

**Emergency Food and Shelter Program  
Phase 34 Application  
State Set-Aside Dollars**

Please fill out the following information about your agency or answer the following questions in your letter to the local board. **You will need to attach a copy of your Employer Identification Number (EIN).**

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

Agency Contact and Phone for Application Questions \_\_\_\_\_

Agency Contact and Phone for EFSP, If Funded \_\_\_\_\_

Secondary Contact and Phone \_\_\_\_\_

Agency Physical Address \_\_\_\_\_

Agency Mailing Address \_\_\_\_\_

Agency Address for Services \_\_\_\_\_

Agency Phone \_\_\_\_\_ Agency Fax \_\_\_\_\_

Agency E-mail \_\_\_\_\_

Agency Website \_\_\_\_\_

Agency DUNS Number \_\_\_\_\_

Agency Employer Identification Number (EIN) \_\_\_\_\_

Is agency a non-profit or unit of government? \_\_\_\_\_

If your agency is a non-profit, please provide a copy of the volunteer board of directors.

Is the agency debarred or suspended from receiving funds or doing business with the Federal Government? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your agency have 501 (c) 3 Status? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Explanation of Agency:**

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**Amount of EFSP Funding Requested By Agency** \_\_\_\_\_

Your agency can apply for funding in more than one area, but please specify that information.

**Funding is being Requested for:**

Served Meals	Other Food	Mass Shelter	Other Shelter
Supplies/Equipment	Rehabilitation/Emergency Repairs	Rent/Mortgage	
Utilities			

**Explanation of Funding Request:**

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**Number of Clients Served for 2016 in the Area that your Agency is Requesting Funding** \_\_\_\_\_

**Agency Total Operating Budget for 2016** \_\_\_\_\_

**Expected Number to be served on a weekly basis** \_\_\_\_\_

**Expected Number to be served on a monthly basis** \_\_\_\_\_

**Expected Number to be served on a yearly basis** \_\_\_\_\_

Applications Due July 31, 2017 by 5pm.