## **Emergency Food and Shelter Program Phase 40 Application**

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 UEI Number (DUNS number is no longer accepted)
Agency Employer Identification Number (EIN)
Is agency a non-profit or unit of government?
Is the agency debarred or suspended from receiving funds or doing business with the Federal  Government? YesNo
Does your agency have 501 (c) 3 Status?  Yes  No

## **Emergency Food and Shelter Program Phase 40 Application**

Explanation of Agency:				
Amount of EFSP Funding Req	uested By Agency _			
** In accordance with FEMA/E local board is \$500.00 **	FFSP guidelines, the	minimum funds that may be	e awards to an LRO by a	
Your agency can apply for fun-	ding in more than o	ne area, but please specify t	hat information.	
Funding is being Requested for	or: Please circle			
Served Meals	Other Food	Mass Shelter	Other Shelter	
Supplies/Equipment	Rehabilit	ation/Emergency Repairs	Rent/Mortgage	
Utilities				
Explanation of Funding Reque	est:			
Number of Clients Served for	2022 in the Area th	at your Agency is Requesti	ng Funding	
Agency Total Operating Budg	et for 2022			
Expected Number to be serve	d on a weekly basis	<b>5</b>		
Expected Number to be serve	d on a monthly bas	is		
Expected Number to be serve	d on a vearly basis			

## Applications Due Friday, June 30, 2023 at Noon

Email: morgan@bcunitedway.org

Fax: 269.945.4536

Mail: Barry County United Way ATTN: FEMA, 231 S. Broadway, Hastings MI 49058