PHASE 41

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| **EMERGENCY FOOD AND SHELTER** APPLICATION FOR PROGRAM FUNDS |
| **Directions:** To apply for Phase 41 Emergency Food and Shelter Program Funds, please complete each section (I-IV) of this application form. **The application and attachments must be emailed by 5 pm on Friday, May 24th, 2024. Applications received after this deadline will not be considered for funding.**  **When completing the application, please provide any necessary background information about your agency so the reviewers fully understand your organization in relation to your grant application.**  **Email to: halen@unitedwaybemidji.org** |
| **Section I – Agency Information**   |  |  |  | | --- | --- | --- | | **Is agency non-profit or unit of government?** |  | | | **Is agency debarred or suspended from receiving funds or doing business with the federal government?** | |  |  |  |  |  | | --- | --- | --- | | **Agency’s Legal Name** |  | | | **Agency Physical Address** |  | | | **City, State, Zip** |  | | | **Agency Mailing Address *(if different from above)*** |  | | | **City, State, Zip** |  | | | **Federal Employee Identification Number (FEIN)** | |  | |

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| **Agency Principal (CEO, President, or Director)** | | | |  | | |
| **Phone** |  | **Fax** |  | | **Email** |  |

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| **Agency Contact for Application Questions** | | |  | | | |
| **Phone** |  | **Fax** | |  | **Email** |  |

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| **Agency Contact for EFSP, if funded** | |  | | | | |
| **Phone** |  | | **Fax** |  | **Email** |  |

**Section II –Funding Request**

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| **Phase 41 Funding Requested** | **$** |

***Please itemize the requested amount under each program area. For more information, refer to the manual and any necessary addendums that are linked on the website.***

***PHASE 41 ITEMIZED FUNDING REQUESTED***

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| **Food purchases for food banks/pantries and other food providers** | | | | | |
| **Amount Requested** | **$** | **Estimated number of families/individuals funding will serve** | | |  |
| **Food purchases for mass feeding** | | | | | |
| **Amount Requested** | **$** | **Estimated number of families/individuals funding will serve** | |  | |
| **Consumable supplies for mass shelter/mass feeding** | | | | | |
| **Amount Requested** | **$** |  | | | |
| **Minor emergency equipment repairs or purchases for mass shelters/mass feeding** | | | | | |
| **Amount Requested** | **$** |  | | | |
| **Building code repairs to mass shelter or mass feeding facility – local board approval for building code repairs** | | | | | |
| **Amount Requested** | **$** |  | | | |
| **Mass Shelter - Per Diem Allowance *\*may claim $12.50 per person per night*** | | | | | |
| **Amount Requested** | **$** | **Estimated number of nights** |  | | |
| **Mass Feeding Expenses - Per Diem Allowance  *\*may claim $3.00 per meal*** | | | | | |
| **Amount Requested** | **$** | **Estimated number of meals** |  | | |
| **Rent/Mortgage/Assistance/Eviction Prevention** | | | | | |
| **Amount Requested** | **$** |  | | | |
| **First Month’s Rent Payment** | | | | | |
| **Amount Requested** | **$** |  | | | |
| **Utility Assistance** | | | | | |
| **Amount Requested** | **$** |  | | | |
| **Diapers** | | | | | |
| **Amount Requested** | **$** |  | | | |

**Section III –Program Narrative**

1. **Please describe your program so that the Local Board may better understand the services you provide. Include the following information: referral service, estimated number of people served who live in Beltrami County, percentage of your clients who reside in Beltrami County, hours of operation, number of staff (paid or volunteer).**

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1. **Describe the population served by your program (please be specific, indicating if your services are targeted to a specific population such as young children, seniors, etc.).**

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1. **How will an EFSP grant help you provide, extend or supplement program services?**

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1. Describe any particular challenges you are experiencing in meeting emergency food and/or shelter needs. How have those needs changed in the past year?

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1. Please indicate your alternative funding sources if the local board is unable to fund your request.

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**Section IV – Agency Financial Information**

* **Attach one (1) copy of the most recently completed Audit report**

If an Audit is not required, submit your financial statement as approved by your Board of Directors complete with statements, schedules, and notes.

* **Attach a copy of 501(c)(3)** – *unless* already on file with the Emergency Food and Shelter local board or if there were changes in your status since last year

* **Attach a copy of your agency’s operating budget. If your agency serves additional area outside of Beltrami County, please revise your budget to include ONLY the Emergency Food and Shelter Program service area (Beltrami County).**