



EMERGENCY FOOD & SHELTER PROGRAM PHASE 37 FUNDING APPLICATION

Applications are due at 5:00pm on Tuesday, May 12, 2020

All applications must be submitted via email to roselyn@unitedwaydgco.org.

Faxed, mailed, late, or otherwise incomplete applications will not be accepted for consideration.

ORGANIZATION INFORMATION

Legal Name of Organization: _____

Agency Contact Name: _____ Title: _____

Email: _____ Phone: _____

Mailing Address: _____

Executive Director Name (if different than contact above): _____

Agency EIN*: _____ DUNS ID Number**: _____

Type of Organization: Nonprofit Government Entity

Is your organization debarred or suspended from receiving federal funds? Yes No

FUNDING REQUEST

Identify funding category, enter amount requested, program budget, and the number served by program.

Category	EFSP Amount Requested	Other Funds (Non-EFSP)	Total Program Budget	Outputs***
Served Meals				
Other Food				
Mass Shelter				
Rent/Mortgage				
Utility Assistance				
Total				

*The National EFSP Board requires all Local Recipient Organizations (LROs) to have a Federal Employer Identification Number (EIN). If an LRO does not have an FEIN, the LRO must apply to the IRS for this number. There is no charge for an FEIN, and the required form is the SS-4. All agencies funded through fiscal agents are also required to provide an FEIN to the National Board to receive a grant. Grants will be held until this information has been provided.

**The National Board requires all LROs to have a Data Universal Number System (DUNS) number. If an LRO does not have a DUNS number, the LRO must apply to Dun and Bradstreet for this number. There is no charge for the DUNS number.

***Outputs are the number of products/participants (e.g. # of meals served, # of clients served, # of shelter nights provided, etc.)

Has the organization received EFSP funding in the past? Yes No

If yes, is your organization clear of any outstanding compliance issues? Yes No



PROGRAM INFORMATION

Organizational Summary

Provide your mission statement and a brief summary of the work of your organization

Program Summary

Describe the program for which funding is being requested

How have the program services been impacted by covid19?

Which priority population will be served? Check all that apply.

- Homeless individuals/families
- Elders/Seniors
- Veterans
- Families with children under 18
- Native Americans
- Impacted by COVID19

Are you currently providing services for which you requesting EFSP funds? Yes No

Are services offered to members of every community in Douglas County? Yes No

Are all program services free of charge for recipients? Yes No

Are all program services offered to all clients free from discrimination? Yes No

All nonprofit applicants must submit the following documents as an email attachment, to be sent with completed application:

1. IRS 501 (c) 3 determination letter (new EFSP applicants only)
2. IRS Form 990 (new EFSP applicants only)