

# **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>