

PHASE 39 GRANT REQUEST HALE COUNTY

Non-Profit Name	

EPSP funds are made available through the U.S. Department of Homeland Security's Federal Emergency Management Agency. Hale County is within the 19th Congressional District.

Due date: October 4, 2024 by 5:00 PM

Lubbock Area United Way 1655 Main Street, Suite 101 Lubbock, Texas 79401 Contact: Libby Linker

Community Impact Director LLinker@lubbockunitedway.org

Provide send the completed application via email to Libby Linker. For information regarding EFSP, go to http://www.efsp.unitedway.org

Agency legal name:
Contact name:
Mailing Address:
Physical Address:
Phone:
Fax:
Email:
Federal Employer Identification Number (FEIN):
DUNS Number:

Request for funding in the following categories:

EFSP Phase 39 Grant Request

		Expenditures	Units of Servio	ce	Unit Cost*	
	Served Meals		,	_(# of meals)		
	Other Food			_(# of meals)		
	Mass Shelter			_(# of nights)		
	Other Shelter			_(# of nights)		
	Supplies/Equipment		XXXXXXX			
	Rehabilitation		XXXXXXX			
	Rent/Mortgage			_(# of bills)		
	Utility Assistance		,	_(# of bills)		
	Administration		XXXXXXX			
	Total Grant Request		XXXXXXX			
*Unit co		maximum is \$7.50 or \$12.5 are actual costs or \$2 per are average costs		oy local board		
1)	1) Describe the program for which EFSP funds will be used.					
2)	2) What is the total budget for the program?					
3)	3) What other funding do you receive for the program?					
4)	4) Number of persons served by the program in the last year:					
5)	Number of persons projected to be served by the program in the coming year:				year:	

EFSP Phase 39 Grant Request

6) Explain how EFSP funds would enhance your existing program.
7) Why is the program eligible for funding under the EFSP guidelines?
8) Why does there continue to be a need for EFSP funding for the program?
9) Describe the process for distribution of services, including hours and days of service.
10) How do you track and document EFSP expenditures? Provide sample documentation.
11) Explain how units of service are figured (if applicable).
12) What is the administrative cost of the program?
13) Attach documentation of your latest financial accounting for the program that shows the minimum 10% match for requested funds (highlighted or marked).
14) Is agency debarred or suspended from receiving funds or doing business with the Federal government?
15) If funding is awarded, who will be responsible for providing timely monthly reports to the Loca Board?
16) Current staff and job titles for the program:
17) Current members of the Board of Directors (officers noted):