|  |  |
| --- | --- |
| **Agency/Program Name:** |       |
| **Address for place of performance (where EFSP funded services are provided):** |       |
|  |       |
| **Agency Contact:** |       |
| **Email:** |       |
| **Mailing Address:** |       |
| **Phone Number:** |       |
| **Fax Number:** |       |
| **Duns Number:** |       |
| **FEIN/TAX ID:** |       |

|  |  |
| --- | --- |
| **PRINT NAME** |       |
| **SIGNATURE:** |  |
|  | (Authorized Executive Agency Representative) |

|  |  |
| --- | --- |
| **TITLE:** |       |
| **DATE:** |       |

|  |  |
| --- | --- |
| **PRINT NAME** |       |
| **SIGNATURE:** |  |
|  | (Agency Board President or Executive Board Officer) |

|  |  |
| --- | --- |
| **TITLE:** |       |
| **DATE:** |       |

\*All fields requiredYour request of federal dollars may be spent only on APPROVED CATEGORIES as designated by the local board. Any change of approved funding MUST BE submitted in advance and in writing to the local board chairman for subsequent approval by the Yuma County EFSP Board of Directors. For explanation of FEMA service categories please see page 3 of application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Request****Service Categories** | **Estimate Unit Cost** | **Estimate # of Units** | **Total****Dollars Requested** |
| 1. **Served Meals**
 |       |       |       |
| 1. **Other Food**
 |       |       |       |
| 1. **Mass Shelter**
 |       |       |       |
| 1. **Other Shelter**
 |       |       |       |
| 1. **Rent/Mortgage**
 |       |       |       |
| 1. **Supplies/Equipment**
 |       |       |       |
| 1. **Emergency Repair**
 |       |       |       |
| 1. **Energy Assistance**
 |       |       |       |
| 1. **Admin (2% max)**
 |       |       |       |
| 1. **Total Requested Funding**
 |       |       |       |
| **(check the appropriate per diem cost if per diem expenditures are requested)****[ ] Meals @ 2.00 each** **[ ]  Shelter @ 7.50 Daily** **[ ]  $12.50 Daily** |

|  |
| --- |
| **Definition/Detailed Description of Unit:** |
|       |

|  |
| --- |
| **PROGRAM DATA** |

|  |
| --- |
| **Briefly share how the funds will be spent, summarizing the program and why the funds are needed:** |
|       |

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| **Who is the “target” population (i.e. families, veterans, elderly, etc.):**  |
|       |

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| **Where and how often are the services performed?** (i.e. *Every Monday from 9am – 12pm food boxes are distributed from our physical location, 180 W. 1st Street, Suite B.)* |
|       |

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| --- |
| **What criteria determine client’s eligibility and describe intake method/procedures.** |
|       |

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| **Do you currently have a plant to collaborate with other community agencies? Please list agencies and collaboration details below.**  |
|       |

|  |  |  |
| --- | --- | --- |
| **Number of individuals served** | **Actual #****Phase 36** | **Projected #****Phase 37/CARES** |
| **City of Yuma** |       |       |
| **South County** |       |       |
| **East County** |       |       |

**TOTAL PROGRAM REVENUE**

**\*Include only the total program budget information specific to the program, *not* your overall agency.**

|  |  |
| --- | --- |
| **DIRECT PUBLIC SUPPORT** | **Projected Revenue** **(insert program date range or fiscal year below)**      |
| Contributions |       |
| Special Event/Fundraising |       |
| Membership Dues |       |
|       |       |
| Total |       |
|  |  |
| **GOVERNMENTAL SUPPORT** |  |
| Grants |       |
| Contract of Service |       |
|       |       |
| Total |       |
|  |  |
| **DIRECT PROGRAM SERVICE** |  |
| Income |       |
| Fees |       |
|       |       |
| Total |       |
|  |  |
| **OTHER REVENUE** |  |
| Restricted Funds |       |
| Unrestricted Funds |       |
| Foundations (s) |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| Total  |       |
|  |  |
| **TOTAL REVENUES** |  |

**TOTAL PROGRAM EXPENSES**

**\*Include only the total program budget information specific to the program, *not*  your overall agency.**

|  |  |
| --- | --- |
| **PERSONNEL** | **Projected Expenses** **(insert program date range or fiscal year below)**      |
| Salaries/Wages |       |
| Employee Related Expenses |       |
|  |       |
| Total |       |
|  |  |
|  |  |
| **OPERATING/PROGRAM EXPENSES** |  |
| Space Rent/Mortgage |       |
| Utilities |       |
| Telephone |       |
| Postage/Shipping |       |
| Program Materials/Supplies |       |
| Equipment/Maintenance |       |
| Conference/Training/Travel |       |
| Office/Building Supplies |       |
| Finance/Accounting Expense |       |
| Awards/Recognition |       |
| Parent Organizational Dues |       |
| Professional Outside Services |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| Total |       |
|  |  |
| **TOTAL EXPENSES** |  |

|  |  |  |
| --- | --- | --- |
| **EXCESS (DEFICIT) OF REVENUES** |  |  |

|  |
| --- |
| **What types of internal procedures are in place to monitor program expenditures? How often are they monitored and who reviews information?**  |
|       |