

EMERGENCY FOOD AND SHELTER PROGRAM

PHASE 29 (2011) FUNDING APPLICATION

Submission Deadline: 4:30 pm, Thursday, October 7, 2010

A. Agency Information:

Name (legal)

Address

Telephone

Cell

Fax

IRS — 501 (c) (3) number

Submitted by

E-mail

B. EFSP Program Information:

- | | | |
|---------------------------|----------|-------------------|
| 1. Total Funds Requested: | \$ _____ | |
| a. Served Meals | \$ _____ | Attach Schedule A |
| b. Other Food | \$ _____ | Attach Schedule B |
| c. Mass Shelter | \$ _____ | Attach Schedule C |
| d. Other Shelter | \$ _____ | Attach Schedule D |
| e. Supplies/Equipment | \$ _____ | Attach Schedule E |
| f. Emergency Repairs | \$ _____ | Attach Schedule F |
| g. Rent/Mortgage | \$ _____ | Attach Schedule G |
| h. Utilities | \$ _____ | Attach Schedule H |

⇒ **Do not submit blank schedules.** ⇐

2. **Program Summary:** (Describe the program—who your clients will be, the kinds of activities in the program and the problem(s) to be resolved, how many you will serve, etc.)

3. **Projected Outcomes:** (Describe the impact on the life of your clients. Will your service enable them to obtain a job, secure housing, become self-sufficient again, etc.)

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4. Does any other organization provide a similar program to the same target population you intend to serve? If yes, please explain how you will collaborate and partner with them to maximize effectiveness and avoid unnecessary duplication of services.

- 5 Describe any partnerships or collaborations with other agencies not shown in question 4 above.

C. Demographic Information:

1. Total Unduplicated Clients to be served: _____
2. Average number of times each Client is served: _____
3. What geographical area will you cover (Merced, Los Banos, etc.)?

4. Estimate the number of people that actually need the service(s) you will provide within the geographical area you serve whether or not you are able to serve them all?

D. Financial Information

1. What financial resources, other than EFSP, are available for this program?

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2. Have you applied for any other funds? List the source, the amount, and your expectation of being funded for each.

3. Will your bookkeeping be done in-house or by an outside vendor? Will this be a change? Will you use an accrual or cash method of accounting?

4. If you were previously funded through this program, did you use all the funds allocated to you? _____

If not, how much was returned and why?

5. What is your fiscal year? _____

6. If you do not receive your entire request, how will this affect your program(s) and the number of clients you will serve?

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7. Supply a budget for your program (suggested format below).

Note: We want you to tell us how you will use the EFSP dollars in this program. Also, if the EFSP funds don't cover all the costs of the program, tell us where you get the money for the rest of the costs.

SUGGESTED OPERATING BUDGET REPORT

(For programs you want supported by EFSP funds)

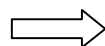
REVENUES	Proposed 2011	Estimated/Actual for 2010	Actual for 2009
EFSP Request			
Total Revenue			

EXPENSES	Proposed 2011	Estimated/Actual for 2010	Actual for 2009
Total Expenses			

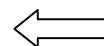
Surplus/(Deficit)			
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Note: Total Revenue and Total Expenses for your proposed budget (2011) must equal each other.

Prepared by: _____ Date: _____



USE ADDITIONAL PAGES AS NECESSARY



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Schedule A – Served Meals

Where and when are these meals served?

Describe a typical meal.

What cost will you claim per meal?

Maximum Per Diem of \$2.50 a meal, or \$ _____

Estimate you actual program costs for 2010.

<input type="checkbox"/> Number of Meals served:	_____
<input type="checkbox"/> Food Purchases:	\$ _____
<input type="checkbox"/> Food donated	\$ _____
<input type="checkbox"/> Utilities	\$ _____
<input type="checkbox"/> Supplies	\$ _____
<input type="checkbox"/> Rent/mortgage	\$ _____
<input type="checkbox"/> Wages	\$ _____
<input type="checkbox"/> Other _____	\$ _____
Total	\$ _____

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Schedule B – Other Food

Where and when is this food provided?

Describe what is provided in a typical bag/box.

How many individual meals does a typical bag/box provide? _____

What is a typical bag/box worth? \$ _____

Estimate you actual program costs for 2010.

- | | |
|--|----------|
| <input type="checkbox"/> Meals provided: | _____ |
| <input type="checkbox"/> Food Purchases: | \$ _____ |
| <input type="checkbox"/> Food donated | \$ _____ |
| <input type="checkbox"/> Supplies | \$ _____ |
| <input type="checkbox"/> Mileage | \$ _____ |
| <input type="checkbox"/> Other _____ | \$ _____ |
| Total | \$ _____ |

Where do you buy the food?

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Schedule C – Mass Shelter

Where and when is the shelter provided?

Rules for duration of stay and when they can return?

What cost will you claim per bed night?

Maximum Per Diem of \$12.50 a bed night, or \$_____

Estimate you actual program costs for 2010.

<input type="checkbox"/> Rent/mortgage:	\$_____
<input type="checkbox"/> Utilities	\$_____
<input type="checkbox"/> Supplies	\$_____
<input type="checkbox"/> Wages	\$_____
<input type="checkbox"/> Other _____	\$_____
Total	\$_____

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Schedule D – Other Shelter

Describe any special rates you get from the motels/hotels you use?

How long may the clients stay and when can they stay again?

Costs:

- One person, one night \$ _____
- One person, multiple nights \$ _____
- Two persons, one night \$ _____
- Two persons, multiple nights \$ _____
- Family of 4, one night \$ _____
- Family of 4, multiple nights \$ _____

Other Information:

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Schedule E – Supplies/Equipment

(Supplies are limited to such things as bags or boxes for groceries, oil for cooking, etc. Equipment must be essential to the operation, not exceed \$300 and be approved by the local board.)

Describe the supplies.

Are you able to get better than retail prices for these supplies? Please elaborate.

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Schedule F – Emergency Repairs

This is not normally requested ahead of time unless the thing to be repaired can not be fixed until funds are available. Consult manual for limits and eligibility.

Item to be repaired and its estimated cost. Indicate when it broke down.

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Schedule G – Rent/Mortgage

Estimated number of clients to be served and average cost of each

What are your guidelines for providing assistance with rent or mortgage?

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Schedule H – Utilities

Estimated number of clients to be served and average cost of each

What are your guidelines for providing assistance with utilities?
