

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD
PROGRAM San Benito County, CA-Local Application Form –
Phase 39 (SSA) Funding**

Funding Period: November 1, 2021 – April 23, 2023

NAME OF AGENCY: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

E-MAIL: _____ WEBSITE: _____

AGENCY FEIN #: _____ DUNS #: _____

The Data Universal Number System (DUNS) is a unique identification number used to track how federal grant money is allocated. If you do not know your DUNS number, you may obtain it from www.grants.gov.

Is agency debarred or suspended from receiving funds or doing business with the federal government? NO YES

FUNDS REQUESTED

	Amount Per Activity	Activities
A. Served Meals (Congregate Meals) (may use \$3.00 per meal per diem)	_____	# _____ meals
B. Other Food	_____	# _____ meals
C. Mass Shelter (may use \$12.50 per night per diem)	_____	# _____ nights
D. Other Shelter	_____	# _____ nights
E. Supplies/Equipment (Purchase of equipment not to exceed \$300.00)	_____	
F. Supplies & Equipment Purchases • (Not to exceed \$300/item)	_____	
G. Rental Assistance (up to 3 months)	_____	# _____ bills
H. Utility Assistance (up to 3 months)	_____	# _____ bills
I. Administration (limited to 2%)	_____ N/A _____	

Total Amount Requested: _____

Authorization of Agency Board Chair or Executive Director:

SIGNATURE: _____ Date: _____

PRINT NAME: _____

RELATIONSHIP TO AGENCY: _____

DUE DATE: One electronic application must be received by 2:00 p.m. on **Monday, May 23, 2022.**
Email Vicki Fortino at sanbenito@unitedwaysc.org

APPLICATION NARRATIVE

Program information (maximum two pages):

- **Describe your services and client population, community needs addressed by your services, and how your program meets EFSP objectives.**

- **Are your services duplicative? How do you cooperate/partner with other organizations to meet the needs of your client population?**

- **How many unduplicated people OR families did you serve in your last 12 month fiscal year period? How many people OR families do you anticipate serving in your current 12 month fiscal year period?**

- **Demonstrate your agency's ability to provide food and/or shelter assistance, and capacity to take on the added responsibility of this program and comply with documentation and accountability standards.**

*****Please attach your organization's budget and current Board of Director Roster.**