

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM
HIGHLANDS COUNTY, FLORIDA**

**PHASE 33
LOCAL RECIPIENT ORGANIZATION (LRO) APPLICATION**

AGENCY'S LEGAL NAME: _____

AGENCY PRINCIPAL: _____

AGENCY CONTACT FOR APPLICATION QUESTIONS: _____

AGENCY CONTACT FOR EFSP, IF FUNDED: _____

AGENCY PHYSICAL ADDRESS: _____

AGENCY MAILING ADDRESS: _____

AGENCY ADDRESS FOR SERVICES: _____

AGENCY PHONE NUMBER: _____ **AGENCY FAX NUMBER:** _____

AGENCY E-MAIL ADDRESS: _____

AGENCY WEBSITE: _____

CONGRESSIONAL DISTRICT: _____

AMOUNT OF EFSP FUNDING REQUESTED BY PROGRAM AREA:

- **UTILITIES:** _____
- **RENT/MORTGAGE:** _____
- **FOOD PURCHASES (FOOD BANKS AND PANTRIES):** _____
- **MASS SHELTER (\$7.50 PER PERSON PER NIGHT) :** _____
- **MEAL ALLOWANCE (\$2 PER MEAL):** _____

IS AGENCY NON-PROFIT OR UNIT OF GOVERNMENT? _____

IF NON-PROFIT – PROVIDE A ROSTER OF THE AGENCY'S VOLUNTEER BOARD

IS AGENCY DEBARRED OR SUSPENDED FROM RECEIVING FUNDS OR DOING BUSINESS WITH THE FEDERAL GOVERNMENT? _____

HOURS OF OPERATION: (required minimum 20 hrs. per week to assist EFSP clients): _____

BRIEF DESCRIPTION OF AGENCY AND SERVICES PROVIDED:

Provide the following documentation with application:

- 1. AGENCY FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)**
- 2. AGENCY DUNS NUMBER (9 digits)**
- 3. AGENCY OPERATING BUDGET (total)**
- 4. AGENCY BUDGET FOR THE PROGRAM AREA REQUESTED (FOOD, RENT, UTILITIES, ETC.)**
- 5. COPY OF AGENCY'S MOST RECENT ANNUAL AUDIT**
- 6. COPY OF AGENCY'S CURRENT IRS FORM 990**

Applicant agencies requirements:

- **Have program in the category for which seeking funding**
- **Have supplemental funding to provide services (EFSP not main source of funding)**
- **Staff able to provide the added responsibility of EFSP program**

The application and required documents is due by Friday, June 10, 2016.

PLEASE COMPLETE AND MAIL APPLICATION TO:

**DEBBIE WILSON, COMMUNITY IMPACT MANAGER
UNITED WAY OF CENTRAL FLORIDA
PO BOX 1357
HIGHLAND CITY, FL 33846-1357**