|  |  |
| --- | --- |
| 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.

|  |
| --- |
|       |

## Program/Service Description

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

|  |
| --- |
|       |

## 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**