**EMERGENCY FOOD & SHELTER PROGRAM APPLICATION**

**(EFSP, FEMA)**

**PHASE 40**

(Application must be typed or completed with ballpoint pen – return completed applications to United Way of the Wabash Valley at 100 S. 7th St., Terre Haute, IN 47807 or email to mswift@uwwv.org)

Applicable County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (indicate Clay, Sullivan or Vigo County)

1. Name of Organization or fiscal agent (not both, see question #13) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Federal Employer Identification Number (EIN#) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Unique Entity Identifier (UEI) number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Agency Physical address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. City, State AND Zip code + 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Agency Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. City State AND Zip code + 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Executive or Head of Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Organization Telephone No. (\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Fax No. (\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_
11. Organization e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Number of years organization has been in operation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Organization planning to provide services, if fiscal agent is listed in #1 above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. Purpose of organization planning to provide services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. Populations serviced (i.e., gender, ethnicity, age, geographic area) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FREQUENCY OF SERVICES PROVIDED**

1. If applicable, days of the week shelter services are provided (circle days that apply):

Mon. Tue. Wed. Thur. Fri. Sat. Sun.

1. If applicable, days of the week served meals are provided (circle days that apply):

Mon. Tue. Wed. Thur. Fri. Sat. Sun.

17b. How often per day are the served meals noted above provided? (circle frequency):

Once a day Twice a day Three times a day

1. If applicable, what days of the week are other emergency services are provided? (i.e., food vouchers/pantry, rental/mortgage assistance, energy assistance):

Mon. Tue. Wed. Thur. Fri. Sat. Sun.

18b. How often are these services provided? (circle frequency):

Weekly Twice a month Monthly Other

(Explain other if selected) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. On a separate sheet, include a brief paragraph explaining why you are requesting funding in a particular category, and how funding will impact the need for the service in your area (one paragraph for each category requested)

**GRANT REQUEST**

1. Total amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Separate the total amount requested in Question 20 into individual services, and the number of units per service you plan to provide. (Estimating the number of meals or nights of shelter to be **paid for by EFSP funds**). For rent, mortgage or utility expenditures, estimate the number of bills to be paid.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SERVICE** | **DOLLARS** |  | **UNITS** |  | **ZIP CODE (where service site is located)** |
| A. Served Meals\* |  |  |  | # meals |  |
| B. Other food assistance |  |  |  | # meals |  |
| C. Mass shelter\*\* |  |  |  | #nights |  |
| D. Other shelter |  |  |  | #nights |  |
| E. Supplies and equipment |  |  |  |  |  |
| F. Feminine hygiene products |  |  |  |  |  |
| G. Diapers |  |  |  |  |  |
| H. First aid supplies (for mass shelter & feeding facilities only - limited amounts only) |  |  |  |  |  |
| I. a. Rehabilitation of a mass feeding facility\*\*\* |  |  |  |  |  |
| I. b. Rehabilitation of a mass shelter facility\*\*\* |  |  |  |  |  |
| J. a. Transportation for food bank/pantry |  |  |  |  |  |
| J. b. Transportation for mass shelter/feeding |  |  |  |  |  |
| K. Individuals' rent/mortgage assistance & eviction prevention |  |  |  | # individuals |  |
| L. Individuals' utility assistance |  |  |  | # individuals |  |
| N. Total Request (add lines A-N; should match response to Question 20) |  |  |  |  |  |
|  |  |  |  |  |  |
| \* Definition of Mass Feeding per meal allowance: allowance of $3 per meal | | | | | |
| \*\* Definition of Mass Shelter per diem option: allowance of **exactly** $12.50 per person, per night (Five beds or more providers only). | | | | | |
| \*\*\* Rehabilitation is limited to emergency repairs, repairs needed to bring an existing facility up to building code regulations, or to make a mass feeding or mass shelter facility handicap accessible. Maximum allowed is $2,500. | | | | | |