**Emergency Food and Shelter Program**

**Clayton County Local Board**

**Phase 37 Grant Application**

**Deadline for Submission: Friday, May 15, 2020 2:00 p.m.**

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| 1. Agency’s Name |  |
| 2. Did Agency receive funding from EFSP during the last funding cycle? | Yes  No |
| 3. Street Address    City, State, Zip |  |
| 4. Website |  |
| 5. Executive Director  Email:  Phone:  Fax: |  |
| 6. Board President  Email:  Phone: |  |
| 7. Grant contact person  Email:  Phone:  Fax: |  |
| 8. Agency’s Mailing  Address  City, State, Zip |  |
| 9. Congressional District where agency is physically located |  |
| 10. Address where EFSP services will be provided.  City, State, Zip  Phone:  Fax:  Email: |  |
| 11. Congressional District where agency’s EFSP funded services are provided |  |
| **Agency’s Name:** |  |
| 12. Federal Employer Identification Number (FEIN) |  |
| 13. Agency’s DUNS  Number |  |
| 14. Bank Information  (provide bank name only)  Checking: Y or N |  |
| 15. Is your agency non-profit or unit of government? |  |
| 16. Is your agency currently debarred or suspended from receiving funds or doing business with the Federal government? | Yes  No  (if yes please explain) |

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| **Program Information** |

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| 1. Program Name |  |
| 2. Program Contact Person |  |
| 3. Number of full-time staff or volunteer  equivalent |  |
| 4. Number of program volunteers |  |
| 5. Program’s Purpose (please limit narrative to  the program in which you’re applying for  EFSP funds), 150 words max |  |
| 6. Amount of EFSP funding requested by program area  (food, shelter, rent, or utilities) |  |
| 7. Agency budget for program area requested  (food, rent, and utilities) |  |
| 8. How many people in your service area need the type of services provided by this program? (please include those who are currently served by this program) |  |

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| **Agency’s Name:** |  |

Please include with this application the following materials:

1. A roster of all board members.

2. A copy of the most recent annual report.

3. A copy of the most recent audit or Form 990.

4. Any program flyers or outreach materials.

I certify, to the best of my knowledge, that all information provided on this grant application is accurate and complete and endorsed by the organization that I represent.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_