

**EMERGENCY FOOD AND SHELTER PROGRAM
REQUEST FOR FUNDING
PHASE _____
_____ County, Georgia**

Agency's Legal Name	
Agency's Executive Director	
Agency Contact for Application	
Agency Contact for EFSP if funded	
Physical Address	
Mailing Address	
Service Address	
Phone Number	
Fax Number	
Email Address for Executive Director	
Contact email	
Website	
FEIN	
DUNS Number	
Congressional District	
Amount of EFSP funds requested	
Agency Operating Budget	
Agency budget for program area	
Provide copy of agency's most recent audit	
Is agency Non-Profit or unit of government	
If non-profit, provide board roster	
Is agency debarred or suspended from receiving funds or doing business with federal government	
Deadline date and time for application to be received.	Submit Application to either Margo Fowler at mfowler@actionincorporated.org or Candice Robinson at crobinson@actionincorporated.org . Also please contact Margo Fowler or Candice Robinson for the deadline to submit applications.

1. How will you deliver the applied for program with EFSP funds? Please note if this is a current program or a new effort.

2. Please describe the target population for this service (those you do or intend to serve). Please also describe any outreach you intend to perform to reach this population with your service.

3. Please describe the need for the service you provide or plan to provide. This can be done by citing client needs that the service helps mitigate and/or by expressing the uniqueness of the program in this community to serve a particular need or target population.

4. How many individuals do you intend to serve through the applied for EFSP funds?

5. How many individuals do you regularly serve in this way?

6. How will this funding allow you to provide either better quality service or a larger quantity of service?

7. How will not receiving this funding impact your ability to implement your program?
