

Section 1: Agency and Program Information

1. Application date:	Click or tap to enter a date.
2. Application county:	
3. Agency's LRO number for this county:	
4. Program name:	
5. Program service category:	<input type="checkbox"/> Mass Shelter
	<input type="checkbox"/> Temporary Shelter
	<input type="checkbox"/> Rent/Mortgage Aid
	<input type="checkbox"/> Served Meals
	<input type="checkbox"/> Other Food
	<input type="checkbox"/> Supplies/Equipment
	<input type="checkbox"/> Emergency Repairs/Building Code
	<input type="checkbox"/> Utility Assistance
6. Amount requested in this application:	
7. Amount awarded for this LRO # in Phase 41:	
8. If any Phase 39, Phase ARPAR, Phase 40 or Phase 41 funding was returned to the Local or National Board, please explain why.	
9. Does the Agency have any compliance exceptions outstanding in this, or any other EFSP jurisdiction? If so, please describe.	

A. Organizational Identification

1. Legal name of agency:	
2. Service address (street, city, state, ZIP and county):	
3. Mailing address (street, city, state, ZIP and county):	
4. Tax ID #:	
5. Unique Entity Identifier:	

B. Contact Information

1. Primary contact name & title	
• Phone number	
• Email address	
2. Alternate contact name & title	
• Phone number	
• Email address	
3. Executive Director/CEO name	
• Phone number	

• Email address	
-----------------	--

Section 2: Agency Summary

- 1. What year did the AGENCY begin to deliver services locally?**
- 2. What year did the program begin to deliver services locally?**
- 3. In what year was the agency incorporated?**
- 4. What is the agency’s current, total annual operating budget?**
- 5. What is the agency’s primary mission? (Mission statement or similar brief narrative.)**

Section 3: Program Services

The EFSP supplements and expand the ongoing work of local social service organizations providing shelter, food and supportive services to individuals and families with economic emergencies. EFSP funding is open to all organizations helping hungry and homeless people, and organizations that support those at risk of becoming hungry or homeless due to economic hardships.

- A. Describe the services for which EFSP funding is being requested.**
- B. What are the anticipated outcomes and metrics?**
- C. If the agency was awarded funding in Phase 41 what impact did the funding have in this county? Include statistical data to support response.**
- D. Provide an explanation if agency was awarded in Phase 41 and has not drawn down entire award.**

Section 4: Application Check List

Submit the following with your application.

- Cover letter
- Copy of Final Report spreadsheet from Phase 37, CARES and Phase 38, if you received funding in the prior phase in the county in which you are now applying. (Do not include additional documentation, check copies, invoices, etc.)
- Copy of IRS 501(c) letter - NOT sales tax exemption certificate - **First Time Applicants ONLY**
- Copy of applicant's annual budget
- Copy of project budget
- Board roster showing name, address and phone number of members

Signature of Authorized Agent: _____

Print Name of Authorized Agent: _____

Please email this completed application form with attachments to jacob@fightinghunger.org by **January 31, 2025**. Late or incomplete applications will not be considered.

Phase 42 spending period: To be determined