

PHASE ARPAR 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 ARPAR Grant Request

		Expenditures	Units of Service		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 cost notes Per Diem for mass shelter maximum is \$7.50 or \$12.50 as determined by local board Per Diem for mass feeding are actual costs or \$2 per meal Rent/mortgage and utility are average costs					
1)	1) Describe the program for which EFSP funds will be used.				
2)	What is the total budget for the program?				
3)) What other funding do you receive for the program?				
4)	Number of persons served by the program in the last year:				
5)	Number of persons p	rojected to be served l	by the program	in the coming	year:

EFSP Phase ARPAR 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):