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| EFSP Phase 36Application |  |

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| **CONTACT INFORMATION** |
| Organization Name |       |
| Program requesting funds |       |
| Federal Employer’s Identification Number (FEIN) |       |
| Federal DUNS Identification Number |       |
| CEO/Executive Director |       |
| Physical Address of Program |       |
| Mailing Address (if different) |       |
| Primary EFSP Contact |       |
| Phone Number |       |
| Email Address |       |

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| **FUNDING REQUESTED** |
| Identify **ONE** funding category, enter amount requested, program budget, and agency budget. |
| **CATEGORY** | **AMOUNT REQUESTED** | **PROGRAM BUDGET** *(not including EFSP)* | **AGENCY BUDGET** |
| SERVED MEALS |       |       |       |
| OTHER FOOD |       |       |       |
| MASS SHELTER |       |       |       |
| OTHER SHELTER |       |       |       |
| RENT/MORTGAGE |       |       |       |
| UTILITY ASSISTANCE |       |       |       |

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| **PROJECTED NUMBER SERVED** |
|  | **MEALS**(food) | **BILLS *(rent/mortgage or utilities)*** | **BED NIGHTS** *(shelter)* |
| NUMBER PROGRAM WILL SERVE *NOT INCLUDING EFSP* |       |       |       |
| NUMBER EFSP FUNDS WILL SERVE |       |       |       |
| TOTAL |       |       |       |

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| **PROGRAM DESCRIPTION** |
| Describe the primary services of the program. |
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| **COMMUNITY NEED** |
| Describe the community need including relevant data and how EFSP funds help to meet that need. |
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| **PROGRAM ELIGIBILITY** |
| Describe how the community is made aware of the program and how recipients are determined eligible. Are services available to the public or are they limited to a specific population? Please explain. |
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| **POPULATION SERVED** |
| Check all towns that this program serves. |
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| Bozrah | [ ]  | Lebanon | [ ]  | N. Stonington | [ ]  | Stonington | [ ]  |
| Colchester | [ ]  | Ledyard | [ ]  | Norwich | [ ]  | Voluntown | [ ]  |
| East Lyme | [ ]  | Lisbon | [ ]  | Old Lyme | [ ]  | Waterford | [ ]  |
| Franklin | [ ]  | Lyme | [ ]  | Preston | [ ]  |  |  |
| Griswold | [ ]  | Montville | [ ]  | Salem | [ ]  |  |  |
| Groton | [ ]  | New London | [ ]  | Sprague | [ ]  |  |  |

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| **PRIOR EFSP PARTICIPATION** |
| Funds received in Phase 35: |       |
| If requesting a funding increase, explain rationale for increase. |       |

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| **ACCOUNTING & REPORTING** |
| Provide a description of the internal accounting that will be used to monitor spending and track data. |
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| **CERTIFICATION** |
| By submitting this application, I affirm that the facts above are true and complete. Furthermore, I understand that EFSP funds are made available by the Department of Homeland Security/FEMA and are contingent upon the federal government’s ability to pay. |
| CEO/ED Name (typed) |       |
| Checking this box certifies that the CEO/ED has read and agrees with the above statement | [ ]  |
| Date |       |