**EMERGENCY FOOD & SHELTER PROGRAM APPLICATION**

**(EF&SP, FEMA)**

**PHASE 39 & ARPA-R**

(Application must be typed or completed with ballpoint pen)

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

Program for which you are apply: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (indicated Phase 39 or ARPA-R)

1. Name of Organization or fiscal agent (not both, see question #13) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Federal Employer Identification Number (EIN#) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Data Universal Number System (DUNS) 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. Are the served meals noted above provided (circle frequency)

 Once a day Twice a day Three times a day

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

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

 18b. Are these services provided (circle frequency)

 Weekly Twice a month Monthly Other

(Explain other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)

**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.

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| 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 mass Feeding facility\*\* |  |  |   |  |  |  |  |   |
|  b. Rehabilitation of mass Shelter facility\*\* |  |  |   |  |  |  |  |   |
| J. a. Transportation for Food Bank/Pantry |  |  |  |  |  |  |  |  |
|  b. Transportation for Mass Shelter/Feeding |  |  |  |  |  |  |  |  |
| K. Individuals’ Rent/mortgage assistance & eviction prevention |  |   |  |  |  |  |   |
| L. Individuals' utility assistance |  |   |  |   |  |  |   |
| M. Administrative cost |  |  |  |   |  |   |  |  |   |
| N. Total request (add A. - N.) |  |  |  |   |  |   |  |  |   |
|  This should be the same figure as in question #20 |  |   |  |  |  |  |   |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **CLARIFICATION OF SERVICE CATEGORIES** |  |  |  |  |  |  |  |
| **\*** Definition of Mess 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. |  |  |  |  |  |  |  |  |  |  |  |
|  ++ Only utility expenditures for increased utility cost due to expanded services, from last year to current |
| year, may be requested. NOTE: This is not intended for reimbursement of normal operation costs. |

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