

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM  
POLK 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 EMAIL 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 with required documentation 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**

\_\_\_\_\_  
**Signature of Agency Director**

\_\_\_\_\_  
**Date**