

**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)**  
**Application for Funds – Phase 34**

Applications are due to the Matagorda County United Way by July 7, 2017. Email to [mcuw@sbcglobal.net](mailto:mcuw@sbcglobal.net); or mail or deliver to 2417 Avenue G, Bay City, TX 77414. Call the United Way at (979) 245-5852, if you have any questions.

**AGENCY**

Legal Name \_\_\_\_\_

Executive Director/CEO \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

EIN No. \_\_\_\_\_ DUNS No. \_\_\_\_\_ Congressional Dist. of agency location \_\_\_\_\_

Website Address: \_\_\_\_\_

Will services be provided at the address above? \_\_\_\_\_ If not, provide the following:

Congressional District where services will be provided \_\_\_\_\_ Address where services will be provided \_\_\_\_\_

**AGENCY CONTACT** (If different from above for application questions and EFSP, if funded)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Email Address \_\_\_\_\_

Is this agency a nonprofit organization or governmental entity? \_\_\_\_\_

Please check one:  nonprofit organization  governmental entity?

If you checked nonprofit organization, please attach a list of your board members.

Does your agency provide food or shelter to individuals in need without discriminating based on age, race, sex, gender, national origin, disability or religion? \_\_\_\_\_

What is the total amount of EFSP funds your agency is requesting? \_\_\_\_\_

Please indicate how much of the amount requested will be used for each of the following:

Food	_____	Shelter	_____
Rent/Mortgage Assistance	_____	Utility assistance	_____

What is the total income and expenses on your agency's most recent budget?

Income: \_\_\_\_\_ Expenses: \_\_\_\_\_

What is the amount of the agency's income and expenses for provision of for food and/or shelter and/or utility assistance on its most recent budget? Income: \_\_\_\_\_ Expenses: \_\_\_\_\_

What is the date of your agencies most recently completed audit? \_\_\_\_\_

Is the audit available for inspection by a member of the EFSP Local Board? \_\_\_\_\_

Briefly describe how your program for providing food and/or shelter and/or utility assistance works.

What is your current criteria for determining client eligibility?

How many different individual Matagorda County Residents does your agency serve in one year? Please count each such individual only once even if said individual was served multiple times. \_\_\_\_\_ . (Example: If you served ten people ten times each, put 10.)

How many separate times does your agency provide emergency food and/or shelter and/or assistance with utilities in one year? Count each separate time assistance is provided as one even if the assistance was provided to the same person multiple times. \_\_\_\_\_ (Example: If you served ten people ten times each, put 100.)

Is your agency a nonprofit agency or a unit of local government? \_\_\_\_\_

If your agency is a nonprofit, please attach a roster of the agency's current board members.

Is the agency debarred or suspended from receiving funds or doing business with the Federal Government? \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_