EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM Santa Cruz

County, CA-Local Application Form – Phase 40 Funding Funding Period: November 1, 2021 – December 31, 2023

NAME	OF AGENCY:			
MAILI	NG ADDRESS:			
	ET ADDRESS:			
	ACT PERSON:			
E-MAIL:AGENCY FEIN #:		WEBSITE:		
		DUNS #:		
	ata Universal Number System (DUNS) is a unique ide ed. If you do not know your DUNS number, you may o		how federal grant money is	
	ncy debarred or suspended from receiving funds al government?	or doing business with the	□ NO □ YES	
	FUNDS RE	EQUESTED		
		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	
l.	Administration (limited to 2%)	N/A		
	Total Amount Requested:			
	rization of Agency Board Chair or Executive Direc			
	ATURE:			
	Г NAME:			
RELA	TIONSHIP TO AGENCY:			

DUE DATE: One electronic application must be received by 4:00pm on Friday, February 10, 2023. Email Kassandra Flores at kflores@unitedwaysc.org

APPLICATION NARRATIVE

Program information	(maximum two pages):	

•	Please provide a brief overview of your organization's history (not to exceed 600 words).
•	Please provide a 1-3 sentence executive summary of your project, including goal(s), target population communities served, and how your project meets EFSP objectives.
	Attach a project budget and provide a budget narrative that includes an explanation of personnel (number of staff and role) and non-personnel (ie. equipment, supplies) amounts in the budget
•	List your organization's current Board of Directors