

## Emergency Food & Shelter Program Application for FEMA Phase 28 Funds

This application is to be completed IN FULL and received by United Way of Rock River Valley, 612 North Main Street, Suite 300, Rockford, IL 61103-6929, **no later than 4:00 p.m. on Wednesday, February 3, 2010.** It is recommended that you hand deliver application to avoid missing the deadline. **Complete one application per program.**

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

FEIN # \_\_\_\_\_ Telephone \_\_\_\_\_

Fax # \_\_\_\_\_ Email \_\_\_\_\_

Name of Director/Coordinator \_\_\_\_\_

Name of person responsible for preparing and submitting reports and documentation in the handling of FEMA funds:

Name \_\_\_\_\_ Title \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Email \_\_\_\_\_

To request, FY2010 FEMA funds, check service/program and enter request under “2009-2010 Request.” Total request below.

✓	Service/Programs Eligible for FEMA Funds	2008-2009 Allocation	2009-2010 Request
	Food Pantry		
	Food Vouchers		
	Mobile Meals		
	Internal Mass Shelter		
	Hotel Lodging		
	Rent/Mortgage Assistance (one month)		
	Minor Equipment Repair (\$300)		
	Utilities (one month)		
	Facility Rehab <sup>1</sup>		

Total FEMA Request \$ \_\_\_\_\_

<sup>1</sup> *Emergency repair funds can only be provided if the facility is owned by a not-for-profit organization and if an emergency repair plan and the contract detailing work to be done and material and equipment to be used or purchased is approved in writing by the Local Board prior to the start of the project. Emergency repairs are limited to bringing the facility into compliance with local building codes, and emergency repairs that are required to keep the facility open for the current program phase and will have a maximum expenditure of \$2,500. In addition, the work must be completed and paid for by the end of the jurisdiction’s spending period and the facility must be used primarily for mass feeding or sheltering programs. Decorative or non-essential purposes or routine maintenance and service contracts are not an eligible activity under minor equipment repair.*

**For each Service/Program checked on the front, complete a Program Information sheet. Your responses should relate to this one program only.**

**PROGRAM INFORMATION**

In what year did you begin this service in Winnebago County? \_\_\_\_\_

Does your agency expend \$500,000 or more of Federal Funds?  yes  no If yes, does the agency have an agency wide audit?  yes  no

List the days, hours, and all locations of service in Winnebago County:

Days	Hours	Location

Check all resources used by this program to supply service:

- FEMA
- Other Government Resources
- Commodities
- Bulk Food Purchase
- In-kind Donations
- Hunger Connection – non commodity food
- Cash Donations
- Other (specify) \_\_\_\_\_

For previously funded agencies, please document your rationale for any additional amounts you are requesting.

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For agencies not funded in previous years, please document how EFSP funds will supplement and extend your program.

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Describe special circumstances/reasons that could prevent the program from utilizing all available resources (i.e., storage/refrigeration limitations, volunteer time constraints, etc.)

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**STAFFING**

Does the program for which you are requesting funds employ paid staff?  Yes  No If yes how many \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

**COORDINATION EFFORTS- Check only one please.**

Briefly Describe and identify your collaboration with other entities that you are actively working with to address client needs for this program area.

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**CLIENT INFORMATION**

Provide income level eligibility guidelines if any \_\_\_\_\_

Identify the program's PRIMARY target population. Check **ONE** only.

- Families  Seniors  
 Children  Single Adults  
 Special Populations (please specify) \_\_\_\_\_

What changes in the population served has your agency perceived in the last 12 months? \_\_\_\_\_

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Supply data for this service area only for the past fiscal year or FEMA year (November 1 - October 31)

	# Clients 2009	# Units* 2009	# Clients EST. 2010	# Units* 2010
With FEMA Funds				
With Other Funds				

\* *Specify Unit of Service for this service area only (check one)*

- Home Delivered Meals—# meals delivered.*
- Shelter (Mass/Hotel)—# bed nights.*
- Food Pantry—# of individuals/families served. Provide both.*
- Utilities/Rent/Mortgage Assistance—# of Households.*

How do you involve clients in this program?

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## **Board of Directors**

Submit a list of your Board of Directors on the form provided.

Other information that pertains to this application and the agency's use of FEMA funds must be limited to the space below.

