

**Application for Grant Funds from FEMA  
Emergency Food and Shelter Program - Phase 40  
Crawford County**

**DUE MARCH 17, 2023**

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](http://www.efsp.unitedway.org)

**ATTACHMENTS:**

- Organizational budget for the last fiscal year (required)
- Detailed budget and brief narrative for requested grant funds (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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Number of people you expect to serve: \_\_\_\_\_

**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
- 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: \_\_\_\_\_

Meramec Regional Planning Commission  
Nichole Zielke, Sr. Community Development Specialist  
[nzielke@meramecregion.org](mailto:nzielke@meramecregion.org)  
573-265-2993