



Emergency Food and Shelter Program PHASE 41

Application – Chautauqua County Local Board 614000
DUE April 19, 2024

Agency's Legal Name: _____

Physical Address: _____

Mailing Address: _____

Phone number: _____

Fax number: _____

Web site: _____

Federal Employee Identification Number (EIN): _____

UEI Number: _____

Chief Professional Officer: _____

Email: _____

Contact for EFSP (if different): _____

Email: _____

TOTAL AMOUNT REQUESTED: _____

	Amount Requested	TOTAL Agency Budget	Anticipated Activities	
			# meals, # nights, # bills	# people
Served Meals				
Other Food				
Mass Shelter				
Other Shelter				
Supplies/Equipment				
Rent/Mortgage				
Utility Assistance				
Admin				

Is agency debarred or suspended from receiving funds or doing business with the Federal government? Yes No

Which of the following of EFSP's priority populations do you currently serve? (Check all that apply)

- Veterans
- Native Americans
- Families with Children
- The Elderly
- The homeless with physical and/or mental disabilities
- Other (please specify): _____

How long have you been providing emergency food and shelter services?

In addition to EFSP funds, what other sources of funding support your organization's and programs' operations? Are there any changes you are anticipating to current funding sources?

Describe how clients may be involved in providing services (e.g., volunteering, board involvement, getting feedback, etc)

Program Narrative. Please include the following information:

- A description of current services and client demographics, including changing needs or demand for services/programs. Briefly list any significant challenges your program may be facing.
- A description of cooperative or partnering activities with other organizations to meet the needs of your client population.

Please return this application, agency budget and most recently audited financial statements to: United Way of Southern Chautauqua County arohler@uwayscc.org