Emergency Food & Shelter Program (EFSP) Milwaukee County Phase ARPA-R Funds Application – Mass Shelters

1.	Mass Shelter:			
2.	Address			
3.	DUNS Number:			
4.	Contact's name, telephone number and			
	Email address:			
5.	Amount of EFSP funds requested:			
6.	Most recent total organizational budget amount:			
7.	Fiscal Year End Date (xx/xx):			
8.	Total dollar amount of eligible expenditures for November 1, 2021 to March 31, 2022:			
	Refer to Instruction page for list of eligible expense	es. Include a copy of the expense genera	al ledger to support amount.	
Checkli	st 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 recently completed 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 8; additional documentation may be requested after the application has been reviewed			
	Individuals Served Form(s), one for each month being submitted; must include January 2022			
	Records of individuals served monthly to support the amount of funds requested			
	(e.g., a \$31,250.00 request supported by service sta	tistics totaling 2,500); service statistics p	rovided must include January 2022	
emailed	eted applications may be submitted by US Mail to Hurd to efsp@hungertaskforce.org. The deadline to submations that distribute from multiple shelter sites mus	nit the completed application is 4:00 p.m.	on Friday, April 15, 2022.	
Once ap	pplications have been reviewed, eligible applicants wi Form.	ll receive an email from Docusign to com	plete and electronically sign the Fiscal	
docum	ing below, I certify: It is the responsibility of the applentation at time of application submission. All attacete. Applications will not be reviewed by Hunger Tasl	hments must be included by the deadlin	e for the application to be considered	
	ntions found to be incomplete will not be considered ant will be notified in writing of incomplete status an		the deadline will not be considered.	
Agency	Representative	Title	Date:	
Executi	ve Director/Chief Officer/Board Chairperson	Title	 Date:	