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| --- | --- |
| EFSP Phase 34Application |  |

## Contact Information

|  |  |
| --- | --- |
| Organization |  |
| Federal Employer’s Identification Number |  |
| Federal D-U-N-S Identification Number |  |
| CEO/Executive Director |  |
| Physical Address |  |
| Mailing Address (if different) |  |
| Primary EFSP Contact |  |
| Phone Number |  |
| Email Address |  |

## Funding Request

### Identify funding category (or categories) and enter amount requested for each.

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **AMOUNT REQUESTED** | **CATEGORY** | **AMOUNT REQUESTED** |
| SERVED MEALS |  | UTILITY ASSISTANCE |  |
| OTHER FOOD |  | SUPPLIES/EQUIPMENT |  |
| MASS SHELTER |  | REHAB/REPAIR |  |
| OTHER SHELTER |  |  |  |
| RENT/MORTGAGE |  | **TOTAL** |  |

## Prior EFSP Participation

|  |  |
| --- | --- |
| Has the organization received EFSP funding in the past? | NO  YES Indicate most recent awarded amount: |
| Were any funds returned? | NO  YES Amount returned: |
| If yes, why were funds returned? |  |
| If requesting a funding increase, explain rationale. |  |

## Community Need

### Describe the community need and how the program addresses that need.

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|  |

## Program/Service Description

### Describe the primary services and/or activities that best describe the importance of this program.

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| --- |
|  |

## Facility Profile

Provide a description of agency’s program capacity (example: number of shelter beds if a shelter, number of feeding sites if food serving facility or pantry, days of operation, hours of operation).

|  |
| --- |
|  |

## Projected Number Served

### With the funds requested, project how many people ***will be*** served from each town.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TOWN** | **# SERVED** | **TOWN** | **# SERVED** | **TOWN** | **# SERVED** |
| Bozrah |  | Lisbon |  | Salem |  |
| Colchester |  | Lyme |  | Sprague |  |
| East Lyme |  | Montville |  | Stonington |  |
| Franklin |  | New London |  | Voluntown |  |
| Griswold |  | N. Stonington |  | Waterford |  |
| Groton |  | Norwich |  | Other |  |
| Lebanon |  | Old Lyme |  |  |  |
| Ledyard |  | Preston |  | **TOTAL:** |  |

## Target Populations Served

Identify and rank the top three populations served by the program (1=largest)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Domestic Violence Victims |  | Mentally Disabled |  | Single Women |
|  | Elderly |  | Minorities |  | Unaccompanied Minors |
|  | Families with Children |  | Native Americans |  | No Target Population |
|  | Mentally Disabled |  | Veterans |  | Other |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. Furthermore, I understand that EFSP funds are made available by the Department of Homeland Security/Federal Emergency Management Agency and are contingent upon the federal government’s ability to pay.

|  |  |
| --- | --- |
| CEO/ED Name (printed) |  |
| Signature – checking this box serves as CEO/ED signature. | I certify that the information in this application is true and complete. |
| Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CATEGORY | TOTAL PROVIDED  BY AGENCY **PHASE 33** | EFSP AMOUNT SERVED  **PHASE 33** | DOLLAR AMOUNT SPENT  **PHASE 33** | PROPOSED  **EFSP PHASE 34** | DOLLAR REQUEST  **EFSP PHASE 34** |
| SERVED MEALS | # MEALS: | #MEALS: |  | #MEALS: |  |
| OTHER FOOD | #MEALS: | #MEALS: |  | #MEALS: |  |
| MASS SHELTER | #NIGHTS: | #NIGHTS: |  | #NIGHTS: |  |
| OTHER SHELTER | #NIGHTS: | #NIGHTS: |  | #NIGHTS: |  |
| SUPPLIES/EQUIPMENT |  |  |  |  |  |
| REHAB/EMERGENCY REPAIR |  |  |  |  |  |
| RENT/MORTGAGE | #BILLS: | #BILLS: |  | #BILLS: |  |
| UTILITIES | #BILLS: | #BILLS: |  | #BILLS: |  |
| ADMINISTRATION | *NOTE: THE LOCAL BOARD DOES NOT ALLOCATE FOR THIS EXPENSE* | | | | |
| **TOTAL** |  | |  |  |  |

**Phase 33 & Phase 34 Side By Side Comparison**