

**RILEY COUNTY  
EMERGENCY FOOD AND SHELTER PROGRAM  
GRANT FUNDING APPLICATION  
PHASE 40  
IDENTIFICATION NUMBER 28-3244-00**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_

Agency Director \_\_\_\_\_ Board Chair \_\_\_\_\_

Date of this application \_\_\_\_\_ Prepared by \_\_\_\_\_

TOTAL amount of funds REQUESTED by this organization as presented in this application.

\$ \_\_\_\_\_

**SPECIFIC FUNDING REQUEST**

Specify below the planned usage of your grant funds, including:

1. Number of meals to be served or estimated if served through grocery order.
2. Number of nights lodging for mass shelter and per diem request.
3. Number of nights lodging or estimated number of nights per person for rent/mortgage assistance.
4. Number to be served with utility assistance.

Amount	Funds Usage	Number Served
	Food	
	Mass Shelter	
	Rent/Mortgage	
	Utilities	
	Total Funds Requested	

1. Do you have the capability to provide emergency, food, shelter, utility or rent assistance?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Do you have the capability to provide emergency food, shelter, utility or rent assistance to residents in Riley County?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Do you propose to use funds to supplement or expand existing programs and services?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. Are you a nonprofit organization?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
5. If you are a private nonprofit, do you have a voluntary board?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
6. Do you have an accounting system or fiscal agent approved by the Local Emergency Food and Shelter Board?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
7. Do you have an annual audit conducted?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
8. Will you provide required reports and documentation, as requested, to the Local Emergency Food and Shelter Board?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
9. Are your services provided in a nondiscriminatory manner?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
10. Will you expend monies only on eligible costs?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
11. Will you see to it that all funds are spent and programs closed out by December 31, 2023?  
Yes \_\_\_\_\_ No \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

PHASE 40

PAGE 3

Please explain below the criteria used by your agency in determining eligibility for receipt of services.

Please outline other sources of funding for this particular program or service.

Please submit your organization's most recent audit, 990 and recent financial statement.

I, \_\_\_\_\_, Executive Director of \_\_\_\_\_ Agency, have read, understand, and agree to abide by the cost eligibility, documentation requirements and reporting standards of this program and the responsibilities of the EFSP attached, and any other requirements made by the Local Board if my agency is chosen to be a Local Recipient Organization.

APPLICATION DUE: Tuesday, February 15, 2023 by 12:00 PM

LATE APPLICATIONS WILL NOT BE ACCEPTED.

Each Agency that would like to appeal a funding decision by the Local Board should contact the United Way office or the Local Board Chair within 72 hours of notification of original Local Board decision.