

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM**  
**Local Application Form – Phase 35**  
**Funding Period: October 1, 2016 – January 31, 2019**

NAME OF AGENCY: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
 AGENCY FEIN #: \_\_\_\_\_ DUNS #: \_\_\_\_\_

*The Data Universal Number System (DUNS) is a unique identification number used to track how federal grant money is allocated. If you do not know your DUNS number, you may obtain it from [www.grants.gov](http://www.grants.gov).*

Is agency debarred or suspended from receiving funds or doing business with the federal government?  NO  YES

**FUNDS REQUESTED**

		Amount Per Activity	Activities
A.	Served Meals (may use \$2.00 per meal per diem)	_____	#_____meals
B.	Other Food	_____	#_____meals
C.	Mass Shelter (may use \$12.50 per night per diem)	_____	#_____nights
D.	Other Shelter	_____	#_____nights
E.	Supplies/Equipment (Purchase of equipment not to exceed \$300.00)	_____	
F.	Repairs/Code (Not to exceed \$300/item)	_____	
G.	Rental Assistance	_____	#_____bills
H.	Utility Assistance	_____	#_____bills
I.	Administration (limited to 2%)	_____	

**Total Amount Requested:** \_\_\_\_\_

Authorization of Agency Board Chair or Executive Director:

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

RELATIONSHIP TO AGENCY: \_\_\_\_\_

**DUE DATE:** One original application and one electronic application must be received by 5:00 p.m. on Friday, May 18th, at Community Action Partnership of San Luis Obispo County (CAPSLO): 1030 Southwood Dr., San Luis Obispo, CA 93401 (person/mail); [gmcintosh@capslo.org](mailto:gmcintosh@capslo.org) (electronic). *Postmarks are not accepted.*

## APPLICATION NARRATIVE

Program information (maximum two pages):

- Describe your services and client population, community needs addressed by your services, and how your program meets EFSP objectives.
  
- Are your services duplicative? How do you cooperate/partner with other organizations to meet the needs of your client population?
  
- How many unduplicated people OR families did you serve in your last 12 month fiscal year period? How many people OR families do you anticipate serving in your current 12 month fiscal year period?
  
- Demonstrate your agency's ability to provide food and/or shelter assistance, and capacity to take on the added responsibility of this program and comply with documentation and accountability standards.

**\*\*\*Please attach your organization's budget and current Board of Director Roster.**