**Emergency Food & Shelter Program (EFSP)**

**Phase 37 Funds Application - Food Pantries**

1. **Emergency Food Organization (EFO):** ABC Food Pantry
2. **Address: \_\_\_\_\_\_\_\_\_**
3. **DUNS Number:**
4. **EFO Contact’s name, telephone number and**

**and email address:**

1. **Amount of EFSP funds requested:**
2. **Number of individuals served by EFO for**

**January 1, 2020 to September 30, 2020: Annual Mo. Average**

1. **Most recent total organizational budget amount:**
2. **Fiscal Year End Date:**
3. **Total dollar amount of eligible expenditures for**

**January 1, 2020 to September 30, 2020:**

**Refer to Instruction page for list of eligible expenses. Include a copy of the expense general ledger to support amount.**

**Checklist of required documents to accompany application:**

* 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 January 2020**
* Complete Fiscal Agent form –This will be electronically signed by the contract person noted above when the form is made available by EFSP.

Completed applications may be submitted by email only to efsp@hungertskforce.org starting at 9:00 a.m. on Monday, June 15th, 2020. The deadline to submit the completed application is **4:00 p.m. on Friday, June 19th 2020.** Organizations that distribute from multiple food service sites must provide complete separate applications for each eligible site.

By signing below, I certify**: It is the responsibility of the applicants to exercise due diligence to ensure correct, complete and valid documentation at time of application submission. All attachments must be included by the deadline for the application to be considered complete. Applications will not be reviewed by Hunger Task Force staff for accuracy or completeness at time of submission.**

**Applications found to be incomplete will not be considered. Applications that are not submitted by the deadline will not be considered. Applicant will be notified in writing of incomplete status and ineligibility for funding.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Agency Representative Title Date:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Executive Director/Chief Officer/Board Chairperson Title Date: