on the last page, if multiple pages are required.
10. **Invoice/Receipt Amount:** total cost of purchase as listed on the invoice or receipt.
11. **Invoice/Receipt Date:** date the vendor prints on the invoice or receipt. The required date format is MM/DD/YY.
12. **Invoice/Receipt Number:** preprinted number on the invoice/receipt from vendors; if there is no invoice number, indicate not applicable (N/A) on the spreadsheet.

13. **Landlord/Mortgage Company Name:** individual or company that a client is required to pay their rent or mortgage payment to each month
14. **Member Agency Name:** food banks must provide the name of the agency(ies) that received food when using a shared maintenance fee.
15. **Month Covered with Payment:** service period paid for client's rent/mortgage or utility (month paid.) The required date format is MM/DD/YY-MM/DD/YY, should indicate the month of coverage provided by the payment.
16. **Monthly Rent/Mortgage:** a client's regular/usual rent or mortgage (principal and interest only) (**no deposits, late fees or other fees**) for one month as listed on the client's lease or mortgage papers.
17. **Page Numbers:** number all pages of the spreadsheets, when multiple pages are required for a category.
18. **Payment/Check Clear Date:** date the payment/check goes through banking system (also known as cancellation date of a check); EFSP generally references the check or the bank statement for this information. If an agency's debit/credit card is used, the date will be the same as the purchase date. The required date format is MM/DD/YY.
19. **Payment/Check Date:** date the payment/check is issued (date printed on the check, money order, etc.) to pay vendors; if an agency's credit/debit card is used, indicate the date of the purchase (**do not include the card number.**) The required date format is MM/DD/YY.
20. **Payment/Check Number:** preprinted number on check, money order, etc. used to pay vendors for service; if an agency's credit/debit card is used, indicate credit card or debit card in the spreadsheet (**do not include the card number.**)
21. **Payroll Registers:** payroll registers from the LRO's system for all employees who worked on the EFSP and the percentage of time charged to EFSP.
22. **Phase and LRO Identification (Name and Number):** provide the Phase number and the LRO's name and 9-digit ID number.
23. **Total Check Amount:** cost paid to vendors for services provided for agency or clients (can include partial or total EFSP payment.)
24. **Type of Repair:** for expenditures made in the REHABILITATION category, briefly explain the type of repair.
25. **Type of Service:** for utility payments, indicate if the assistance was for gas, electric, water, propane, kerosene, firewood or coal.
26. **Vendor Name:** company or individual that provided services for agency or clients.

Served Meals

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Served Meals** category (when not using the per meal allowance) with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in order by payment/check number. The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the schedule, if required to be submitted.

Ensure that your agency’s name is included on the page along with your LRO 9-digit ID number and the Phase number.

A spreadsheet is required when not using the per meal allowance. The per meal schedule replaces the spreadsheets.

Phase Number: 35						Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.		
LRO Name: Sample LRO								
LRO ID (9 digits): 123456789								
SERVED MEALS EXPENDITURES - DIRECT COST								
(A spreadsheet is required when not using the per meal allowance. The per meal log replaces the spreadsheet.)								
Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter N/A)	Vendor Name	Invoice/ Receipt Amount	Total Check Amount	EFSP Portion of Invoice Amount
1234567	06/01/18	06/05/18	05/12/18	INV123	Sample Vendor	150.00	150.00	150.00
7654321	07/01/18	07/08/18	06/15/18	INV155	Other Vendor	850.00	850.00	500.00
							Total	650.00
Sample Spreadsheets and Guidance are available on EFSP website under Forms and listed on the dashboard under Final Report.								

Sample Daily Per Meal Log

DAILY PER MEAL LOG			
Phase Number:	35		
LRO ID Number:	123456789		
(9 digits)	Sample LRO		
	LRO Name		
	123 Sample Street		
	Street Address		
	City, State, Zip		
	City, State, Zip		
Date (Month/Date/Year)	Number of Meals Served	Per Meal Rate (\$2.00)	Total
06/01/18	100	\$ 2.00	\$ 200.00
06/02/18	75	\$ 2.00	\$ 150.00
06/03/18	80	\$ 2.00	\$ 160.00
06/04/18	90	\$ 2.00	\$ 180.00
Total Number of Meals	345	Grand Total	\$ 690.00
Per meal log must show a daily count. Sample per meal log and guidance are available on EFSP website under Forms and listed on the dashboard under Final Report.			

Other Food

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Other Food** category with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in **order by payment/check number**. The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the schedule, if required to be submitted.

Phase Number:	35								Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.
LRO Name:	Sample LRO								
LRO ID (9 digits):	123456789								
OTHER FOOD EXPENDITURES									
Payment/Check Number	Payment /Check Date (MM/DD/YY)	Payment /Check Clear Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter N/A)	Vendor Name	Invoice/ Receipt Amount	Total Check Amount	EFSP Portion of Invoice Amount	
963	08/05/18	08/28/18	08/01/18	INV12345	Other Food Supplier	895.00	895.00	895.00	
1012	10/04/18	12/13/18	08/01/18	ABC985	Sample Vendor	594.00	594.00	235.00	
							Total	1,130.00	
Sample Spreadsheets and Guidance are available on EFSP website under Forms and listed on the dashboard under Final Report									

Mass Shelter

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Mass Shelter** category (when not using a per diem allowance) with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in **order by payment/check number**. The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the schedule, if required to be submitted.

A spreadsheet is required when not using the per diem allowance. The per diem schedule replaces the spreadsheets.

Phase Number:	35								Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.
LRO Name:	Sample LRO								
LRO ID (9 digits):	123456789								
MASS SHELTER EXPENDITURES - DIRECT COST									
(A spreadsheet is required when <u>not</u> using the per diem allowance. The per diem log replaces the spreadsheet.)									
Payment/Check Number	Payment /Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter N/A)	Vendor Name	Invoice/ Receipt Amount	Total Check Amount	EFSP Portion of Invoice Amount	
145	09/15/18	10/04/18	07/29/18	INV951	Sample Vendor	847.00	847.00	450.00	
Credit Card	10/04/18	10/04/18	10/04/18	284539	Sample Supplier	975.00	975.00	975.00	
							Total	1,425.00	
Sample Spreadsheets and Guidance are available on EFSP website under Forms and listed on the dashboard under Final Report.									

Sample Daily Per Diem Log

DAILY PER DIEM LOG			
Phase Number:	35		
LRO ID Number:	123456789		
(9 digits)	Sample LRO		
	LRO Name		
	123 Saple Street		
	Street Address		
	City, State, Zip		
	City, State, Zip		
Date (Month/Date/Year)	Number of Clients Served	Per Diem Rate (exactly \$7.50 or \$12.50 as approved by Local Board)	Total
03/01/18	25	12.50	312.50
03/02/18	24	12.50	300.00
03/03/18	24	12.50	300.00
03/04/18	25	12.50	312.50
Total Number of Clients	98	Grand Total	1,225.00
Per diem log must show a daily count. Sample per diem log and guidance are available on EFSP website under Forms and listed on the dashboard under Final Report.			

Other Shelter

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Other Shelter** category with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in **alphabetical order by the clients' last names**. The documentation provided to support the expenditures attributable to EFSP should also be in order by clients' last names following the schedule, if required to be submitted.

Phase Number:	35			Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.								
LRO Name:	Sample LRO											
LRO ID (9 digits):	123456789											
OTHER SHELTER EXPENDITURES												
Client Last Name (In Alphabetical Order)	Client First Name	Start Date of Stay (MM/DD/YY)	End Date of Stay (MM/DD/YY)	Vendor Name	Invoice Date (MM/DD/YY)	Invoice Amount	Invoice Number (if no invoice number, enter N/A)	Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Total Check Amount	EFSP Portion of Invoice Amount
Doe	Jane	05/02/18	05/13/18	Sample Hotel	05/13/18	935.00	45636	Credit	05/13/18	05/13/18	935.00	935.00
Smith	John	07/25/18	07/28/18	Sample Motel	07/28/18	225.00	964735	Credit	07/28/18	07/28/18	255.00	255.00
											Total	1,190.00
Sample Spreadsheets and Guidance are available on EFSP website under Forms and listed on the dashboard under Final Report.												
<i>If the client's name cannot be provided because of confidentiality, please provide the supporting statute and provide the unique identifier on the spreadsheet for each client.</i>												

Supplies and Equipment

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Supplies and Equipment** category with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in order by payment/check number. The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the schedule, if required to be submitted.

Phase Number:	35			Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.				
LRO Name:	Sample LRO							
LRO ID (9 digits):	123456789							
SUPPLIES AND EQUIPMENT EXPENDITURES								
Payment/Check Number	Payment /Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter N/A)	Vendor Name	Invoice/ Receipt Amount	Total Check Amount	EFSP Portion of Invoice Amount
Credit	11/02/18	11/02/18	11/02/18	8825473	Sample Vendor	625.00	625.00	625.00
3358	11/18/18	11/20/18	11/18/18	INV774	Sample Supplier	1,565.00	1,565.00	1,075.00
							Total	1,700.00
Sample Spreadsheets and Guidance are available on EFSP website under Forms and listed on the dashboard under Final Report								

Rehabilitation (Emergency Repairs/Building Code)

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Rehabilitation (Emergency Repairs/Building Code)** category with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in order by payment/check number. The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the schedule, if required to be submitted.

Phase Number:	35			Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.						
LRO Name:	Sample LRO									
LRO ID (9 digits):	123456789									
REHABILITATION (EMERGENCY REPAIRS/BUILDING CODE) EXPENDITURES										
Payment/Check Number	Payment/ Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Building Code Citation Date (MM/DD/YY)	Invoice/ Receipt Date (MM/DD/YY)	Invoice/ Receipt Number (If no number, enter N/A)	Type of Repair	Vendor Name	Invoice/ Receipt Amount	Total Check Amount	EFSP Portion of Invoice Amount
8547	02/15/18	03/01/18	02/05/18	02/14/18	99824	Emergency Exit	Sample Vendor	450.00	450.00	250.00
									Total	250.00
Sample Spreadsheets and Guidance are available on EFSP website under Forms and listed on the dashboard under Final Report.										
Expenditures in this category require both Local Board and National Board written approval. For building code items, a copy of the building code citation is required. All of these items must be obtained and retained per documentation retention requirements in the EFSP Responsibilities and Requirements Manual. If documentation is required to be reviewed by EFSP or other appropriate entities, these documents must be provided in the documentation for review to support the expenditures reported on the Final Report.										

Rent/Mortgage

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Rent/Mortgage** category with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in **alphabetical order by the clients' last names**. The documentation provided to support the expenditures attributable to EFSP should also be in order by clients' last names following the schedule, if required to be submitted.

Phase Number:	35											Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.
LRO Name:	Sample LRO											
LRO ID (9 digits):	123456789											
RENT/MORTGAGE EXPENDITURES												
Client Last Name (In Alphabetical Order)	Client First Name	Client Street Address (No PO Box)	Landlord/Mortgage Company Name	Monthly Rent/Mortgage Amount	Due Date (MM/DD/YY)	Month Covered w/Payment (MM/YYYY)	Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Total Check Amount	EFSP Portion of Invoice Amount	
Brown	Jane	777 Sample Street, City, State Zip	John Landlord	950.00	07/01/18	07/2018	564	06/30/18	07/01/18	950.00	950.00	
Doe	John	9501 Sample Street, City, State Zip	Mary Landlord	880.00	08/10/18	09/2018	958	08/20/18	08/21/18	880.00	880.00	
										Total	1,830.00	
Sample Spreadsheets and Guidance are available on EFSP website under Forms and listed on the dashboard under Final Report.												

Utilities

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Utilities** category with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in **alphabetical order by the clients' last names**. The documentation provided to support the expenditures attributable to EFSP should also be in order by clients' last names following the schedule, if required to be submitted.

35											Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.	
Sample LRO												
123456789												
UTILITY EXPENDITURES												
Client First Name	Client Street Address (No PO Box)	Vendor Name	Type of Service	Due Date/Delivery Date* (MM/DD/YY)	Billing Period Begin Date (MM/DD/YY)	Billing Period End Date (MM/DD/YY)	Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Total Check Amount	EFSP Portion of Invoice Amount	
Jane	123 Sample Street, City, State Zip	Electricity Company	Electric	05/15/18	03/01/18	03/31/18	539	05/20/18	06/01/18	245.00	245.00	
John	467 Sample Street, City, State Zip	Gas Company	Gas	06/01/18	04/01/18	04/30/18	852	05/30/18	06/01/18	185.00	185.00	
										Total	430.00	
Sample Spreadsheets and Guidance are available on EFSP website under Forms and listed on the dashboard under Final Report.												
RED UTILITIES (propane, firewood, coal, kerosene), provide the date of delivery to client. If paying from disconnect/shutoff notice, enter the date from the notice.												
LRO pays \$100 or less for a client from a past due balance of disconnect/cutoff/shutoff notice from the utility company, the "billing period covered" information is not required on the												

*For **NON-METERED UTILITIES** (propane, firewood, coal, kerosene), provide the date of delivery to client. If paying from disconnect/shutoff notice, enter the date from the notice.



Reminder - If an LRO pays \$100 or less for a client from a past due balance of disconnect/cutoff/shutoff notice from the utility company, the "billing period covered" information is not required on the spreadsheet. Enter "N/A" in the column labeled "billing period covered".

Administration

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Administration** category with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in **order by payment/check number**. The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the schedule, if required to be submitted.

Phase Number:	35			Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.				
LRO Name:	LRO Sample							
LRO ID (9 digits):	123456789							
ADMINISTRATION EXPENDITURES - DIRECT COST								
Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (if no number, enter N/A)	Vendor Name	Invoice/Receipt Amount	Total Check Amount	EFSP Portion of Invoice Amount
87364	04/15/18	04/15/18	04/15/18	842086	Local Newspaper	250.00	250.00	250.00
Credit Card	06/01/18	06/01/18	06/01/18	789134	Office Supplies	50.00	50.00	50.00
							Total	300.00
Sample Spreadsheets and Guidance are available on EFSP website under Forms and listed on the dashboard under Final Report								
<i>Spreadsheets only have to be provided with the Final Report for administrative expenses for EFSP compliance review. Documentation for administrative costs must be maintained and retained per documentation retention requirements in the EFSP Responsibilities and Requirements Manual. This documentation may be requested at any time.</i>								

Note: Submit the following in a separate schedule if payroll information (from LRO's system) is provided to support EFSP expenditures.

Phase Number:	35			Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.				
LRO Name:	Sample LRO							
LRO ID (9 digits):	12345678							
ADMINISTRATION EXPENDITURES - PAYROLL								
Payroll registers for all employees who worked on the EFSP and the percentage of time charged to EFSP								
Employee Name	Payroll Date (MM/DD/YY)	Percentage	Payroll Amount	EFSP Portion of Payroll Amount				
Smith, Mary	04/01/18	5.00%	2,000.00	100.00				
Smith, Mary	04/15/18	5.00%	2,000.00	100.00				
			Total	200.00				
Sample Spreadsheets and Guidance are available on EFSP website under Forms and listed on the dashboard under Final Report								
<i>Spreadsheets only have to be provided with the Final Report for administrative expenses for EFSP compliance review. Documentation for administrative costs must be maintained and retained per documentation retention requirements in the EFSP Responsibilities and Requirements Manual. This documentation may be requested at any time.</i>								

Mileage

Below is a sample mileage log provided to the National Board to support mileage expenditures made in the **Served Meals, Other Food, or Mass Shelter** categories with Emergency Food and Shelter Program (EFSP) funds.

MILEAGE LOG				
Phase Number	35			
LRO ID Number	123456789			
(9 digits)	Sample LRO			
	LRO Name			
	123 Sample Street			
	Street Address			
	City, State, Zip			
	City, State, Zip			
Date (Month/Date/Year)	Departure, destination, purpose of trip (each roundtrip)	Number of Miles	Mileage Rate (per mile)*	Total
05/01/18	Shelter, Church, Client Transportation	15.00	0.545	8.18
05/03/18	Shelter, Church, Client Transportation	15.00	0.545	8.18
05/02/18	Shelter, Church, Client Transportation	15.00	0.545	8.18
	Total Number of Miles	45.00	Grand Total	24.53
<i>* Reference the EFSP Responsibilities and Requirements Manual/Addendum to the Manual for the approved mileage rate.</i>				
<i>Sample mileage log and guidance are available on EFSP website under Forms and listed on the dashboard under Final Report.</i>				