

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD
PROGRAM Santa Cruz County, CA-Local Application Form
– Phase ARPA-R 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 5:00pm on Wednesday, February 23, 2022.**
Email Ash Gonzalez at agonzalez@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.**

- **Please state, specifically, how these funds will be used, in whole or in part, to prevent, prepare for, and respond to COVID-19. (Please note that decreases in funding/fundraising from other sources are not considered to be eligible reasons for the allocation of this funding).**

- **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?**

- **Has your agency and/or program been awarded or do you anticipate being awarded other funds related to COVID-19 and/or CARES Act? If so, explain below.**

- **Describe any additional procedures/precautions your agency has in place for COVID-19.**

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