

**Dept. of Homeland Security (DHS)/Federal Emergency Mgmt. Agency**

**Under the Emergency Food & Shelter Program (EFSP)**

**Phase 40 Application Form**

**Deadline: Application & attachments must be received by 5:00 pm on Friday, February 17, 2023.**

Agency's Legal Name:  Today's Date

Physical Address:  City:  State:  Zip + 4:

Agency Phone:  Agency Fax:  Agency Director:

Agency Website:  Is your agency?  Non-profit  Unit of government

Agency Federal Employer Identification Number (FEIN):  Agency UEI number:

Complete the following addresses if different from above: Congressional District where agency is located:

Mailing Address:  City:  State:  Zip + 4:

Address where service provided:  City:  State:  Zip + 4:

Agency Contact for Application Questions :

E-mail:  Phone:

Agency Contact for EFSP, if funded (if different from above) :

E-mail:  Phone:

Total Amount EFSP funding requested: \_\_\_\_\_ Total Agency Operating Budget: \_\_\_\_\_

**Please breakdown the total amount requested by program area:**

Served Food

Amount Requested: \_\_\_\_\_  
Agency budget for the program area: \_\_\_\_\_  
Description of how funds will be used:

Other Food

Amount Requested: \_\_\_\_\_  
Agency budget for the program area: \_\_\_\_\_  
Description of how funds will be used:

Mass Shelter

Amount Requested: \_\_\_\_\_  
Agency budget for the program area: \_\_\_\_\_  
Description of how funds will be used:

Other Shelter

Amount Requested: \_\_\_\_\_

Agency budget for the program area: \_\_\_\_\_

Description of how funds will be used, including estimated nights of shelter:

Supplies/Equipment (mass feeding or shelter only)

Amount Requested: \_\_\_\_\_

Agency budget for the program area: \_\_\_\_\_

Description of how funds will be used:

Rehabilitation/Emergency Repairs

Amount Requested: \_\_\_\_\_

Agency budget for the program area: \_\_\_\_\_

Description of how funds will be used:

Rent/Mortgage Assistance

Amount Requested: \_\_\_\_\_

Agency budget for the program area: \_\_\_\_\_

Description of how funds will be used, including estimated number of bills paid:

Utility Assistance

Amount Requested: \_\_\_\_\_

Agency budget for the program area: \_\_\_\_\_

Description of how funds will be used, including estimated number of bills paid:

Administration

Amount Requested: \_\_\_\_\_

Agency budget for the program area: \_\_\_\_\_

Description of how funds will be used:

Does your agency charge a fee for services?  Yes  No

What criterion does (or will) your agency use for granting aid to individuals?

Is your agency debarred or suspended from receiving funds or doing business with the federal government?  Yes  No

Has your agency been a recipient of a government grant in the past?  Yes  No

Within the last 5 years, has your agency failed to comply with the reporting requirements of any of its grantors?  Yes  No

If yes, please explain:

Please submit the following with your application:

- Agency's most recent annual audit or operating budget if total operating budget is \$100,000 or less
- Agency's volunteer board roster (for non-profit applicants)
- Proof of non-profit status - 501(c)3 letter
- Nondiscrimination policy

Email your application and also send a hard copy to:  
blee@unitedwaymc.org

Local Board Contact: Ben Lee  
United Way of Marathon County  
705 S. 24th Ave, Ste 400B, Wausau, WI 54401