

**ST. LUCIE COUNTY EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)
APPLICATION
PHASE 28 - 2010**

INSTRUCTIONS

Emergency Food and Shelter Program (EFSP) funds are intended to respond to the changing hunger/homeless needs both nationally and locally; not to maintain the status quo. The authorizing legislation (PL 100-77) specifically calls for "sensitivity to the transition from temporary shelter to permanent homes and attention to the specialized needs of homeless individuals with mental and physical disabilities and illnesses...." The National Board also encourages Local Boards to place special emphasis on identification of and assistance to the elderly, families with children, Native Americans and veterans. The intent of EFSP funding is to address hunger/homeless needs to make a difference - **NOT TO SIMPLY SPREAD DOLLARS AMONG ALL ELIGIBLE APPLICANTS**. Funds are restricted to use of mass shelter clients for families or singles; emergency repairs to meet building code requirements to keep a facility open; rent/mortgage, utilities assistance to prevent homelessness; to provide accessibility to facilities for handicapped individuals (ramps or refitting washrooms would be possible projects-funds for these are very limited); and on-premise feeding.

Complete all questions or write "Not Applicable" when necessary.

PLEASE RETURN THE ORIGINAL PLUS TEN (10) COPIES OF THIS APPLICATION

- Page 1:
- I. Agency Information: Complete as requested.
 - II. Program Information.
 - a. Program Title - please give a descriptive title for the program for which you are requesting funds.
 - b. Total EFSP Funds requested for the program.
 - c. Indicate if this is an existing program serving the same number of clients; an expansion of an existing program (serving more clients than before), or is a new program.
 - d. List only clients served with EFSP funds.

Page 2: Program Narrative: Complete as requested.

Page 3: Program Budget: Complete as requested.

Please attach a copy of your most recent audit if applying for more than \$25,000 and you are not a United Way Agency. Agencies applying for less than \$25,000 must attach a financial statement and have an acceptable accounting system. The local EFSP board will consider the level of financial review necessary.

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1. AGENCY INFORMATION

A. Name of Organization _____

B. Address: _____

Phone: _____ Fax _____ E-Mail _____

C. Executive Director:

Name _____

Title _____

D. Board President:

Name _____

Title _____

E. Contact Person if other than the Executive Director

Name _____ Title _____

Phone: _____ Fax: _____ E-Mail _____

F. Federal Employer I. D. Number (EIN) _____

G. Is your agency handicap accessible? Yes No

II. PROGRAM INFORMATION

A. Program Title _____

B. Total EFSP Funds Requested \$ _____

C. Existing Program _____ Program Expansion _____ New Program _____

D. Number served last year with EFSP Funds: _____

Additional numbers projected with EFSP Funds: _____

TOTAL numbers to be served with EFSP Funds for 2010: _____

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NARRATIVE

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Program Narrative - Please provide concise responses concerning the following information.

1. Role and Mission of Agency:

2. The need for the service/program and target population:

3. Description of the proposed project, including the geographic area to be served:

4. Specific objectives of the proposed project and how you will measure your success:

5. System your agency has to enhance networking with other service providers to avoid duplication of this service?

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BUDGET

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III. Program Budget

Agency _____

Program Title _____

Program Expenses

	EFSP Funds Requested	EFSP Numbers to be Served
1. Mass Shelter # Shelter Nights* # Motel Nights		
2. Food # Served Meals** Other Food		
3. Rent/Mortgage # Client Bills Paid		
4. Supplies/Equipment		
5. Emergency Repair		
6. Energy Assistance # Bills Paid – Family # Bills paid – Shelter		
7. Administration ***		
TOTAL REQUESTED		

* The local board has chosen \$12.50 per night for mass shelter. (Formula for shelter nights: # of nights x # of people X \$12.50)

** The National Board has approved the use of a per meal allowance for mass feeding programs. The allowance has been set at exactly \$2.00 per meal.

***2% of requested amount

We certify that all information contained in this application is correct and has been approved by the Board of Directors for submission to the EFSP Board of St. Lucie County.

President, Board of Directors

Date

Executive Director

Date