### GARY / LAKE COUNTY

**EMERGENCY FOOD AND SHELTER PROGRAM**

### PHASE CARES

**APPLICATION FORM**

Valerie Goode

Lake Area United Way

221 W. Ridge Road

Griffith, IN 46319

219-781-7025

vgoode@lauw.org

Contact: Valerie Goode

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The Joint EFSP Board for the catchment areas of the City of Gary and the balance of Lake County is seeking not-for-profit grant applicants capable of assisting appropriate/eligible clients in any of the following funding categories:

Mass Shelter

Other Food

Other Shelter

Rent/Mortgage

Served Meals

Utilities

Supplies

Under the terms of the grant from the National Board, local organizations chosen to receive funds must: 1) be a private voluntary nonprofit or unit of government, 2) have an accounting system, 3) practice nondiscrimination, 4) have demonstrated the capability to deliver emergency food and/or shelter programs, and 5) if they are a private voluntary organization, have a voluntary board. Qualifying organizations are urged to apply. In addition, both the Gary and Lake County EFSP require that local recipient organizations also engage in annual independent audits and have at least two (2) years experience conducting the service for which they are seeking EFSP funding.

Requests may be made for one or more funding categories and for any amounts. This year’s Phase CARES grants will be awarded subject to the availability of FEMA funding provided to the local EFSP Joint Board. Applications should be submitted via email to Valerie Goode at [vgoode@lauw.org](mailto:vgoode@lauw.org) on or before Wednesday, May 20th by 5:00 p.m. Please complete each item on this application unless it does not apply to your organization, in which case, answer with N/A. **We will not accept paper submissions.**  If you have any questions, contact Valerie Goode at 219-923-2302, ext.304 (office phone), 219-781-7025 (cell phone) or vgoode@lauw.org.

GARY/LAKE COUNTY

EMERGENCY FOOD AND SHELTER PROGRAM

PHASE CARES LRO APPLICATION

#### AGENCY INFORMATION

|  |  |
| --- | --- |
| **Agency’s Legal Name** | |
| **Agency Physical Address** | **Agency Mailing Address**  \_\_\_\_ Same as Physical Address |
| **Phone Number** | **Fax Number** |
| **Congressional District** *(where agency is physically located)* | **Federal Employer Identification Number (FEIN)** |
| **DUNS Number** | **Total Agency Operating Budget**  $ |
| **Agency Type**  \_\_\_ Non Profit  \_\_\_ Unit of Government | **Is agency disbarred or suspended from receiving funds or doing business with the Federal government?**  \_\_\_\_ No \_\_\_\_ Yes |

#### AGENCY CONTACTS

|  |  |
| --- | --- |
| **Chief Executive Officer/Executive Director** | |
| **Work Phone** | **Mobile Phone** |
| **Email Address** | |
| **Grant Application Contact** | |
| **Title** | **Work Phone** |
| **Mobile Phone** | **Email Address** |
| **Contact for EFSP Grant** | |
| **Title** | **Work Phone** |
| **Mobile Phone** | **Email Address** |

**AGENCY OVERVIEW**

*Brief summary of organization’s mission, history, overall goals/objectives.*

**AGENCY PROGRAMS & ACTIVITIES**

*Brief summary of organization’s current programs and activities.*

**EFSP PROGRAM INFORMATION**

Identify the EFSP Funding Category, the dollar amount and the Catchment Area for which

funding is requested.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EFSP Funding Category** | **Requested Funding** | **Catchment Area** | | |
| Mass Shelter | $ | \_\_\_Gary | \_\_\_Lake | \_\_\_Both |
| Other Food | $ | \_\_\_Gary | \_\_\_Lake | \_\_\_Both |
| Other Shelter | $ | \_\_\_Gary | \_\_\_Lake | \_\_\_Both |
| Rent/Mortgage | $ | \_\_\_Gary | \_\_\_Lake | \_\_\_Both |
| Served Meals | $ | \_\_\_Gary | \_\_\_Lake | \_\_\_Both |
| Utilities | $ | \_\_\_Gary | \_\_\_Lake | \_\_\_Both |
| Supplies | $ | \_\_\_Gary | \_\_\_Lake | \_\_\_Both |

Does the agency currently provide emergency assistance addressing the EFSP funding category for which it is seeking financial support? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

If yes, how long has the agency provided this service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many clients benefited from service participation last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will receiving EFSP funding impact existing service operations?

**ATTACHMENTS**

Please submit the following documents:

1. Most recent annual audit
2. Program Budget for each EFSP funding category that funds are being requested for
3. Board of Directors roster (non-profit agencies only)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency CEO Signature