

**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)**  
**High Point City/Davidson, Guilford Counties Local Board Jurisdiction**  
**PHASE 40 and State Set-Aside: Application for Program Funds**

Questions? Please contact Traci McLemore at (336) 378-6616 or email [traci.mclemore@unitedwaygso.org](mailto:traci.mclemore@unitedwaygso.org)

*To be considered, applications **must be typed and submitted via email to:**  
[communityinvestment@unitedwaygso.org](mailto:communityinvestment@unitedwaygso.org) by 11:59 PM Tuesday, July 18, 2023.*

**A. ADMINISTRATION INFORMATION**

Agency's Legal Name			
Please select one <input type="checkbox"/> Non-profit <input type="checkbox"/> Unit of Government			
What year was your agency incorporated?			
Federal Employer Identification #		UEI Number	
Executive Director			Email
Board Chair/Chief Volunteer Officer			Email
Physical Address		City, State	Zip
Mailing Address		City, State	
Phone	Email		
Website			
Primary Contact Person		Title	
Phone/Ext.	Email		
When was your agency's last audit?			<input type="checkbox"/> Not Applicable
Congressional district where agency is physically located?			
Congressional district where agency's EFSP funded services are provided (Place of Performance)?			

Has your agency submitted an EFSP Final Report for Phase 37, Phase CARES, and Phase 38	<b>Phase 37</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <b>Phase CARES</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <b>Phase 38</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Does your agency have an outstanding "EFSP Compliance Exception"	<input type="checkbox"/> Yes, Phase Number(s): <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Does your agency enter client data into a Homeless Management Information System (HMIS) for rent, mortgage and utility assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
<b>Note: Participation in an HMIS is supportive to this program; however, it is NOT a requirement</b>	
If Yes, for which programs	<input type="checkbox"/> Rent/Mortgage <input type="checkbox"/> Utility <input type="checkbox"/> Mass Shelter <input type="checkbox"/> Food Pantry or Food Bank

**AGENCY SERVICES**

Please give a brief description of your overall agency services. Please include the year that your agency began providing services.

**B. FUNDING REQUEST NARRATIVE**

*To be eligible for funds your agency must currently be providing services and using other resources in the area in which they are seeking funds.*

<b>Check the program(s) for which your agency is currently providing services.</b>	<input type="checkbox"/> Rent/Mortgage	<input type="checkbox"/> Utility	<input type="checkbox"/> Mass Shelter /Other Shelter
	<input type="checkbox"/> Food Pantry or Food Bank		<input type="checkbox"/> Served Meals/Other Food)

<b>Check the program(s) for which your agency is applying.</b>	<input type="checkbox"/> Rent/Mortgage	<input type="checkbox"/> Utility	<input type="checkbox"/> Mass Shelter /Other Shelter
	<input type="checkbox"/> Food Pantry or Food Bank		<input type="checkbox"/> Served Meals/Other Food)

Please give a brief description of the program for which you are seeking funding, how you're your agency has been providing the service(s), and criteria used to determine participation eligibility.

Summarize how your agency ensures coordination with other agencies to prevent duplication of services.

**C. BUDGET & REQUEST**

TOTAL AGENCY BUDGET	\$
WHAT IS YOUR TOTAL PROGRAM BUDGET? (WHERE EFSP FUNDS ARE USED)	\$

CATEGORY OF FUNDING REQUEST	
1. Served Meals	\$
2. Other Food	\$
3. Mass Shelter	\$
4. Other Shelter	\$
5. Rent/Mortgage	\$
6. Utilities	\$
<b>TOTAL</b>	\$
Clients served	

Please list current sources of support for <i>the program(s) for which you are seeking EFSP funds.</i>		
	SOURCE(S)	AMOUNT
Federal Funds		\$
State Funds		\$
Local Government		\$
*Other		\$
*Other		\$
*Other		\$
EFSP REQUEST		\$
2022-23	Total Program Budget	\$
<i>*Insert additional sources lines as needed</i>		

**C. CERTIFICATION**

The signatures of these two officers indicate that the agency’s Board has reviewed and has approved the details of the completed application; and if awarded EFSP funds, the agency agrees to read, understand, and comply with all components addressed in the EFSP Responsibilities and Requirements Manual.

<b>Agency Name</b>			
	<i>Chief Professional Officer</i>		<i>Chief Volunteer Officer</i>
<b>Print Name</b>		<b>Print Name</b>	
<b>Title</b>		<b>Title</b>	
<b>Date</b>		<b>Date</b>	
<b>Signature</b>		<b>Signature</b>	

**BOARD OF DIRECTORS (list below or attach)**


***Applications must be typed and submitted via email to:***  
***[communityinvestment@unitedwaygso.org](mailto:communityinvestment@unitedwaygso.org)***  
***by 11:59 PM Tuesday, July 18, 2023***