

EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)

**PHASE 39 GRANT REQUEST**

TOM GREEN COUNTY

Non-Profit Name

EPSP funds are made available through the U.S. Department of Homeland Security’s Federal Emergency Management Agency.

**Due date: XXXXXXX**

United Way of the Concho Valley

955 Turner St.

San Angelo, Texas 76903

Contact: Aspen Robert

 aspen@uwcv.org

Send the completed application via email to Aspen Robert.

For information regarding EFSP, go to http://www.efsp.unitedway.org.

Agency legal name:

Contact name:

Mailing Address:

Physical Address:

Phone:

Fax:

Email:

Federal Employer Identification Number (FEIN):

DUNS Number:

Request for funding in the following categories:

 Expenditures Units of Service Unit Cost\*

 Served Meals \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (# of meals) \_\_\_\_\_\_\_\_

 Other Food \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (# of meals) \_\_\_\_\_\_\_\_

 Mass Shelter \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (# of nights) \_\_\_\_\_\_\_\_

 Other Shelter \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (# of nights) \_\_\_\_\_\_\_\_

 Supplies/Equipment \_\_\_\_\_\_\_\_\_\_\_ XXXXXXXX

 Rehabilitation \_\_\_\_\_\_\_\_\_\_\_ XXXXXXXX

 Rent/Mortgage \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (# of bills) \_\_\_\_\_\_\_\_\_

 Utility Assistance \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (# of bills) \_\_\_\_\_\_\_\_\_

 **Total Grant Request** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Unit cost notes

 Per Diem for mass shelter maximum is $7.50 or $12.50 as determined by the local board

 Per Diem for mass feeding are actual costs or $2 per meal

 Rent/mortgage and utility are average costs

1. Describe the program for which EFSP funds will be used.
2. What is the total budget for the program?
3. What other funding do you receive for the program?
4. Number of persons served by the program in the last year:
5. Number of persons projected to be served by the program in the coming year:
6. Explain how EFSP funds would enhance your existing program.
7. Why is the program eligible for funding under the EFSP guidelines?
8. Why does there continue to be a need for EFSP funding for the program?
9. Describe the process for distribution of services, including hours and days of service.
10. How do you track and document EFSP expenditures? Provide sample documentation.
11. Explain how units of service are figured (if applicable).
12. What is the administrative cost of the program?
13. Attach documentation of your latest financial accounting for the program that shows the minimum 10% match for requested funds (highlighted or marked).
14. Is agency debarred or suspended from receiving funds or doing business with the Federal government?
15. If funding is awarded, who will be responsible for providing timely monthly reports to the Local Board?
16. Current staff and job titles for the program:
17. Current members of the Board of Directors (officers noted):