

Funding Request For Emergency Food and Shelter Program (EFSP)

Phase 28 (2010) Saratoga County

Organization Name _____

Program Name _____

Address _____ Contact Person _____

_____ Telephone (518) _____

Board of Directors: Yes _____ No _____ *(please provide a current list of names if first time applicant.)*

Is this organization a non-profit? Yes _____ No _____

Federal Employee Identification Number _____ *(mandatory)*

Briefly summarize the need for funding and the program's objective(s): (use the space provided)

Total Number of persons served by Programs receiving EFSP funds in 2009 (YTD)

(Please include total number of persons served by the program regardless of funding stream. For new applicants, please include total number of people served by the program that is applying for EFSP funds.)

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	Cost of Service per unit* See below
Other food													
Served Meals													
Shelter on site													
Shelter-Hotel/Motel													
Rent/Mortgage Assistance													
Utilities Assistance													
Transportation													
Supplies/Equipment													

*** A unit can be a meal, a night of shelter, a bill paid, etc.**

A. Please explain/define the unit of service. For all food services, calculate the number of persons served, multiply by the number of meals per person, divided by your EFSP grant. For all shelter services, calculate the number of persons served, multiply by the number of nights of service, divided by your EFSP grant.

B. Additional Comments:

Complete the appropriate box or boxes for Phase 28 (2010) request

PROGRAM	DOLLARS REQUESTED	NUMBER OF MEALS, NIGHTS, OR BILLS TO BE PAID FOR BY <u>EFSP FUNDS</u>
FOOD PANTRY		
SERVED MEALS		
SHELTER		
TRANSPORTATION		
RENT/MORTGAGE ASSISTANCE		
UTILITIES ASSISTANCE		
SUPPLIES/EQUIPMENT		
EMERGENCY REPAIR OF MASS SHELTER FACILITY		

TOTAL REQUEST _____

Please list the other sources and amounts of funding/donations you receive for the program applying for EFSP funds (*specify dollar amount*):

What percentage of the program budget do EFSP funds comprise?: _____

Agency's Total Budget: _____

Program's Total Budget: _____

Please e mail completed applications to:
Jo Ann Buchas
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