

Submit electronically to clairec@unitedwayofcolumbiacounty.com by Friday, November 19th at 5:00pm

Emergency Food and Shelter Program Application- Phase 37, 38, CARES		
Agency Legal Name:		
Agency Physical Address:	City	State zip
Agency Mailing Address:	City	State zip
Agency phone	Fax:	Email:
Agency Website:		
Contact Person & Title:		Signature:
Federal Identification Number:		DUNS#
Are you a: Nonprofit or Faith-based or Government Organization Applications Due 5:00 PM November 19th		
REQUEST FOR FUNDS		
Mass Shelter	\$	# of Nights:
Emergency Hotel/Motel	\$	# of Nights:
Rent/Mortgage Assistance	\$	# of Bills:
Utility Assistance	\$	# of Bills:
Emergency Food (Congregate Meals, Food Purchases, Home Delivered Meals)	\$	
Equipment	\$	<i>Max allowable- \$300.00</i>
Total	\$	

- 1) Please choose your EFSP application status: New recipient Current recipient Former recipient
- 2) In the past year, have you had to deny benefits to qualified applicants due to inadequate funding? YES NO
- 3) Please attach a short narrative of the program for which you are seeking funds
- 4) Briefly describe the criteria or the process you use to determine eligibility for benefits using these funds, attach a sample copy of the application form you use to determine eligibility.
- 5) How do you intend to administer the funds from this program (i.e. distribute the funds over a period of months to ensure availability throughout the year; use funds to purchase bulk supplies; make funds available on a first-come, first-serve basis)? Use attachments if necessary to explain. **Note (all funds must be expended by December 31st, 2021.**
- 6) Attach a copy of your Nondiscrimination Policy on your letterhead.
- 7) Attach a signed copy of the anti-terrorism policy which was provided with this application.
- 8) Copy of Agencies most recent annual audit. Explanation on letterhead if not available.
- 9) Copy of Board of Directors Roster.