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# **PHASE 40 APPLICATION FORM**

*The purpose of the Emergency Food and Shelter Program (EFSP) funding is to expand the capacity of food and shelter programs in high-need areas around the country. Your application* ***must*** *demonstrate how the dollars you propose to receive will* ***expand*** *your existing capacity in terms of clients served and/or quality of service.*

For questions, please contact 479-968-5089 or kristy@rivervalleyunitedway.org

Email to: kristy@rivervalleyunitedway.org

**Mailed or emailed applications must be received by 5 PM CST on April 7, 2023.**

**Applying for EFSP Funds for (Check one):**

Pope County  Yell County

## BASIC INFORMATION

1. Legal Name of Organization: Click here to enter text.

2. Type of organization (e.g., 501(c)(3); governmental): Choose an item.

3. Year organization began operating: Year

4. Program Administrator:

Name

Title

Address

City, State, Zip

Phone Number

Email Address

Agency Executive Director:

Name

Title

Address

City, State, Zip

Phone Number

Email Address

5. Federal Employer Identification Number: Click here to enter text.

6. Unique Entity Identity Identifier (UEI) or Entity ID from SAM.gov: Click here to enter text.

7. Congressional District of agency physical address: Click here to enter text.

8. Congressional District where agency’s EFSP funded services are provided: Click here to enter text.

9. Date of last independent audit: MM/DD/YEAR

10. Is the organization handicap accessible? Yes  No

11. Mission statement of the organization:

Click here to enter text.

12. Brief description of the organization (limit to 600 words):

Click here to enter text.

13. Area served: Please include towns, cities, and/or counties.

14. Total agency revenue FYE 2022: Click here to enter text.

15. Total agency expenses FYE 2022: Click here to enter text.

16. Is the organization barred or suspended from receiving funds or doing business with the federal government?

Yes  No

**PROGRAM INFORMATION**

17. Name of program: Click here to enter text.

18. Brief description of the program for which you are seeking funding, including criteria used to determine participation eligibility (limit to one paragraph): Click here to enter text.

19. Provide information which documents the community’s need for this program (limit to one paragraph):

Click here to enter text.

20. Please summarize how you intend to use EFSP funds to expand your existing services (limit to one paragraph):

Click here to enter text.

21. Year the organization began to offer the program:Click here to enter text.

22. Has this program previously received funding from the Emergency Food and Shelter Program?

Yes No If yes, has there been any significant changes in the program over the last year?

23. Number of clients served last year and number of clients projected for the coming year:

# of Clients Served

# of Clients Projected

**DETAILED BUDGET FOR TOTAL FUNDING REQUEST**

24. Total EFSP funding requested: Total Requested for All Categories

25. Breakdown the funding requested by type of service and estimate units of service below.

Type of service: Allocation Units of service:

Served meals $ # of Meals

Other food $ # of Meals

Mass shelter $ # of Nights

Other shelter $ # of Nights

Supplies/Equipment\* $ \*Attach a separate sheet to explain Repairs/Code\*\* $ \*\* Requires prior board approval. Call for information.

Rent/Mortgage assistance $ # of Bills

Utility assistance $ # of Bills

26. What is your total program budget? Click here to enter text.

27. What percent of the program budget will EFSP funding support? %

28. List other sources of funding for this program and the percent of the program’s budget these funds support:

Click here to enter text.

**CERTIFICATION/SIGNATURES AND DATE**

PLEASE NOTE: If approved for funding, your organization will be required to electronically submit signed copies of the following forms:

* + Local Recipient Organization Certification Form
  + Fiscal Agent/Fiscal Conduit Agency Relationship Certification Form (if applicable).

30. Attach

Most Recent Audit (if applicable)  Current Board Roster

31. **This application form must be signed below.**

Agency Executive Director: Date:

<Signature>

<Name of the Signer>

Voluntary Board Chair: Date:

<Signature>

<Name of the Signer>

32. Please **sign** the following affidavit:

This organization complies with all federal, state and municipal laws, rules and regulations (i.e., Civil Rights Act, Americans with Disabilities Act, etc…)

Agency Executive Director: Date:

<Signature>