Emergency Food and Shelter Program

Application Phase 39

Legal Name of Agency:

Agency Director: Contact Person (if other than director):

Physical Address:

Mailing Address:

City: State: Zip:

Address where services are performed: Congressional district: 2

City: State: Zip:

Contact Phone:

Contact Fax:

Contact E-mail:

Agency website:

Agency’s Federal Employer Number (FEIN):

Agency’s DUNS Number: LRO number:

(Put NEW if first time applicant)

|  |  |  |
| --- | --- | --- |
| Are the agency’s facilities handicapped accessible? | Yes | No |
| Is the agency a non-profit? **(If yes, please submit Board roster.)** | Yes | No |
| Is the agency a unit of government? | Yes | No |
| Can the agency provide a copy of its most recent audit? | Yes | No |
| Is the agency debarred or suspended from receiving funds or doing business with the federal government? | Yes | No |
| Are you currently providing services for which you are requesting EFSP funds? | Yes | No |
| Are services offered to members of every community in Muskogee County? | Yes | No |
| Are all services programs free of charge for recipients? | Yes | No |
| Are all program services offered to all clients free from discrimination? | Yes | No |

**PROGRAM INFORMATION**

Mission Statement:

Describe the program and services provided:

Describe the program’s participant eligibility requirements:

|  |  |
| --- | --- |
| Age | # or % of clients |
| Kids 0-5 |  |
| Kids 6-12 |  |
| Youth 13-17 |  |
| Adults 18-24 |  |
| Adults 25-44 |  |
| Adults 45-64 |  |
| Seniors 65+ |  |
| Unknown |  |
| Total |  |

Please complete the demographics tables for clients served if applicable:

|  |  |
| --- | --- |
| Gender | # or % of clients |
| Male |  |
| Female |  |
| Other |  |
| Unknown |  |
| Total |  |

|  |  |
| --- | --- |
| Race | # or % of clients |
| African American |  |
| Asian |  |
| Caucasian |  |
| Hispanic |  |
| Native American |  |
| Other |  |
| Unknown |  |
| Total |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Area | Phase CARES | Phase 38 | Phase 39 Requested Amount | Agency Budget for Service Area Requested |
| Served Meals | $ | $ | $ | $ |
| Other Food | $ | $ | $ | $ |
| Mass Shelter | $ | $ | $ | $ |
| Supplies/Equipment | $ | $ | $ | $ |
| PPE Supplies | $ | $ | $ | $ |
| Repairs/Code | $ | $ | $ | $ |
| Rent/Mortgage | $ | $ | $ | $ |
| Utility Assistance | $ | $ | $ | $ |
| Administration | $ | $ | $ | $ |
| Total | $ | $ | $ | $ |

**EFSP Funding History and Current Request:**

Deadline to return application is: **3:00 pm - February 16, 2022**

|  |  |
| --- | --- |
| Return to: | Email: |
| Lake Area United Way, Inc. | [finance@lakeareaunitedway.org](mailto:finance@lakeareaunitedway.org) |
| P.O. Box 1612 | Phone: 918-682-1364 |
| 230 W. Broadway, Suite 200 | Fax: 918-683-0597 |
| Muskogee, OK 74402 |  |