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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 |  |