Emergency Food & Shelter Program (EFSP) Phase 36 Funds Application – Mass Shelters

1.	Mass Shelter:	ABC Homeless Shelter				
2.	Address:	1234 Flower Lane				
		Milwaukee, W	Milwaukee, WI 53209			
3.	DUNS Number:		12-3456789			
4.	EFO Contact's name, telephone number and		Sally Jones			
	and email address:	•				
5.	Amount of EFSP funds requested:		414-555-5555 sally@abc.com			
	·	\$30,000.00				
6.	Number of individuals served by EFO for October 1, 2018 to September 30, 2019:	25.642	Annual	2.442	Mo. Average	
	201030: 1, 2010 to september 30, 2013:	25,642	711110101	2,140	or, werage	
7.	Most recent total organizational budget:	\$1,769,543	\$1,769,543			
8.	Total eligible expenditures for October 1, 2018 to September 30, 2019:	\$45,000.00				
	Refer to Instruction page for list of eligible expenses. Include a copy of the expense general ledger to support amount.					
Checkli	st of required documents to accompany applicatio	n:				
	Most recent organizational audit or review					
	(If you do not have an audit nor review, provide a balance sheet and income statement for most recent fiscal year) Most recent Form 990					
	Copy of IRS Nonprofit Determination Letter					
	Current Board of Directors Roster and contact information (Name, phone number and email address)					
	Non-discrimination statement					
	Copy of expense general ledger supporting amount of eligible expenses written on line 7.					
	Individuals Served Form(s) Records of individuals served monthly to support the amount of funds requested (e.g., a \$5,000.00 request supported by service statistics totaling 2,500); service statistics provided must include October 2018 Complete Fiscal Agent form (Refer to Instruction Page)					
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	eted applications may be submitted to the Main Offi					
_	g at 9:00 a.m. on Monday, August 5, 2019. The dead		•	•		
Organiz	zations that distribute from multiple food service sit	es must provide con	nplete sepa	rate applicat	ions for each eligible site.	
By signi	ing below, I certify: It is the responsibility of the ap	plicants to exercise	due diligen	ce to ensure	correct, complete and valid	
docum	entation at time of application submission. All atta	achments must be i	ncluded by	the deadline	for the application to be considered	
comple	ete. Applications will not be reviewed by Hunger Ta	isk Force staff for ac	curacy or o	ompletenes	s at time of submission.	
A I!	ation of consider his transmission will make a considera				de	
	ntions found to be incomplete will not be considere ant will be notified in writing of incomplete status a	• •		ibmitted by t	the deadline will not be considered.	
	Salty Jones	Site Manager			_Lugust 10, 2019	
Agency	Representative	Title		Date:		
Bon	nie SmithExe	ecutíve Dírector			August 10, 2019	
Executive Director/Chief Officer/Board Chairperson		Title		Date:		