

EMERGENCY FOOD & SHELTER PROGRAM - PHASE 38 Agency Income Report (Page 1)

PROPOSAL DEADLINE: 3/12/21

AGENCY INFORMATION AND INCOME REPORT (Page 1 of 2. Must Fill Out Both Pages 1 & 2)

AGENCY NAME :					County: _____
Commonly Used Name, if applicable: _____					
Administrative Address:	Street: _____	City: _____	State: _____	Zip: _____	
Mailing (PO), if different:	P.O. Box # _____	City: _____	State: _____	Zip: _____	
Address (s) where service is to be provided, if different. _____ _____					
Congressional District where service is to be provided: _____					
AGENCY PHONE/Fax:	Phone: _____	Fax: _____			
Executive Director:		Email:			
Program Contact:		Email:			
Fed Tax ID Number:		DUNS #:			

List some of your Agency's Top sources of budgeted income for your current fiscal year. Group all individual donors into a single "donors" line item. (Include Any Current EFSP Awarded Amounts)	Amount \$	PURPOSE		
		Place an "X" for All That Apply		
		Food	Shelter	Other
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			

Total Agency Budget for FOOD Programs	\$ _____					
Total Agency Budget for SHELTER Programs	\$ _____					
Total Agency Budget for OTHER Programs	\$ _____					
Total Agency Budget - <u>ALL Programs</u>	\$ _____					

EMERGENCY FOOD & SHELTER PROGRAM - PHASE 38 Income Report pg 2

EFSP - FUNDING REQUEST FORM & SIGNATURE PAGE

(Page Two of Two)

AGENCY NAME: _____	
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FOOD (ELIGIBLE ACTIVITIES FOR FUNDING)

- * **FOOD BANKS** - Distribution of bulk foods to Food Closets
- * **FOOD CLOSETS** - Distribution of bagged groceries to individual clients
- * **MASS FEEDING** - Ready to eat meals, served on-site or delivered to clients
- * **FOOD VOUCHERS** - Vouchers for use at local grocery stores or restaurants

SHELTER (ELIGIBLE ACTIVITIES FOR FUNDING)

- * **PER DIEM/MASS SHELTER** - Lodging at a mass shelter facility
- * **MOTEL/HOTEL VOUCHERS** - Temporary, emergency lodging at motel/hotel
- * **RENT/MORTGAGE ASSISTANCE** - Eviction prevention or 1st month's rent
- * **UTILITY ASSISTANCE** - Includes gas, electricity, water, sewer service and cut wood (for heating purposes)

FUNDING REQUEST - FOOD COMPONENT (Funding Request cannot fund entire Program Budget)

	Estimated # of <u>meals</u> to be distributed	Estimated # of <u>individuals</u> to be served	Estimated # of <u>households</u> to be served	Estimated <u>pounds</u> of food to be distributed	THIS EFSP FUNDING AMOUNT REQUEST \$	FUNDING AMOUNT TOTAL AVAILABLE FROM OTHER SOURCES
Food Bank	_____	_____	_____	_____	\$ _____	\$ _____
Food Closet	_____	_____	_____	_____	\$ _____	\$ _____
Mass Feeding	_____	_____	_____	_____	\$ _____	\$ _____
Food Vouchers	_____	_____	_____	_____	\$ _____	\$ _____
FOOD COMPONENT TOTAL REQUEST:					\$ _____	\$ _____

FUNDING REQUEST - SHELTER COMPONENT (Funding Request cannot fund entire Program Budget)

	THIS EFSP FUNDING AMOUNT REQUEST \$	FUNDING AMOUNT TOTAL AVAILABLE FROM OTHER SOURCES
PerDiem/ Mass Shelter (# of Beds x Fixed Rate Per Bed) Total # _____ x \$12.50 Per Bed Night = \$ _____ Nights to be Provided Total _____	\$ _____	\$ _____
Motel/Hotel Vouchers Rate Per Room per night \$ _____ Nights to be Provided Total _____	\$ _____	\$ _____
Rent/Mortgage Assistance Avg Cost per Bill \$ _____ Total # of Bills to be paid _____	\$ _____	\$ _____
Utility Assistance Avg Cost per Bill \$ _____ Total # of Bills to be paid _____	\$ _____	\$ _____
SHELTER COMPONENT TOTAL REQUEST:		\$ _____
COMBINED FOOD & SHELTER COMPONENT TOTAL REQUEST:		\$ _____

Printed Name and Title of Person Authorized

Signature (use Blue Ink)

Date