Emergency Food and Shelter Program Application

Agency and Contact Information

Agency's Legal Name:					
Agency Contact for EFSP if funded:		Title:			
Phone:		Email:			
Agency Fax Number:					
Mailing Address:					
City:					
State:		Zip+4:			
Physical Address:					
If different than					
mailing address					
City:					
State:		Zip+4:			
		•			
Congressional District v	where agency is physically loc	ated:			
Address where					
services are provided					
If different than					
physical address					
City:					
State:		Zip+4:			
Congressional District v	where EFSP services are provi	ded:			
FEIN:		UEI:			
Is your agency a non-pro	ofit organization or a unit of		Voo		No
government?			Yes	Ш	No
Is your agency debarred	or suspended from doing bus	siness	Voo		No
with the Federal Govern	ment?		Yes		No
Amount Requested:					

Program Summary

Describe your agency's emergency food and shelter program(s).						
, , , , ,	. 5 ()					
EFSP Fund Usage						
How much is your agency requesting in each of th						
pg. 65 of the Emergency Food and Shelter Nation						
Requirements Manual for Eligible Program Costs.						
Served Meals:	7					
Other Food:						
Mass Shelter:						
Other Shelter:						
Supplies/Equipment:						
Rehabilitation:						
Rent/Mortgage:						
Utility Assistance:						
Calley research						
How much does your agency budget in each cat	egory for which you are requesting funds?					
Provide a brief description of the types of expens	• • • • • • • • • • • • • • • • • • • •					
Describe how your agency will use EFSP funds to						
Crawford County. How will funds increase your	capacity to help meet community needs?					
Who will this program serve? Does this program	target any enecific populations?					
with with this program serve: Does this program	taiget any specific populations:					
Approximately how many individuals will your Ef						
period of October 1, 2022 thorough December 31, 2024?						

1	or agency able to use the entire amount requested during the ding period of 10/1/2022 through 12/31/2024?		Yes	□ No			
Local Recipient Organizations (LROs) may submit expenditures for items and services procured							
prior to receiving EFSP funds. The expenditures must be incurred during the spending period and be							
eligible under EFSP program guidelines. All documentation requirements for the category in which							
the expenditures are reported will apply. (See Documentation Requirements in Phase 35 Manual.)							
the experience are reported with apply. (eee Decamentation requirements in radio de riamati.)							
Qualified Applicants must submit the following:							
	Application						
	Most recent audit or financial review						
	IRS Form 990						
	Current Board Roster						