

Emergency Food and Shelter Program (EFSP) Knox County, OH Application

Phase 38 – due by 4 p.m., Wednesday, December 30, 2020

Return completed form and attachments to:

Knox County Commissioners, 117 East High Street, Suite 161, Mount Vernon, OH 43050,

Attn: Teresa Bemiller

Please respond in writing with the following information.

Agency's Legal Name: _____

Agency Contact Name: _____

Agency Contact Email: _____

Agency Contact Phone Number: _____

Agency Physical Address: _____

Agency Mailing Address, if different than above: _____

Agency Address where services would be provided, if awarded EFSP funds and if different than physical address:

Agency Phone: _____

Agency Fax: _____

Agency Website Address: _____

Agency Federal Employer Identification Number (FEIN): _____

Agency's DUNS Number: _____

Is your agency audited annually?

Yes or No (circle)

Is this agency a non-profit or a unit of government?

Non-profit or Government Unit (circle)

Attach a board roster if a non-profit.

Is this agency debarred or suspended from receiving funds or doing business with the Federal government?

Yes or No (circle)

(Over)

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EFSP Funding Amount requested by program area – maximum total request \$23,991

Briefly describe what services and how they would be provided beside the line item(s) for which you request funding; estimate how many individuals/families/households may be served by your requested amount.). **Please attach a separate narrative if more room is needed**

\$_____ for **served meals** (\$2 per meal rate): _____

\$_____ for **other food**: _____

\$_____ for **mass on-site shelter**: _____

\$_____ for **other shelter** (motel/hotel nights): _____

\$_____ for **supplies/equipment** (max \$300 per item): _____

\$_____ for **rehabilitation of shelter or mass feeding facility** due to a building code citation (max \$2,500)

\$_____ for **rent/mortgage assistance**: _____

\$_____ for **utility assistance**: _____

\$_____ for **administrative costs** incurred (max \$479) : _____

For program area(s) selected above, please provide your 2021 budget for provision of services related to this type of program/area of focus:

\$_____ for _____ (program area)

\$_____ for _____ (program area)