

**Emergency Food and Shelter Program
Rensselaer County
Phase 28 (2010)
Funding Request and Application**

I. ORGANIZATION INFORMATION

Organization Name: _____

Address: _____ Telephone: _____

_____ Fax: _____

Contact Person: _____ Title: _____

Email Address: _____

Board of Directors: Yes _____ No _____ (Check One)

Nonprofit Organization _____ OR Public Organization _____ (Check One)

Federal Employee Identification Number (FEIN) _____ (Mandatory)

Received Funds in 2009? Yes _____ No _____ Check Here if New Applicant

Briefly summarize the program(s) applying for EFSP funds and the need for funding. (Please use the space provided; do not attach additional pages)

II. REPORTING For numbers 1-6, complete for programs that received EFSP funds in 2008. *Please complete as thoroughly as possible in order to assist the local board in making funding decisions.*

For organizations applying for the first time, complete the appropriate category for which funds are being sought.

1. Food Pantries: Please note below that the local board would like to know the number of unduplicated households and individuals served during the year. For example, if 35 year old Ms. Jones and her two children received one full food package in March and two food packages in June, Ms. Jones should be counted once on line A, C, and E and the food packages received should be counted three times on line F. The children should be counted once each on line B and E.

	January, 2009 through December, 2009	
	Full Three Day Food Package	Partial Food Package*
a) Total Number of Households Served (Unduplicated Households)		
b) Number of Children Served (0-17) (Unduplicated Children)		
c) Number of Adults Served (18-59) (Unduplicated Adults)		
d) Number of Elderly Served (60+) (Unduplicated Elderly Persons)		
e) Total Number of Individuals Served (Unduplicated Individuals)		
f) Total Number of Food Packages Provided (Duplicates Allowed)		

* Number of days in a partial food package _____

Number of Days your program is open per month _____

Are there any restrictions on the number of times a family/individual can utilize the food pantry? If yes, what are the restrictions?

What is the geographic area you serve? _____

Number of individuals turned away due to:

Lack of Food _____

Conflict with frequency policy _____

Other _____

Total Number turned away _____

2. Meal Programs

	January 2009 - December 2009
Number of Children served (Birth to 17)	
Number of Adults Served (18-59)	
Number of Elderly Served (60+)	
Total Number of Individuals Served	
Total Meals Served	

Geographic area to be served:

Number of individuals turned away due to:

Lack of Food _____

Conflict with frequency policy _____

Other _____

Total Number turned away _____

3. Shelter. Please note below that the local board would like to know the number of unduplicated individuals served during the year. For example, if 35 year old Ms. Jones and her two children received one night of shelter in March and two nights of shelter in June,

she should be counted once on line B and once on line D and the three total nights of shelter should be counted three times on line E. Her children should be counted once each on lines A and D.

January 2009 - December 2009	
a) Number of Children served (Birth to 17) (Unduplicated)	
b) Number of Adults Served (18-59) (Unduplicated)	
c) Number of Elderly Served (60+) (Unduplicated)	
d) Total Number of Individuals Served (Unduplicated)	
e) Total Nights of Shelter (Duplicates Allowed)	

Number of individuals turned away due to:

Lack of Beds _____

Conflict with frequency policy _____

Other _____

Total Number turned away _____

4. Rent/Mortgage Assistance

January 2009 - December 2009			
Number of Rent bills paid		Number of utility bills paid	
Average cost per bill		Average cost per bill	
Number of individuals assisted		Number of individuals assisted	

Number of individuals turned away due to:

Lack of funds _____

Conflict with frequency policy _____

Other _____

Total Number turned away _____

5. Transportation

January 2009 - December 2009			
Number of Tokens purchased		Number of individuals assisted	

Number of individuals turned away due to:

Lack of Tokens _____

Conflict with frequency policy _____

Other _____

Total Number turned away _____

6. Supplies

For programs that received EFSP monies for supplies, what materials were purchased and for what purpose? (use space available)

III. REQUEST FOR FUNDS [Complete appropriate box(es) for Phase 28 (2010) request]

PROGRAM	DOLLARS REQUESTED	PROJECTED NUMBER OF MEALS TO BE SERVED
1. FOOD PANTRY		
2. SERVED MEALS		
PROGRAM	DOLLARS REQUESTED	PROJECTED NUMBER OF CLIENTS TO BE SERVED
3. ON SITE SHELTER		
4. OTHER SHELTER/ TRANSPORTATION		
5. RENT/MORTGAGE/UTILITY ASSISTANCE FOR CLIENTS		
PROGRAM	DOLLARS REQUESTED	
6. SUPPLIES/EQUIPMENT FOR SHELTER OR FEEDING FACILITY		
7. EMERGENCY SHELTER REPAIR		
TOTAL		

IV. RESOURCES

Describe other current sources of funding (i.e. SNAP, ESG, etc.) for programs seeking EFSP funds:

Is this organization a member of:

1. Regional Food Bank Yes _____ No _____
In processing of applying _____
2. Food Pantries for the Capital District Yes _____ No _____
In process of applying _____
3. Food Distribution Coalition Yes _____ No _____
In process of applying _____

Comments:

V. BUDGET INFORMATION (complete for each program seeking EFSP funds)

Program Name: _____ Budget \$ _____

Program Name: _____ Budget \$ _____

Program Name: _____ Budget \$ _____

TOTAL AGENCY BUDGET for the organization named on page 1. \$ _____

VI. CHANGES/NEW TRENDS

Please list below any significant changes or new trends that have impacted on your program(s) in the past year. Please include changes in consumer base, funding, demographics, emerging needs, frequency policy, etc. Please make comments specific and note to which program they apply.

Deadline Date:

Please submit applications with LRO Certification Form no later than January 8, 2010 and return to:

Loreen Kaiser
United Way of the Greater Capital Region
One United Way
PO Box 13865
Albany, NY 12212

lkaiser@unitedwaygcr.org

Any decision regarding late applications will be subject to review by the Rensselaer County EFSP Board which is responsible for the decision and approval of allocation EFSP funding.