

**Emergency Food and Shelter Program
Phase 37 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:

Amount of EFSP Funding Requested By Agency _____

*** In accordance with FEMA/EFSP guidelines, the minimum funds that may be awards to an LRO by a local board is \$500.00 ***

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:

Number of Clients Served for 2019 in the Area that your Agency is Requesting Funding _____

Agency Total Operating Budget for 2019 _____

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 Thursday, July 2, 2020 at 5pm.