Emergency Food and Shelter Program (EFSP) Application
EFSP FUNDS ARE FEDERAL AWARDS MADE AVAILABLE THROUGH THE DEPARTMENT OF HOMELAND SECURITY (DHS)/FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA).

AGENCY INFORMATION				
Agency's Legal Name:				
Mailing Address (Street or P.O. Box,	, City, State, Zip):			
Physical Address (Street or P.O. Box	, City, State, Zip):			
County: Polk Co	ongressional District of Ph	ysical Address: 36th		
Agency's UEI Number*:				
Agency's Federal Employer Identific	ation Number (EIN)*:			
stIf the agency does not have a UEI or EIN, or		ng can be awarded.		
	Name and Title:			
Agency's Principal/Chief Executive	Email:			
	Telephone:	Telephone:		
	Name and Title:			
Contact for Application	Email:			
	Telephone:			
Contact for EFSP	Name and Title:			
	Email:			
	Telephone:			
	FUNDING REQU	EST		
Address Where EFSP Funded Servic	es Are Provided (Street, C	ity, State, Zip):		
County: Polk	ongressional District of Ph	weical Addross: 26th		
		requested, services that will be provided, and		
the number of individuals to be serv		requested, services that will be provided, and		
the number of marviadals to be ser	BUDGET	Projected # of Individuals to be Served		
Served Meals	505021	1 Tojected ii of marvidadis to se served		
Other Food				
Mass Shelter (Non-Disaster)				
Other Shelter (Hotel/Motel)				
Rent/Mortgage Assistance				
Utility Assistance - Metered				
Utilities – Non-Metered				
TOTAL				

EFSP HISTORY				
Has the agency received EFSP funding in the past?	Phase Last Funded:	Amount Funded:		
☐ Yes ☐ No				
If so, has second payment already been requested?   Yes   No				
Were all funds expended? ☐ Yes ☐ No If No, what amount was returned?				
Number served in the last twelve (12) months	Individuals:	Families:		
Organization Type(s):   Non-profit  Faith-Based  Government Agency				
If Non-profit or Faith-Based, is there a Voluntary Board? $\square$ Yes $\square$ No				
Do You Contribute to Other Agencies (monetarily and/or goods & services)? ☐ Yes ☐ No				
If Yes, please explain:				
Do Other Agencies Contribute to You (monetarily)? ☐ Yes ☐ No				
If Yes, please explain:				
Please Check Areas(s) Served on Attached Map and include it with your Application.				

All applicants approved for funding will be required to read and maintain compliance with the *Emergency Food and Shelter Program (EFSP) Phase 35 Responsibilities and Requirements Manual and the Phase 38 Addendum*. Additionally, each applicant will be required to certify that the agency:

- Has not received an adverse or no opinion audit.
- Is not debarred or suspended from receiving Federal funds.
- Practices non-discrimination.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.
- Will not use EFSP funding for any lobbying activities.

Signature – Agency Principal/Chief Executive	Printed Name and Title
Date:	

## **Required Attachments:**

- 1. If Non-profit, a roster of the Voluntary Board of Directors
- 2. Copy of most recent annual audited financial statements or accountant's review (per EFSP requirements)
- 3. Copy of current agency's annual budget

Applications may be submitted by mail or email to Jennifer Thompson EFSP Local Board Contact by:

Mail: Emergency Food & Shelter Local Board – Phase 41

Attn: Jennifer Thompson Polk County Judge's Office 410 E. Church St, Suite E Livingston, Texas 77351

Email: office.judge@co.polk.tx.us

Application and required attachments must be received before 1:30PM on Tuesday, March 5.

