**Emergency Food and Shelter National Board Program (EFSP)**

**Phase 41 -Cowlitz County Funding Application**

*(EFSP Funds are made available through the Department of Homeland Security’s Federal Emergency Management Agency)*

***Deadline for application submission: April 25, 2024***

**Submit to: United Way of Cowlitz & Wahkiakum Counties via:**

**P.O. Box 1336, Longview, WA 98632**

**Or e-mail to:** [**aheinlen@cowlitzunitedway.org**](mailto:aheinlen@cowlitzunitedway.org)

|  |  |
| --- | --- |
| Agency’s Legal Name |  |
| Agency Principal |  |
| Agency Contact for Application Questions |  |
| Agency Contact for EFSP, if funded |  |
| Agency physical address |  |
| Agency mailing address |  |
| Agency address for services |  |
| Agency phone number |  |
| Agency fax number |  |
| Agency Principal's email address |  |
| Agency Contact email address |  |
| Agency website |  |
| Agency Federal Employee Identification   Number (FEIN) |  |
| Agency UEI number |  |
| Congressional District |  |
| Funding must *extend* a current program. Name of that program is: |  |
| Total budget for current program, without EFSP funding | $ |
| Total people this budget serves |  |
| **EFSP funding area applying for is (food, shelter, utilities, etc.** Visit United Way website for list of all areas**):** |  |
| **Amount of EFSP funding requested:** | $ |
| **Total people to be served if EFSP funding awarded** |  |

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*Briefly share how the funds will be spent, summarizing the program and why funds are needed:*

*What are the demographics of the people to be served, if known (i.e., Families, veterans, elderly, etc.?)*

The Agency is: ☐ Non-Profit ☐ Government

(If non-profit, include a roster of the agency’s volunteer board)

Funds from EFSP are slow to be disbursed. Can the agency cover the costs of the extended program until funds arrive from EFSP to reimburse the program? ☐ Yes ☐ No

The Agency is debarred or suspended from receiving funds or doing business with the Federal government: ☐ Yes ☐ No

Included is the agency’s most recent audit from: ☐ Accountant ☐ Form 990

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Signature of Agency Representative Date

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