

**Emergency Food and Shelter Program Application
Mifflin and Juniata Counties
Human Services Department**

Agency Name:

Agency Address:

Agency Phone Number:

Contact Person & Title:

Signature:

County to be served:

Date:

REQUEST FOR FUNDS

Mass Shelter	\$.00	# of Nights:
Rent/Mortgage Assistance	\$.00	# of Bills:
Utility Assistance	\$.00	# of Bills:
Administration	\$.00	<i>No Estimates Required</i>
Total	\$.00	<i>No Estimates Required</i>

1. Please choose application status: New recipient Current recipient Former recipient
2. Please answer the following:
 - a. How much EFSP funding did you receive in 2010? _____
 - b. How many people were served by this program in 2010? _____
 - c. What were the total costs for this program in 2010? _____
3. In the past year, have you had to deny benefits to qualified applicants due to inadequate funding? YES NO If yes, approximately how many were denied _____
4. What other sources of funding did you utilize for this program last year? Please list the sources and the amounts you received from each source. Use additional space on backside or attach additional documentation if necessary.

Source	Amount	Federal funds

5. Please type a short narrative of the program for which you are seeking funds, including the mission of your organization:

6. Briefly describe the criteria or the process you use to determine eligibility for individuals who apply for benefits using these funds. If feasible, attach a sample copy of the application form you use to determine eligibility. If necessary, use backside of this application for more space.
7. How do you intend to administer the funds from this program (i.e. distribute the funds over a period of months to ensure availability throughout the year; use funds to purchase bulk supplies; make funds available on a first-come, first-serve basis)? Use additional space or attachments if necessary to explain.
8. Please describe how you will make sure there is no duplication of clients and that you are collaborating with other EFSP funded agencies.

9. Please review the checklist and provide any requested information; you will be asked to sign off on this list if you are funded.

- Non-profit status or an agency of government (provide a copy)
- Not debarred or suspended from receiving Federal funding
- Have a checking account (no cash payments are allowed) ACCT #: _____
Bank _____
- Have an accounting system or fiscal agent approved by the Local Board. Please describe.

- FEIN _____
- Independent audit or annual review attached
- Currently providing services and using other agency resources in the area you are seeking funding. Explain and give agency amounts that are already directed to this area. Ex: We receive \$5,000 in church donations through a Second Sunday offering that goes to the food pantry. We cooperate with United Way to do an annual food drive that benefits the food pantry. We are a UW partner and we receive \$5,000 annually to help pay rent. ETC.

- Have a nondiscrimination policy. Attach.
- Have a voluntary board and involve homeless individuals and families in the program. List names and contact info.

Note: If you are approved for funding, you will be required to submit a written expense report quarterly to the advisory board. In addition, you will need to submit an annual report with an itemized accounting of your expenditures and numbers of people served.

Please print or type form. Return to Allison Fisher, Mifflin Juniata Human Services Dept., 20 N. Wayne St. Lewistown, PA 17044 or email to afisher@co.mifflin.pa.us. RFP due by noon, January 13, 2011.