PHASE 40 – Spring 2024
Whitman County, Washington
EMERGENCY FOOD & SHELTER PROGRAM
Application

AGENCY NAME: _____

PROGRAM NAME: Emergency Food and Shelter Program

Phase 40 Total Allocation Request: $_____ (total agency funding this phase is near $20,000)

Agency Contact: _____

Title: _____ Phone: _____

E-mail: _____ Date: _____

Mailing Address: _____

Web Site: _____ EIN#: _____

PHASE 40 – 2024

Whitman County, Washington

EMERGENCY FOOD & SHELTER PROGRAM

Application

Phase 40 Begin Spend Date November 1, 2021.

The spending period end date is December 31, 2024.

Final Report is due February 15, 2025. LROs' Interim Report/Second Payment Requests due to National Board Not later than November 15, 2024

Please provide the following documents as attachments along with your application:

1.   **Verification of 501(c)(3) Non-profit status**

2.   **Verification or proof of yearly audit or review by a 3rd party**

3.   **Non-Discrimination Policy**

4.   **Volunteer Board of Directors**

Demonstrate your organization's capacity to provide emergency food and or shelter by answering the following questions. *Please keep answers between 1,000-2,000 characters.*

SERVICE NARRATIVE

Section A   Briefly, describe the *program* for which you are requesting funding.
Be specific! Include the target population and unduplicated recipients served.

Section B   Provide a *budget narrative* describing how the funds requested will be used.

_____

Section C   Describe the community *need* for this program and how the service
addresses this need to improve the overall well-being of Whitman County.

_____

Section D   Describe how your agency collaborates with other service delivery providers.

_____

REQUEST FOR FUNDING

For each category you request funding, please specify the amount in whole dollars. Refer to Eligible Program Costs in the EFSP Phase 40 RESPONSIBILITIES AND REQUIREMENTS Manual for a full description of eligible expenses in each category.

Food Assistance: $_____

Mass Shelter: $_____

Other Shelter: $_____

Rent Assistance: $_____

Mortgage Assistance: $_____

Energy Assistance: $_____

Supplies/Equipment: $_____

Other: $_____

TOTAL REQUEST: $_____