

Application for Funds
Emergency Food and Shelter National Board Program
Woodbury County, Iowa Local Board
Phase 36 Total Funding Available: \$28,955

Complete and return by: Tuesday, September 10, 2019 (5:00 p.m.) *

*Late applications will not be considered.

Return to: Susan McGuire, Center For Siouxland
715 Douglas Street, Sioux City, IA 51101
712-252-1861 x17

via e-mail: susan.mcguire@centerforsiouxland.org

Organization Contact Information:

Full Organization Legal Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Organization Website: _____

Executive Director's Name: _____

Title: _____

Phone Number: _____

E-mail Address: _____

Executive Director Signature: _____ **Date:** _____

Application Contact Person (if different): _____

Title: _____

Phone Number: _____

E-mail Address: _____

Organization Information:

501c3: _____ Yes/ _____ No **Date Established:** _____

Federal Employer ID # (FEIN): _____

DUNS #: _____

Fiscal Sponsor Name (if different): _____

Fiscal Sponsor Address: _____

Proposal Request

Program/Project Name: _____

Experience – Describe your agency’s food and shelter programs and previous experience administering food and shelter programs (750 characters or less)

Activities to be provided with EFSP Funds (Check all for which you are requesting funds)

Served Meals Mass Shelter Rent/Mortgage
 Other Food Other Shelter Utilities

Population to be Served – Include: # of persons presently served in each activity for which you are requesting funds and the anticipated # to be served (750 characters or less)

Eligibility Requirements – Describe the eligibility requirements for participants in each activity for which you are requesting funds. (750 characters or less)

Service Availability – Describe when services will be available for each activity for which you are requesting funds (i.e. days of the week, hours of operation, etc.) (750 characters or less)

Budget Request

| Category | Budget/Funding Request Detail for EFSP Funds only* | EFSP Funding Request |
|---------------------------------------|---|-----------------------------|
| 1. Served Meals | | \$ |
| 2. Other Food | | \$ |
| 3. Mass Shelter | | \$ |
| 4. Other Shelter | | \$ |
| 5. Rent/Mortgage | | \$ |
| 6. Utilities | | \$ |
| | | \$ |
| Total EFSP Funds Requested: | | \$ |
| Total Other Funding Available: | | \$ |
| Total Program Budget: | | \$ |
| | | |
| | | |

***Budget/Funding Request Detail for EFSP funds only** – Provide budget detail for the categories and funding requested above. Provide the formula used to arrive at the requested amount (i.e. anticipated # of meals to be served/# of shelter nights provided/# of rent/mortgage/utility bills to be paid multiplied by the amount you are requesting per meal/shelter night/rent/mortgage/utility bill.

Other Sources of Funding – List other sources of funds available to provide the activities for which you are requesting EFSP funding. Specify the source (Federal, State, or Local Government, Corporation, Private Foundation, Other) and the amount. ***Note:** There is no requirement for matching funds provided by the applicant agency. However, grantees must maintain their current efforts and cannot supplant existing resources with EFSP funds.

Required Attachments

- _____ **Attachment A: Agency's 501c3 determination letter**
- _____ **Attachment B: Agency's Most Recent Financial Audit**
- _____ **Attachment C: Agency's Most Recent Form 990**
- _____ **Attachment D: Agency's Board of Directors List, including officers and professional affiliations**