

# Federal Emergency Food and Shelter Grant Phase 35

Application for funding and instructions for submission to the EFSP Board and United Way of Howard County:

Return your completed application with all materials to the EFSP Staff Coordinator, Cheryl Graham, at United Way of Howard County, 210 West Walnut, Kokomo, Indiana, phone- 765-457-4357 ext. 320. Deadline for applications to be received is Monday, February 11 at 12 noon.

Date /Time Received: (United Way Use Only) Date:\_\_\_\_\_

Time: \_\_\_\_\_

Staff\_\_\_\_\_

Application: Use additional pages as needed, include the question being answered and number the pages.

Primary use of funding if received:

Agency's Legal Name:

Agency Principal:

Agency Contact for Application Questions and EFSP Questions, if funded:

Agency Physical Address, zip +4:

Congressional District where agency is physically located:

Agency Mailing Address:

Agency address for Place of Performance (Where the EFSP funded Services are provided):

Congressional District where agency's EFSP funded services are provided:

Agency Phone/fax/email (for Individuals Above):

Agency Website: [Advantagehousing.org](http://Advantagehousing.org)

Agency Federal Employer Identification Number (FEIN):

Agency DUNS Number:

Amount of EFSP funding requested by program area, list separately (food, lodging , utilities, etc.):

Agency's Operating Budget(total):

Agency Budget for the program area requested as listed above (food, rent, utilities, etc.)

Copy of agency's most recent annual audit:

Agency is a 501.c3 organization or unit of Government?:

If non-profit, include roster of the Agency's volunteer board:

Is the agency debarred or suspended from receiving funds or doing business with the Federal Government?

Amount of Financial Request and Primary Use:

Description of Program Funding will be used for:

Include in your explanation:

Why is this funding needed for this particular use? Include cited information to show there is an existing need for the program.

What will happen if you do not receive the funding?

Describe the group of people that will benefit from your program with these additional funds.

What will change about your program if you receive EFSP funding? Will it be an expansion of an existing service or a new service.