

APPLICATION FOR SHASTA COUNTY
EMERGENCY FOOD AND SHELTER PROGRAM
 PHASE 38

Application Instructions: Respond to all items fully and completely. Attach additional sheets if more space is needed. Return to Shasta County Department of Housing and Community Action Programs, 1450 Court Street, Suite 108, Redding, CA 96001 or via email hcap@co.shasta.ca.us by **January 26, 2021 at 4:00 p.m.**

1. Legal name of agency: _____
2. Agency Phone Number: _____ Agency Fax Number: _____
3. Agency mailing address:

4. Agency service address:

5. Name of representative submitting application: _____
6. Agency DUNS Number: _____ Agency Tax Payer ID: _____
7. Email of agency contact person: _____
8. FUNDS REQUEST SUMMARY

Type of Assistance	Amount Requested	For office use only
Food Bank/Closet	\$	\$
Mass Shelter (overnight) Per Diem \$	\$	\$
Rent Vouchers	\$	\$
Motel Vouchers	\$	\$
Utility Assistance	\$	\$
Total Request	\$	\$

9. Program Summary (Describe the program – who are your clients, kinds of activities in the program and the problem(s) to be resolved, how many people served, etc.):

10. Project Outcome (Describe the impact on life of your clients. Will your service enable them to obtain a job, secure housing, become self-sufficient, etc.):

11. Does any other organization provide a similar program to the same target population that you intend to serve? If yes, please explain how you will collaborate and partner with them to maximize effectiveness and avoid unnecessary duplication of services:

12. Describe any partnerships or collaborations with other agencies not shown in question 11 above:

13. Demographic Information:

Total Unduplicated Clients to be served: _____

Average number of times each Client is served: _____

What geographical area will you cover? _____

14. How does the agency determine client eligibility for this service?

15. Does the agency serve clients directly or pass funds to another organization?

16. What financial resources, other than EFSP, are available for this program?

17. Provide contact information would be responsible for submitting the required EFSP reports and documentation on behalf of the agency.

Name: _____

Title: _____

Contact Information: _____

18. Check the type of audit the agency receives:

No Annual Audit	Independent Annual Audit	Independent Annual Audit in accordance with Government Auditing Standards

19. If the applicant agency was previously funded by EFSP, was the entire allocation expended? If yes, how were the funds expended? If not, how much was returned unexpended and why?

20. What impact will an award, that is less than the amount requested, have on the applicant agency's program(s) and the number of clients served?

21. Is the Agency a: ____ Non-Profit ____ Unit of Government?

22. How many volunteer hours were donated to the agency to assist with the EFSP Program?

Representative Signatures: _____

Incomplete applications will not be accepted.