

**Application for Grant Funds from FEMA
Emergency Food and Shelter Program - Phase ARPA-R*
Phelps County**

DUE APRIL 15, 2022

This application will be used by the local board to determine distribution of FEMA EFSP funds. **EFSP requires online reporting and responses to email.** Each organization must report to EFSP directly. Organizations with outstanding compliance problems with the EFSP cannot receive funds. For information see www.efsp.unitedway.org

ATTACHMENTS:

- Organizational budget for the last fiscal year (required)
- Detailed budget and brief narrative for requested grant funds (required)
- ***Documentation of COVID-19 impacts described on page 3 (required)**
- If more space is needed than is provided for any answers, please attach additional pages.

ORGANIZATION INFORMATION

FEMA EFSP Local Recipient Organization ID number (if known): _____

Name of Organization: _____

Address: _____

Name of main contact: _____

Phone Number of main contact: _____

Email: _____

All applicants must have a federal EIN and DUNS number and must meet the FEMA EFSP requirements.

EIN: _____ DUNS number _____

Executive Director: _____

Board Members names and affiliations: _____

Frequency of board meetings: _____

Are any board members compensated for being on the board? _____

How many paid full-time employees: _____

Part-time paid: _____

Volunteers: _____

Give a brief description of your organization's mission and vision: _____

What is the title of the program/project for which funding is being sought? _____

Is this a pilot program? If not, what year was the project/program established? _____

List the five highest grants or gift amounts and sources awarded last year:

What is the organization's total annual budget? _____

What are the total yearly administrative costs? _____

What is the yearly amount spent on indirect expenses (non-food, electric, rent, etc)? _____

GRANT REQUEST

Amount of request: _____

Total Program Budget: _____

Program start date: _____

Program end date: _____

Fund application categories. Fill out the amount requested in each category. See EFSP website for information.

Served Meals: _____

Other Food: _____

Mass Shelter: _____

Other Shelter (hotel/motel): _____

Rent/Mortgage assistance: _____

Supplies/Equipment: _____

Emergency Repairs/ Rehabilitation: _____

Utility Assistance: _____

What are the general long-term goals of your proposed program? _____

Number of people you expect to serve: _____

How did the COVID-19 pandemic negatively impact your organization and/or the individuals it serves?

As the authorized signor for this application and organization, I certify that:

- I am fully capable of filing reports through the EFSP online system; and
- I have the ability to receive and send email correspondence; and
- I agree to provide any information and make any reports that the National Emergency Shelter and Food Program Board and the Local Board may require; and
- I agree that the organization will abide by all requests from FEMA; and
- I will make every effort to comply with program deadlines; and
- All information contained herein is true and complete, to the best of my knowledge; and
- All requested funds will be utilized within the time periods set by the national and local EFSP boards; and
- If proposed funds are granted, all funds will be expended in the exact manner indicated herein; and

I understand that failure to do so may mean a forfeiture of funds and upon demand, repayment of all monies granted.

Date: _____

Name of requesting organization: _____

Signature: _____

Print signer's name: _____

Title/Official capacity of signer with organization: _____

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