

**Application for Funds**  
**Emergency Food and Shelter National Board Program**  
**Woodbury County, Iowa Local Board**  
**Phase 37 Total Funding Available: \$30,682/Phase CARES**  
**Total Funding Available: \$44,001**

Complete and return by: Wednesday, May 13, 2020 (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](mailto: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 – Phase 37 funding (up to \$30,682)

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		\$
		\$
<b>Total EFSP Funds Requested:</b>		<b>\$</b>
<b>Total Other Funding Available:</b>		<b>\$</b>
<b>Total Program Budget:</b>		<b>\$</b>

**\*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.)

**Budget Request – Phase CARES funding (up to \$44,001)**

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

**\*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 Board of Directors List, including officers and professional affiliations